

2005 GEORGIA REPRODUCTIVE HEALTH SURVEY

FEMALE QUESTIONNAIRE

Hello. I'm _____ from the Georgian Center for Disease Control. We are doing a national survey about the health of women in Georgia. The purpose of the survey is to collect information that will help us to plan reproductive health services in Georgia.

I would like to ask you about your health and where you obtain health services. All of the information you give us will be confidential. The interview is completely voluntary and if we should come to any question that you don't want to answer, just let me know and we'll go on to the next question. The interview will take about 35-40 minutes. I would like to start now, is that OK?

SIGNATURE OF THE INTERVIEWER _____ DAY ____ MONTH ____

MARK IF THE WOMAN AGREES TO BE INTERVIEWED

1. YES----> CONTINUE
2. NO----->END OF INTERVIEW

TIME STARTED: ____ : ____

ID NUMBER ____ - ____

I. BACKGROUND CHARACTERISTICS

100. In what month and year were you born?

MONTH ____ YEAR ____

98 DON'T KNOW

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

98 DON'T KNOW

MAKE SURE THAT AGE AND DATE OF BIRTH CORRESPOND

102. What is the highest level of education you completed, not counting the current grade you are in?

0. NO FORMAL EDUCATION
1. PRIMARY EDUCATION (1-4 YRS.)
2. BASIC SECONDARY (5-9 YRS.)
3. INCOMPLETE SECONDARY (10 YRS OF EDUCATION COMPLETED)
4. COMPLETE SECONDARY (11 YRS OF EDUCATION COMPLETED)
5. BASIC SECONDARY + VOCATIONAL EDUCATION
6. COMPLETE SECONDARY + TECHNICAL EDUCATION
7. INCOMPLETE POSTSECONDARY
8. COMPLETE POSTSECONDARY (DIPLOMA)
9. POSTGRADUATE EDUCATION
88. DO NOT REMEMBER

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

1. YES→ GO TO Q105
2. YES, BUT ON MATERNITY/PREGNANCY LEAVE→ GO TO Q105
3. NO

104. What is the main reason that you are not working at this time?
1. ATTENDING SCHOOL
 2. INTERNAL DISPLACEMENT
 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. HUSBAND DOES NOT ALLOW HER TO WORK
 12. PARENTS DO NOT ALLOW HER TO WORK
 13. ODD JOBS (<20 HOURS PER WEEK)
 14. TEMPORARY BACK FROM WORK ABROAD
 20. OTHER (SPECIFY) _____
105. I would like to ask you some questions about where you have lived. For most of the time until you were 12 years old, did you live in a town, or in a village?
1. TOWN
 2. VILLAGE
106. In what month and year did you start to live continuously in _____ (NAME THE PLACE OF RESIDENCE)?
- MONTH _____ YEAR _____ 00. ALWAYS, SINCE BIRTH----> **GO TO Q108**
88. DON'T REMEMBER
107. Just before you moved here (CURRENT PLACE OF RESIDENCE), did you live in a town, a village, or outside Georgia ?
1. A town (URBAN AREA),
 2. A village (RURAL AREA), or
 3. Outside Georgia?
108. Are you currently married, not married but living with someone, separated, divorced, widowed, or have you never been married ?
1. MARRIED -----> **GO TO Q111**
 2. NOT MARRIED BUT LIVING WITH A PARTNER --> **GO TO Q111**
 3. SEPARATED ----->**GO TO Q111**
 4. DIVORCED ----->**GO TO Q111**
 5. WIDOWED ----->**GO TO Q111**
 6. NEVER MARRIED
109. Have you ever lived with a boyfriend or partner? (**LIVING TOGETHER MEANS HAVING A SEXUAL RELATIONSHIP WHILE SHARING THE SAME USUAL ADDRESS**)
1. YES---->**GO TO Q111**
 2. NO
110. If you could choose exactly the number of children to have in your whole life, how many would that be?
- _____ CHILDREN 22. AS MANY AS GOD GIVES
33. AS MANY AS HUSBAND WOULD WANT
88. NOT SURE/DON'T REMEMBER

GO TO Q124

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

___ TIMES

9. REFUSAL----->GO TO Q118

TIMES	112. In what month and year did you <u>begin living</u> with your... (first, second, third, or fourth) husband/partner?	113. How <u>old</u> was your I, II, III, IV husband/partner when you started to live together?	114. What was the highest grade in school that your I,II,III,IV husband/ partner completed when you got married/started to live together ?	115. 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?	116. In what month and year did your <u>union</u> with your I,II,III,IV, husband/partner <u>end</u> ?	117. IF:
I	MTH ___ YR _____ 88. DON'T KNOW/REF	___ AGE 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-11) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1. Married--->Q117 2. Living with partner->Q117 3. Separated 4. Divorced 5. Widowed	MTH ___ YR _____ 88. DON'T KNOW/REF	Q111=1 GO TO Q118; ELSE CONTINUE
II	MTH ___ YR _____ 88. DON'T KNOW/REF	___ AGE 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-11) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1. Married--->Q117 2. Living with partner->Q117 3. Separated 4. Divorced 5. Widowed	MTH ___ YR _____ 88. DON'T KNOW/REF	Q111=2 GO TO Q118; ELSE CONTINUE
III	MTH ___ YR _____ 88. DON'T KNOW/REF	___ AGE 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-11) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1. Married--->Q117 2. Living with partner->Q117 3. Separated 4. Divorced 5. Widowed	MTH ___ YR _____ 88. DON'T KNOW/REF	Q111=3 GO TO Q118 ELSE CONTINUE
IV	MTH ___ YR _____ 88. DON'T KNOW/REF	___ AGE 88. DK	0. NEVER ATTENDED 1. PRIMARY (1-8) 2. SECONDARY (9-11) 3. VOCATIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1. Married--->Q117 2. Living with partner->Q117 3. Separated 4. Divorced 5. Widowed	MTH ___ YR _____ 88. DON'T KNOW/REF	GO TO Q118

118. When you first got married/living together as husband and wife did you wish to have any children?

- 1. YES
- 2. NO----->GO TO Q120
- 8. NOT SURE----->GO TO Q120

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

- ___ CHILDREN
- 22. AS MANY AS GOD GIVES
- 33. AS MANY AS HUSBAND WANTS
- 88. NOT SURE/DON'T REMEMBER

120. How many children did your husband wish to have when you first got married?

- ___ CHILDREN
- 00. HUSBAND DID NOT WANT ANY
- 22. AS MANY AS GOD GIVES
- 33. AS MANY AS RESPONDENT WANTS
- 77. NEVER DISCUSSED
- 88. NOT SURE/DON'T REMEMBER

120F. REVIEW Q115 (LAST UNION) CURRENTLY SEPARATED, DIVORCED OR WIDOWED?
 (Q115_LAST = 3,4,5)
 1. YES-----> GO TO Q124
 2. NO

121. Is your husband currently employed (either in Georgia or abroad)?

- 1. YES
- 2. NO
- 8. DK/REF

122. Is he away for work in another country?

- 1. YES
- 2. NO----->**GO TO Q124**
- 8. DK/REF---->**GO TO Q124**

123. Since when has he been working abroad?

___ MONTH ___ YEAR 22. SEASONAL WORKER
88. DK/DR

124. More or less how many hours a day do you listen to the radio?

___ HOURS A DAY 00. NEVER
55. DOES NOT HAVE ACCESS TO RADIO
77. NOT EVERY DAY
88. DON'T KNOW

125. More or less how many hours a day do you spend watching television?

___ HOURS A DAY 00. NEVER
55. DOES NOT HAVE ACCESS TO TV
66. WHEN THE HOUSEHOLD HAS ELECTRICITY
77. NOT EVERY DAY
88. DON'T KNOW

126. How often do you read a newspaper?

- 1. DAILY/NEARLY EVERY DAY
- 2. ABOUT 3-4 TIMES PER WEEK
- 3. ONCE OR TWICE PER WEEK
- 4. LESS THAN ONCE PER WEEK
- 5. NEVER/ALMOST NEVER

READ QUESTION 205-206 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 <u>first</u> were taught at school about...?
A. Menstrual Cycle	1 YES --> GO TO Q206 2 NO --> GO TO Q205_B 8 DK --> GO TO Q205_B 9 NR --> GO TO Q205_B	___ ___
B. Female Reproductive System	1 YES --> GO TO Q206 2 NO --> GO TO Q205_C 8 DR --> GO TO Q205_C 9 NR --> GO TO Q205_C	___ ___
C. Male Reproductive System	1 YES --> GO TO Q206 2 NO --> GO TO Q205_D 8 DR --> GO TO Q205_D 9 NR --> GO TO Q205_D	___ ___
D. How Pregnancy Occurs	1 YES --> GO TO Q206 2 NO --> GO TO Q205_E 8 DR --> GO TO Q205_E 9 NR --> GO TO Q205_E	___ ___
E. Contraceptive Methods	1 YES --> GO TO Q206 2 NO --> GO TO Q205_F 8 DR --> GO TO Q205_F 9 NR --> GO TO Q205_F	___ ___
F. HIV/AIDS	1 YES --> GO TO Q206 2 NO --> GO TO Q205_G 8 DR --> GO TO Q205_G 9 NR --> GO TO Q205_G	___ ___
G. Other Sexually Transmitted Diseases	1 YES --> GO TO Q206 2 NO --> GO TO Q207 8 DR --> GO TO Q207 9 NR --> GO TO Q207	___ ___

207. In your opinion, who or 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, FLYERS |
| 6. CO-WORKER | 15. RADIO |
| 7. COLLEAGUES, PEER | 16. TV |
| 8. PARTNER/HUSBAND | 20. OTHER (SPECIFY): _____ |
| 9. DOCTOR | 88. DON'T REMEMBER |

208. In your opinion, who is the most appropriate person to teach young people about sexual matters in school (READ 1-7)?

1. Biology teacher
2. Teacher with special training in sexuality education
3. Class master
4. School doctor or nurse
5. Other doctor or nurse
7. Other (please specify) _____
8. DO NOT KNOW

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 then or any time in the future?
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**
 8. NOT SURE
304. Have you ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?
1. YES ---->**GO TO PREGNANCY HISTORY, PAGE 8**
 2. NO----->**GO TO MODULE IV, PAGE 20**
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 20**
306. Have you ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?
1. YES----->**GO TO PREGNANCY HISTORY, PAGE 8**
 2. NO----->**GO TO MODULE IV, PAGE 20**
307. How many children have you given birth to who live with you now?
- ____ CHILDREN
308. How many children have you given birth to who do not live with you?
- ____ CHILDREN
309. Have you ever had a child born alive who later died, including those who may have died in the first hours or days after birth?
1. YES
 2. NO → **GO TO Q311**
310. How many children died? ____ CHILDREN
311. So altogether you had a total of ____ (**Q307+Q308+Q310**) live births?
1. YES
 2. NO----->**CHECK Q307, Q308, Q309 AND Q310 AND MAKE CHANGES IF NECESSARY**

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 Q313_YR < 2000-->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? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.)	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 then or any time in the future?
1	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. MINIABORTION 9. ECTOPIC PREGNANCY	___ MTH ____ YR 99. NR	1. ___ WKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL IF Q312=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> Q318 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
2	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. MINIABORTION 9. ECTOPIC PREGNANCY	___ MTH ____ YR 99. NR	1. ___ WKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL IF Q312=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> Q318 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
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4	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. MINIABORTION 9. ECTOPIC PREGNANCY	___ MTH ____ YR 99. NR	1. ___ WKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL IF Q312=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> Q318 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

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							IF Q313B < 2000 --->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? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.)	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 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. MINIABORTION 9. ECTOPIC PREGNANCY	___ MTH ____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL IF Q312=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> Q318 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT 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. MINIABORTION 9. ECTOPIC PREGNANCY	___ MTH ____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL IF Q312=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> Q318 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
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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. MINIABORTION 9. ECTOPIC PREGNANCY	___ MTH ____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL IF Q312=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> Q318 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT 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. MINIABORTION 9. ECTOPIC PREGNANCY	___ MTH ____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q312>3 GO TO Q318	1. BOY 2. GIRL IF Q312=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> Q318 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2nd Twin age at death: ___ . ___	1. WANTED TO GET PREG. THEN 2. WANTED TO GET PREG. LATER 3. DID NOT WANT 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? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS)
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. MINIABORTION 9. ECTOPIC PREGNANCY	___ MTH ____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q312>3 GO TO NEXT PREG	1. BOY 2. GIRL IF Q312=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> NEXT PREG 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2 nd Twin age at death: ___ . ___
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. MINIABORTION 9. ECTOPIC PREGNANCY	___ MTH ____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q312>3 GO TO NEXT PREG	1. BOY 2. GIRL IF Q312=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> NEXT PREG 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2 nd Twin age at death: ___ . ___
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. MINIABORTION 9. ECTOPIC PREGNANCY	___ MTH ____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q312>3 GO TO NEXT PREG	1. BOY 2. GIRL IF Q312=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> NEXT PREG 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2 nd Twin age at death: ___ . ___
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. MINIABORTION 9. ECTOPIC PREGNANCY	___ MTH ____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q312>3 GO TO NEXT PREG	1. BOY 2. GIRL IF Q312=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> NEXT PREG 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2 nd Twin age at death: ___ . ___
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. MINIABORTION 9. ECTOPIC PREGNANCY	___ MTH ____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q312>3 GO TO NEXT PREG	1. BOY 2. GIRL IF Q312=2 2nd Twin: 1. BOY 2. GIRL	1. YES-> NEXT PREG 2. NO 2nd Twin: 1. YES 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF 2 nd Twin age at death: ___ . ___

#	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. MINIABORTION 9. ECTOPIC PREGNANCY	___ MTH _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q312>3 GO TO NEXT PREG	1. BOY	1. YES-> NEXT PREG	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF
				IF Q312=2 2nd Twin: 1. BOY 2. GIRL	2nd Twin: 1. YES 2. NO	2 nd Twin age at death: ___ . ___
<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. MINIABORTION 9. ECTOPIC PREGNANCY	___ MTH _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q312>3 GO TO NEXT PREG	1. BOY	1. YES-> NEXT PREG	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF
				IF Q312=2 2nd Twin: 1. BOY 2. GIRL	2nd Twin: 1. YES 2. NO	2 nd Twin age at death: ___ . ___
<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. MINIABORTION 9. ECTOPIC PREGNANCY	___ MTH _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q312>3 GO TO NEXT PREG	1. BOY	1. YES-> NEXT PREG	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF
				IF Q312=2 2nd Twin: 1. BOY 2. GIRL	2nd Twin: 1. YES 2. NO	2 nd Twin age at death: ___ . ___
<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. MINIABORTION 9. ECTOPIC PREGNANCY	___ MTH _____ YR 98. DK/NR	1. ___ WEEKS OR 2. ___ MTHS 8. 8 8 DK 9. 9 9 NR/REF IF Q312>3 GO TO BOX 3-1	1. BOY	1. YES-> BOX 3-I	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 8. 8 8 DK 9. 9 9 NR/REF
				IF Q312=2 2nd Twin: 1. BOY 2. GIRL	2nd Twin: 1. YES 2. NO	2 nd Twin age at death: ___ . ___

BOX 3-1

THE FOLLOWING QUESTIONS ARE ONLY FOR PREGNANCIES ENDED BETWEEN 2000-2005:

- **IF RESPONDENT HAD AT LEAST ONE LIVE BIRTH, STILLBIRTH, OR AN INDUCED ABORTION (Q312=1-5, 7, 8) THAT ENDED BETWEEN 2000-2005 THEN CONTINUE WITH Q319 ON THE NEXT PAGE;**
- **IF RESPONDENT HAD ONLY MISCARRIAGE(S) OR MOLAR PREGNANCY OR ECTOPIC PREGNANCY(IES) (312=6, 9), GO TO MODULE IV, PAGE 20 AFTER WRITING "0" IN Q319 AND Q338**
- **IF RESPONDENT DID NOT HAVE ANY PREGNANCY ENDED IN 2000-2005 (CHECK Q313_YR), GO TO MODULE IV, PAGE 20 AFTER WRITING "0" IN Q319 AND Q338**

319. HOW MANY INDUCED ABORTIONS (Q312=7,8) DID THE RESPONDENT HAVE BETWEEN JANUARY 2000 AND THE DATE OF THE INTERVIEW (SEE PAGE 8-12)

1. INDUCED ABORTIONS ___ ___
2. MINIABORTIONS ___ ___ (IF NO INDUCED ABORTION OR MINIABORTION, GO TO Q338)

319A. COPY LINE #. FROM PREG. PAGE 8-12	LAST ABORTION ___ ___	NEXT TO LAST AB. ___ ___	SECOND TO LAST AB. ___ ___	THIRD TO LAST AB. ___ ___
319B. ABORTION TYPE (SEE Q312)	1. INDUCED ABORTION 2. MINIABORTION	1. INDUCED ABORTION 2. MINIABORTION	1. INDUCED ABORTION 2. MINIABORTION	1. INDUCED ABORTION 2. MINIABORTION
320. 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 (ANYMORE) CHILDREN 5. SPACING NEXT PREGNANCY 6. PARTNER DID NOT WANT (ANY) CHILDREN 7. DID NOT HAVE A PARTNER 8. OTHER _____	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 5. SPACING NEXT PREGNANCY 6. PARTNER DID NOT WANT (ANY) CHILDREN 7. DID NOT HAVE A PARTNER 8. OTHER _____	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 5. SPACING NEXT PREGNANCY 6. PARTNER DID NOT WANT (ANY) CHILDREN 7. DID NOT HAVE A PARTNER 8. OTHER _____	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANYMORE) CHILDREN 5. SPACING NEXT PREGNANCY 6. PARTNER DID NOT WANT (ANY) CHILDREN 7. DID NOT HAVE A PARTNER 8. OTHER _____
320A. What was the attitude of the child's father toward you having that abortion?	1. FAVORED 2. OPPOSED 3. NEUTRAL 4. DID NOT KNOW ABOUT IT 8. DO NOT REMEMBER	1. FAVORED 2. OPPOSED 3. NEUTRAL 4. DID NOT KNOW ABOUT IT 8. DO NOT REMEMBER	1. FAVORED 2. OPPOSED 3. NEUTRAL 4. DID NOT KNOW ABOUT IT 8. DO NOT REMEMBER	1. FAVORED 2. OPPOSED 3. NEUTRAL 4. DID NOT KNOW ABOUT IT 8. DO NOT REMEMBER
321. When you got pregnant with this baby, were you using any method of contraception?	1. YES 2. NO ----->GO TO Q323 8. DK/NR----->GO TO Q323	1. YES 2. NO ----->GO TO Q323 8. DK/NR----->GO TO Q323	1. YES 2. NO ----->GO TO Q323 8. DK/NR----->GO TO Q323	1. YES 2. NO ----->GO TO Q323 8. DK/NR----->GO TO Q323
322. What method of contraception was that?	1. PILL 2. "SPIRALI" 3. CONDOM 4. CONDOM+SP 5. CONDM+TRD 6. SPERMICIDES 9. INJECTABLE 11. CALENDAR 12. WITHDRAW. 13. CAL+WDR 20. OTHER _____ 88. DR	1. PILL 2. "SPIRALI" 3. CONDOM 4. CONDOM+SP 5. CONDM+TRD 6. SPERMICIDES 9. INJECTABLE 11. CALENDAR 12. WITHDRAW. 13. CAL+WDR 20. OTHER _____ 88. DR	1. PILL 2. "SPIRALI" 3. CONDOM 4. CONDOM+SP 5. CONDM+TRD 6. SPERMICIDES 9. INJECTABLE 11. CALENDAR 12. WITHDRAW. 13. CAL+WDR 20. OTHER _____ 88. DR	1. PILL 2. "SPIRALI" 3. CONDOM 4. CONDOM+SP 5. CONDM+TRD 6. SPERMICIDES 9. INJECTABLE 11. CALENDAR 12. WITHDRAW. 13. CAL+WDR 20. OTHER _____ 88. DR
323. Before this abortion, did you have an ultrasound exam of the pregnancy?	1. YES 2. NO ----->GO TO Q 325 8. DK/ DR----->GO TO Q325	1. YES 2. NO ----->GO TO Q 325 8. DK/ DR----->GO TO Q325	1. YES 2. NO ----->GO TO Q 325 8. DK/ DR----->GO TO Q325	1. YES 2. NO ----->GO TO Q 325 8. DK/ DR----->GO TO Q325
324. Did you find out the gender of the baby after the ultrasound?	1. YES 2. NO 8. DON'T KNOW/ DR	1. YES 2. NO 8. DON'T KNOW/ DR	1. YES 2. NO 8. DON'T KNOW/ DR	1. YES 2. NO 8. DON'T KNOW/ DR
325. Where was that abortion performed? (VERIFY IF PRIVATE OR PUBLIC)	1. HOSPITAL/ MATERNITY 2. WOMEN'S CONSULTATION 3. PRIVATE CLINIC/OFFICE 4. AT HOME 5. AT HOME AND HOSP. 7. OTHER _____	1. HOSPITAL/ MATERNITY 2. WOMEN'S CONSULTATION 3. PRIVATE CLINIC/OFFICE 4. AT HOME 5. AT HOME AND HOSP. 7. OTHER _____	1. HOSPITAL/ MATERNITY 2. WOMEN'S CONSULTATION 3. PRIVATE CLINIC/OFFICE 4. AT HOME 5. AT HOME AND HOSP. 7. OTHER _____	1. HOSPITAL/ MATERNITY 2. WOMEN'S CONSULTATION 3. PRIVATE CLINIC/OFFICE 4. AT HOME 5. AT HOME AND HOSP. 7. OTHER _____
326. Who performed that abortion?	1. OB/GYN 2. OTHER PHYSICIAN 3. NURSE/MIDWIFE 4. LAY PERSON 5. SELF-INDUCED 8. DON'T KNOW/ DR	1. OB/GYN 2. OTHER PHYSICIAN 3. NURSE/MIDWIFE 4. LAY PERSON 5. SELF-INDUCED 8. DON'T KNOW/ DR	1. OB/GYN 2. OTHER PHYSICIAN 3. NURSE/MIDWIFE 4. LAY PERSON 5. SELF-INDUCED 8. DON'T KNOW/ DR	1. OB/GYN 2. OTHER PHYSICIAN 3. NURSE/MIDWIFE 4. LAY PERSON 5. SELF-INDUCED 8. DON'T KNOW/ DR
327. What method was used?	1. D&C 2. VACUUM ASPIRATION 3. OXITOCIN 4. CATHETER 5. MEDICAL ABORTION (RU486) 7. OTHER _____ 8. DON'T KNOW/ DR	1. D&C 2. VACUUM ASPIRATION 3. OXITOCIN 4. CATHETER 5. MEDICAL ABORTION (RU486) 7. OTHER _____ 8. DON'T KNOW/ DR	1. D&C 2. VACUUM ASPIRATION 3. OXITOCIN 4. CATHETER 5. MEDICAL ABORTION (RU486) 7. OTHER _____ 8. DON'T KNOW/ DR	1. D&C 2. VACUUM ASPIRATION 3. OXITOCIN 4. CATHETER 5. MEDICAL ABORTION (RU486) 7. OTHER _____ 8. DON'T KNOW/ DR
CONTINUE ON NEXT PAGE				

	LAST ABORTION	NEXT TO LAST AB.	SECOND TO LAST AB.	THIRD TO LAST AB.																																																																																				
328. How much did you pay for that abortion, including gifts or money given to the doctor? (IF GIFTS CONVERT IN LARI)	____ LARI 0 0 0 NO CHARGE 8 8 8 DON'T REMEMBER	____ LARI 0 0 0 NO CHARGE 8 8 8 DON'T REMEMBER	____ LARI 0 0 0 NO CHARGE 8 8 8 DON'T REMEMBER	____ LARI 0 0 0 NO CHARGE 8 8 8 DON'T REMEMBER																																																																																				
329. Did you have any local or intravenous anesthesia for that abortion? By local anesthesia we mean an injection in the uterus opening.	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																																																																																				
330. Did you take any antibiotics after that abortion?	1. YES 2. NO →GO TO Q331 8. DK/DR→GO TO Q331	1. YES 2. NO →GO TO Q331 8. DK/DR→GO TO Q331	1. YES 2. NO →GO TO Q331 8. DK/DR→GO TO Q331	1. YES 2. NO →GO TO Q331 8. DK/DR→GO TO Q331																																																																																				
330A Who prescribed the antibiotics?	1. OB/GYN 2. GENERAL PRACTITIONER 3. PHARMACIST 4. SELF-MEDICATED 7. OTHER_____	1. OB/GYN 2. GENERAL PRACTITIONER 3. PHARMACIST 4. SELF-MEDICATED 7. OTHER_____	1. OB/GYN 2. GENERAL PRACTITIONER 3. PHARMACIST 4. SELF-MEDICATED 7. OTHER_____	1. OB/GYN 2. GENERAL PRACTITIONER 3. PHARMACIST 4. SELF-MEDICATED 7. OTHER_____																																																																																				
331. Within 30 days after that abortion did you have any health problems as a result of that abortion?	1. YES 2. NO-----> GO TO Q333	1. YES 2. NO-----> GO TO Q333	1. YES 2. NO-----> GO TO Q333	1. YES 2. NO-----> GO TO Q333																																																																																				
332. Did you have one of the following problems: (READ A-F)	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Perforation</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Severe Bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Fever >38 °C</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Purulent Discharge</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Belly Pain</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Other_____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Perforation	1	2	B. Severe Bleeding	1	2	C. Fever >38 °C	1	2	D. Purulent Discharge	1	2	E. Belly Pain	1	2	F. Other_____	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Perforation</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Severe Bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Fever >38 °C</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Purulent Discharge</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Belly Pain</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Other_____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Perforation	1	2	B. Severe Bleeding	1	2	C. Fever >38 °C	1	2	D. Purulent Discharge	1	2	E. Belly Pain	1	2	F. Other_____	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Perforation</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Severe Bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Fever >38 °C</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Purulent Discharge</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Belly Pain</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Other_____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Perforation	1	2	B. Severe Bleeding	1	2	C. Fever >38 °C	1	2	D. Purulent Discharge	1	2	E. Belly Pain	1	2	F. Other_____	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Perforation</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Severe Bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Fever >38 °C</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Purulent Discharge</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Belly Pain</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Other_____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Perforation	1	2	B. Severe Bleeding	1	2	C. Fever >38 °C	1	2	D. Purulent Discharge	1	2	E. Belly Pain	1	2	F. Other_____	1	2
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F. Other_____	1	2																																																																																						
333. 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																																																																																				
334. Did you have any related health problems more than 6 months later as a result of that abortion?	1. YES 2. NO-----> Q336 3. NOT YET 6 MTH.--->Q336 8. DON'T REMEMBER->Q336	1. YES 2. NO-----> Q336 3. NOT YET 6 MTH.--->Q336 8. DON'T REMEMBER->Q336	1. YES 2. NO-----> Q336 3. NOT YET 6 MTH.--->Q336 8. DON'T REMEMBER->Q336	1. YES 2. NO-----> Q336 3. NOT YET 6 MTH.--->Q336 8. DON'T REMEMBER->Q336																																																																																				
335. What was the most important health problem?	1. BELLY PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER_____	1. BELLY PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER_____	1. BELLY PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER_____	1. BELLY PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. MORE PAINFUL PERIODS 7. OTHER_____																																																																																				
336. Either before or after the most recent abortion, did a doctor talk to you about contraception?	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO ----->GO TO Q337A 8. DON'T REMEMBER	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO ----->GO TO Q337A 8. DON'T REMEMBER	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO ----->GO TO Q337A 8. DON'T REMEMBER	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO ----->GO TO Q337A 8. DON'T REMEMBER																																																																																				
337. After that abortion, did you receive a method of contraception or prescription for a method?	1. RECEIVED A METHOD 2. RECEIVED PRESCRIPTION 3. NO METHOD OR PRESCR. 8. DON'T REMEMBER	1. RECEIVED A METHOD 2. RECEIVED PRESCRIPTION 3. NO METHOD OR PRESCR. 8. DON'T REMEMBER	1. RECEIVED A METHOD 2. RECEIVED PRESCRIPTION 3. NO METHOD OR PRESCR. 8. DON'T REMEMBER	1. RECEIVED A METHOD 2. RECEIVED PRESCRIPTION 3. NO METHOD OR PRESCR. 8. DON'T REMEMBER																																																																																				
337A. After that abortion, did a doctor or nurse refer you to a Family Planning 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																																																																																				

338. HOW MANY PREGNANCIES ENDING IN A STILLBIRTH OR LIVE BIRTH (Q312 = 1, 2, 3, 4 OR 5) DID THE RESPONDENT HAVE BETWEEN JANUARY 2000 AND PRESENT (SEE PAGES 8-12)

- 1. LIVE BIRTHS (Q312=1, 2 OR 3) _____**
2. STILLBIRTHS (Q312=3, 4 OR 5) _____ (IF NO LIVE BIRTH OR STILLBIRTH GO TO MODULE IV PAGE 20)

339. COPY LINE #. AND HOW ENDED (Q312) FROM PREGNANCY TABLE (PAGES 8-12)	LAST BIRTH Line # _____ How ended(Q312) _____	NEXT TO LAST BIRTH Line # _____ How ended(Q312) _____	SECOND TO LAST BIRTH Line # _____ How ended(Q312) _____																																																																																	
340. 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 Q342 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (MORE THAN ½ PACK) 8. DON'T REMEMBER-->GO TOQ342	0. NONE ---->GO TOQ342 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (MORE THAN ½ PACK) 8. DON'T REMEMBER-->GO TOQ342	0. NONE ---->GO TOQ342 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + + (MORE THAN ½ PACK) 8. DON'T REMEMBER-->GO TOQ342																																																																																	
341. On the average, how many cigarettes did you smoke per day after you found out that you were pregnant?	0. NONE 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + + (MORE THAN ½ PACK) 8. DON'T REMEMBER	0. NONE 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (MORE THAN ½ PACK) 8. DON'T REMEMBER	0. NONE 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + + (MORE THAN ½ PACK) 8. DON'T REMEMBER																																																																																	
342. 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																																																																																	
343. When you got pregnant with this baby, were you using any method of contraception?	1. YES 2. NO ----->GO TO Q345 8. DON'T REMEMBER-->GO TO Q345	1. YES 2. NO ----->GO TO Q345 8. DON'T REMEMBER -->GO TO Q345	1. YES 2. NO ----->GO TO Q345 8. DON'T REMEMBER -->GO TO Q345																																																																																	
344. What method of contraception was that?	1. PILL 9. INJECTABLES 2. "SPIRALI"(IUD) 11. CALENDAR 3. CONDOM 12. WITHDRAWAL 4. CONDOM+SP 13. CAL+WDR 5. CONDM+TRAD 20. OTHER _____ 6. SPERMICIDES 88. DR	1. PILL 9. INJECTABLES 2. "SPIRALI"(IUD) 11. CALENDAR 3. CONDOM 12. WITHDRAWAL 4. CONDOM+SP 13. CAL+WDR 5. CONDM+TRAD 20. OTHER _____ 6. SPERMICIDES 88. DR	1. Pill 9. INJECTABLES 2. "SPIRALI" 11. CALENDAR 3. CONDOM 12. WITHDRAWAL 4. CONDOM+SP 13. CAL+WDR 5. CONDM+TRAD 20. OTHER _____ 6. SPERMICIDES 88. DR																																																																																	
345. 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																																																																																	
346. During that pregnancy, did you have any prenatal care visits?	1. YES 2. NO-->GO TO Q355 8. DON'T REMEMBER->GO TO Q355	1. YES 2. NO-->GO TO Q355 8. DON'T REMEMBER->GO TO Q355	1. YES 2. NO-->GO TO Q355 8. DON'T REMEMBER->GO TO Q355																																																																																	
347. How many weeks or months pregnant were you at the time of your first prenatal care 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																																																																																	
348. How many prenatal visits did you have during the pregnancy?	_____ VISITS 88. DK 99. REF	_____ VISITS 88. DK 99. REF	_____ VISITS 88. DK 99. REF																																																																																	
349. Where did you receive most of the prenatal care visits?	1. RURAL AMBULATORY 2. VILLAGE HOSPITAL 3. WOMEN'S CONSULTATION CLINIC 4. RAIONAL MATERNITY/HOSPITAL 5. PRIVATE OFFICE/CLINIC/HOSP 6. HOME 7. OTHER _____	1. RURAL AMBULATORY 2. VILLAGE HOSPITAL 3. WOMEN'S CONSULTATION CLINIC 4. RAIONAL MATERNITY/HOSPITAL 5. PRIVATE OFFICE/CLINIC/HOSP 6. HOME 7. OTHER _____	1. RURAL AMBULATORY 2. VILLAGE HOSPITAL 3. WOMEN'S CONSULTATION CLINIC 4. RAIONAL MATERNITY/HOSPITAL 5. PRIVATE OFFICE/CLINIC/HOSP 6. HOME 7. OTHER _____																																																																																	
350. Who provided most of the prenatal care?	1. GENERAL PRACTITIONER 2. OB/GYN 3. NURSE/MIDWIFE 4. FELTCHER 7. OTHER _____	1. GENERAL PRACTITIONER 2. OB/GYN 3. NURSE/MIDWIFE 4. FELTCHER 7. OTHER _____	1. GENERAL PRACTITIONER 2. OB/GYN 3. NURSE/MIDWIFE 4. FELTCHER 7. OTHER _____																																																																																	
351. During those visits, did you receive any information about: (READ A-H):	<table border="0"> <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="0"> <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="0"> <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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	LAST BIRTH		NEXT TO LAST BIRTH		SECOND TO LAST BIRTH	
	YES	NO	YES	NO	YES	NO
352. During this pregnancy, were any of the following done at least once: A. Were you weighed? B. Was your height measured? C. Did you give a urine sample? D. Did you give a blood sample? E. Were you tested for HIV?	A. WEIGHT B. HEIGHT C. URINE SAMPLE D. BLOOD SAMPLE E. HIV TESTED	1 2 1 2 1 2 1 2 1 2	A. WEIGHT B. HEIGHT C. URINE SAMPLE D. BLOOD SAMPLE E. HIV TESTED	1 2 1 2 1 2 1 2 1 2	A. WEIGHT B. HEIGHT C. URINE SAMPLE D. BLOOD SAMPLE E. HIV TESTED	1 2 1 2 1 2 1 2 1 2
353. During those visits, did you have your blood pressure measured?	1. YES 2. NO----->GO Q355 8. DON'T REMEMBER-->GO TO Q355		1. YES 2. NO----->GO Q355 8. DON'T REMEMBER-->GO TO Q355		1. YES 2. NO----->GO Q355 8. DON'T REMEMBER-->GO TO Q355	
354. 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	
355. Did you have an ultrasound (US) exam during that pregnancy?	1. YES 2. NO----->GO TO Q357 8. DON'T REMEMBER->GO TO Q357		1. YES 2. NO----->GO TO Q357 8. DON'T REMEMBER->GO TO Q357		1. YES 2. NO----->GO TO Q357 8. DON'T REMEMBER->GO TO Q357	
356. 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	
357. Did you find out the gender of the baby after the US?	1. YES 2. NO 8. DON'T REMEMBER		1. YES 2. NO 8. DON'T REMEMBER		1. YES 2. NO 8. DON'T REMEMBER	
357A. During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus (convulsions after birth)?	1. YES 2. NO 8. DON'T REMEMBER		1. YES 2. NO 8. DON'T REMEMBER		1. YES 2. NO 8. DON'T REMEMBER	
358. During this pregnancy, have you taken any iron supplements (iron tablets, injection or iron syrup) ?	1. YES 2. NO ----->GO TO Q360 8. DON'T REMEMBER -->GO TO Q360		1. YES 2. NO ----->GO TO Q360 8. DON'T REMEMBER -->GO TO Q360		1. YES 2. NO ----->GO TO Q360 8. DON'T REMEMBER -->GO TO Q360	
358A. In what week or month of pregnancy did you start taking iron supplements?	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR		1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR		1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	
359. How often did you take iron supplements?	1. EVERY DAY 2. SEVERAL TIMES PER WEEK 3. ONCE A WEEK 4. LESS THAN ONCE A WEEK 8. DK/DR		1. EVERY DAY 2. SEVERAL TIMES PER WEEK 3. ONCE A WEEK 4. LESS THAN ONCE A WEEK 8. DK/DR		1. EVERY DAY 2. SEVERAL TIMES PER WEEK 3. ONCE A WEEK 4. LESS THAN ONCE A WEEK 8. DK/DR	
360. During that pregnancy, did you have any complications that required medical attention?	1. YES 2. NO----->GO TO Q364 8. DON'T REMEMBER-->GO TO Q364		1. YES 2. NO----->GO TO Q364 8. DON'T REMEMBER-->GO TO Q364		1. YES 2. NO----->GO TO Q364 8. DON'T REMEMBER-->GO TO Q364	
361. What complications did you have? Did you have: (READ EACH CONDITION FROM A-K)	A. Weak Cervix B. Bleeding During First 6 Mth C. Bleeding at 6 Mths or More D. High BP Related to Preg. E. Diabetes Related to Preg. F. Water Retention or Edema G. Anemia Related to Preg. H. Urinary Tract Infection I. Risk of Preterm Delivery J. Rh Isoimmunization K. Other	YES NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	A. Weak Cervix B. Bleeding During First 6 Mth C. Bleeding at 6 Mths or More D. High BP Related to Preg. E. Diabetes Related to Preg. F. Water Retention or Edema G. Anemia Related to Preg. H. Urinary Tract Infection I. Risk of Preterm Delivery J. Rh Isoimmunization K. Other	YESNO 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	A. Weak Cervix B. Bleeding During First 6 Mth C. Bleeding at 6 Mths or More D. High BP Related to Preg. E. Diabetes Related to Preg. F. Water Retention or Edema G. Anemia Related to Preg. H. Urinary Tract Infection I. Risk of Preterm Delivery J. Rh Isoimmunization K. Other	YES NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
362. Not including the delivery, how many times were you hospitalized for pregnancy complications?	___ TIMES 00. NEVER HOSP. 88. DK/DR IF "00" GO TO Q364		___ TIMES 00. NEVER HOSP. 88. DK/DR IF "00" GO TO Q364		___ TIMES 00. NEVER HOSP. 88. DK/DR IF "00" GO TO Q364	
363. Altogether, how many nights were you in the hospital for these complications?	___ NIGHTS 85. 85+ NIGHTS 88. DK/DR		___ NIGHTS 85. 85+ NIGHTS 88. DK/DR		___ NIGHTS 85. 85+ NIGHTS 88. DK/DR	
364. Where did you give birth to this baby?	1. GOVT. HOSPITAL, MATERNITY 2. TBILISI MATERNITY HOSP. 3. OTHER MEDICAL FACILITY 4. AT HOME----> Q370 5. ON THE WAY TO HOSP.----> Q366		1. GOVT. HOSPITAL, MATERNITY 2. TBILISI MATERNITY HOSP. 3. OTHER MEDICAL FACILITY 4. AT HOME----> Q370 5. ON THE WAY TO HOSP.----> Q366		1. GOVT. HOSPITAL, MATERNITY 2. TBILISI MATERNITY HOSP. 3. OTHER MEDICAL FACILITY 4. AT HOME----> Q370 5. ON THE WAY TO HOSP.----> Q366	
365. How much did you pay for that delivery, including gifts or money given to the doctor? (IF GIFTS CONVERT IN LARI)	___ LARI 0000 NO CHARGE 8888 N)'T REMEMBER		___ LARI 0000 NO CHARGE 8888 N)'T REMEMBER		___ LARI 0000 NO CHARGE 8888 N)'T REMEMBER	

	LAST BIRTH	NEXT TO LAST BIRTH	SECOND TO LAST BIRTH																																																																																										
366. How many nights were you in that place after delivery?	___ NIGHTS 85. 85+ NIGHTS 88. DK/DR	___ NIGHTS 85. 85+ NIGHTS 88. DK/DR	___ NIGHTS 85. 85+ NIGHTS 88. DK/DR																																																																																										
367. Where was your husband or partner at the time of delivery, was he: (READ 1-5)	1. In the Delivery Room, 2. At the Hospital/clinic, 3. At Home or with friends 4. At Work 5. Traveling 8. DK/DR	1. In the Delivery Room, 2. At the Hospital/clinic, 3. At Home or with friends 4. At Work 5. Traveling 8. DK/DR	1. In the Delivery Room, 2. At the Hospital/clinic, 3. At Home or with friends 4. At Work 5. Traveling 8. DK/DR																																																																																										
368. Was that baby born by vaginal delivery, forceps, or C-section?	1. VAGINAL DELIVERY->GO TO Q370 2. FORCEPS ->GO TO Q370 3. VACUUM EXTRACTION--->Q370 4. CESAREAN SECTION	1. VAGINAL DELIVERY-->GO TO Q370 2. FORCEPS ->GO TO Q370 3. VACUUM EXTRACTION--->Q370 4. CESAREAN SECTION	1. VAGINAL DELIVERY->GO TO Q370 2. FORCEPS ->GO TO Q370 3. VACUUM EXTRACTION---->Q370 4. CESAREAN SECTION																																																																																										
369. Do you know what was the most important reason that you had to deliver by cesarean section ?	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS C- SECTION 7. ON REQUEST 20. OTHER _____ 88. DON'T KNOW	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS C- SECTION 7. ON REQUEST 20. OTHER _____ 88. DON'T KNOW	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS C- SECTION 7. ON REQUEST 20. OTHER _____ 88. DON'T KNOW																																																																																										
370. How long had you been in labor with that pregnancy (regular contractions 5' apart)	___ HOURS 77. C-SECTION BEFORE LABOR 88. DK/DR	___ HOURS 77. C-SECTION BEFORE LABOR 88. DK/DR	___ HOURS 77. C-SECTION BEFORE LABOR 88. DK/DR																																																																																										
371. Who attended the delivery of that child?	1. PHYSICIAN 2. NURSE/MIDWIFE 3. TRADITIONAL BIRTH ATTENDANT 4. OTHER _____ 5. UNATTENDED	1. PHYSICIAN 2. NURSE/MIDWIFE 3. TRADITIONAL BIRTH ATTENDANT 4. OTHER _____ 5. UNATTENDED	1. PHYSICIAN 2. NURSE/MIDWIFE 3. TRADITIONAL BIRTH ATTENDANT 4. OTHER _____ 5. UNATTENDED																																																																																										
372. How much did the baby weigh at birth?	___ GRAMS-->GO TO Q374 8888 DON'T KNOW	___ GRAMS--->GO TO Q374 8888 DON'T KNOW	___ GRAMS-->GO TO Q374 8888 DON'T KNOW																																																																																										
373. Do you know if the baby weighed less than 2500 g or was considered too small?	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 8. DK/DR	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 8. DK/DR	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 8. DK/DR																																																																																										
374. During the first 6 weeks after birth, did you have any of the following complications: (READ A-I)	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Severe Bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Bad-smelling Vaginal Discharge</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Infection of Surgical Wound</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Faint/coma</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. High Fever (39-40c)</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Painful Urination</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. Painful Uterus (pelvic pain)</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. Breast Infection</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. Other _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Severe Bleeding	1	2	B. Bad-smelling Vaginal Discharge	1	2	C. Infection of Surgical Wound	1	2	D. Faint/coma	1	2	E. High Fever (39-40c)	1	2	F. Painful Urination	1	2	G. Painful Uterus (pelvic pain)	1	2	H. Breast Infection	1	2	I. Other _____	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Severe Bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Bad-smelling Vaginal Discharge</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Infection of Surgical Wound</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Faint/coma</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. High Fever (39-40c)</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Painful Urination</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. Painful Uterus (pelvic pain)</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. Breast Infection</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. Other _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Severe Bleeding	1	2	B. Bad-smelling Vaginal Discharge	1	2	C. Infection of Surgical Wound	1	2	D. Faint/coma	1	2	E. High Fever (39-40c)	1	2	F. Painful Urination	1	2	G. Painful Uterus (pelvic pain)	1	2	H. Breast Infection	1	2	I. Other _____	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Severe Bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Bad-smelling Vaginal Discharge</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Infection of Surgical Wound</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Faint/coma</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. High Fever (39-40c)</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Painful Urination</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. Painful Uterus (pelvic pain)</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. Breast Infection</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. Other _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Severe Bleeding	1	2	B. Bad-smelling Vaginal Discharge	1	2	C. Infection of Surgical Wound	1	2	D. Faint/coma	1	2	E. High Fever (39-40c)	1	2	F. Painful Urination	1	2	G. Painful Uterus (pelvic pain)	1	2	H. Breast Infection	1	2	I. Other _____	1	2
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375. After leaving the hospital (DO NOT READ IF HOME DELIVERY) did you have any post-delivery check-ups?	1. YES 2. NO ---->GO TO Q378 8. DO NOT REMEMBER-->GO TO Q378	1. YES 2. NO ---->GO TO Q378 8. DON'T REMEMBER -->GO TO Q378	1. YES 2. NO ---->GO TO Q378 8. DO NOT REMEMBER ->GO TO Q378																																																																																										
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377. During those visit(s) did you receive information about: (READ A-F)	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Breastfeeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Breast Care</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Child Care</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Immunization</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Nutrition</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Contraception</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Breastfeeding	1	2	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"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Breastfeeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Breast Care</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Child Care</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Immunization</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Nutrition</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Contraception</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Breastfeeding	1	2	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"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Breastfeeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Breast Care</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Child Care</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Immunization</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Nutrition</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Contraception</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Breastfeeding	1	2	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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378. For how many months after birth did you not have a period?	___ MONTHS 88. DK/DR 77. NOT YET	___ MONTHS 88. DK/DR	___ MONTHS 88. DK/DR																																																																																										
379. How many months after birth did you resume sexual relations?	___ MONTHS 88. DK/DR 77. NOT YET	___ MONTHS 88. DK/DR	___ MONTHS 88. DK/DR																																																																																										

	LAST BIRTH	NEXT TO LAST BIRTH	SECOND TO LAST BIRTH																																																															
380. COPY FROM Q339 HOW THE PREGNANCY ENDED	1. SINGLE LIVE BIRTH 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. SINGLE STILLBIRTH -> NEXT BRTH 5. MULTIPLE STILLBIRTH>NEXTBRTH	1. SINGLE LIVE BIRTH 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. SINGLE STILLBIRTH -> NEXT BRTH 5. MULTIPLE STILLBIRTH>NEXTBRTH	1. SINGLE LIVE BIRTH 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. SINGLE STILLBIRTH-> MODULE IV 5. MULTIPLE STLLBIRTH-> MODULE IV																																																															
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383A. Who provided most of the baby's health checks?	1. GENERAL PRACTITIONER 2. PEDIATRICIAN 3. NURSE/MIDWIFE 7. OTHER _____	1. GENERAL PRACTITIONER 2. PEDIATRICIAN 3. NURSE/MIDWIFE 7. OTHER _____	1. GENERAL PRACTITIONER 2. PEDIATRICIAN 3. NURSE/MIDWIFE 7. OTHER _____																																																															
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385. Did you breastfeed this child?	1. YES 2. NO----->GO TO Q387	1. YES 2. NO ----->GO TO Q387	1. YES 2. NO----->GO TO Q387																																																															
386. How long after birth did you start breastfeeding?	1. ___ HOURS 777. LESS THAN 1HR OR 2. ___ DAYS 888. DON'T REMEMB.	1. ___ HOURS 777. LESS THAN 1HR OR 2. ___ DAYS 888. DON'T REMEMB.	1. ___ HOURS 777. LESS THAN 1HR OR 2. ___ DAYS 888. DON'T REMEMB.																																																															
387. CHECK PREGNANCY HISTORY (Q316 AND Q385) IS THIS CHILD STILL ALIVE?	1. STILL ALIVE, EVER BREASTFED 2. STILL ALIVE, NEVER BREASTFED → GO TO Q393 3 DIED → GO TO Q392	1. STILL ALIVE, EVER BREASTFED 2. STILL ALIVE, NEVER BREASTFED → GO TO Q393 3 DIED → GO TO Q392	1. STILL ALIVE, EVER BREASTFED 2. STILL ALIVE, NEVER BREASTFED → GO TO Q393 3 DIED → GO TO Q392																																																															
388. Are you still breastfeeding?	1. YES ----->GO TO Q390 2. NO	1. YES ----->GO TO Q390 2. NO	1. YES ----->GO TO Q390 2. NO																																																															
389. How old was the baby when you stopped breastfeeding?	1. ___ DAYS OR 2. ___ WEEKS OR 888. DK/DR 3. ___ MTHS	1. ___ DAYS OR 2. ___ WEEKS OR 888. DK/DR 3. ___ MTHS	1. ___ DAYS OR 2. ___ WEEKS OR 888. DK/DR 3. ___ MTHS																																																															
	GO TO Q393	GO TO Q393	GO TO Q393																																																															
390. In the period of time from 6am yesterday to 6am today how many times did you breastfeed this child?	___ NUMBER FEEDINGS	___ NUMBER FEEDINGS	___ NUMBER FEEDINGS																																																															
391. In the period of time from 6am yesterday to 6am today did you give this child any of the following:?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Water</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Milk other than Breastmilk</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Formula</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Juice, Tea or other liquids</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Semisolid foods</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Solid foods</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Water	1	2	B. Milk other than Breastmilk	1	2	C. Formula	1	2	D. Juice, Tea or other liquids	1	2	E. Semisolid foods	1	2	F. Solid foods	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Water</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Milk other than Breastmilk</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Formula</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Juice, Tea or other liquids</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Semisolid foods</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Solid foods</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Water	1	2	B. Milk other than Breastmilk	1	2	C. Formula	1	2	D. Juice, Tea or other liquids	1	2	E. Semisolid foods	1	2	F. Solid foods	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Water</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Milk other than Breastmilk</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Formula</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Juice, Tea or other liquids</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Semisolid foods</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Solid foods</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Water	1	2	B. Milk other than Breastmilk	1	2	C. Formula	1	2	D. Juice, Tea or other liquids	1	2	E. Semisolid foods	1	2	F. Solid foods	1	2
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392. Did you register the death of this child with the civil registry?	1. YES 2. NO 8. DO NOT REMEMBER	1. YES 2. NO 8. DO NOT REMEMBER	1. YES 2. NO 8. DO NOT REMEMBER																																																															
393. COPY FROM Q380 HOW THE PREG ENDED	1. SINGLE LIVE BIRTH->NEXT BIRTH 2. MULTIPLE LIVE BIRTH 3. MULTIPLE(LB & SB)>NEXT BIRTH	1. SINGLE LIVE BIRTH->NEXT BIRTH 2. MULTIPLE LIVE BIRTH 3. MULTIPLE(LB & SB)>NEXT BIRTH	1. SINGLE LIVE BIRTH-> 400 2. MULTIPLE LIVE BIRTH 3. MULTIPLE(LB & SB)->400																																																															

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T387. CHECK PREGNANCY HISTORY (Q316 AND Q385) IS THIS CHILD STILL ALIVE?	1. STILL ALIVE, EVER BREASTFED 2. STILL ALIVE, NEVER BREASTFED → GO TO T393 3. DIED → GO TO T392	1. STILL ALIVE, EVER BREASTFED 2. STILL ALIVE, NEVER BREASTFED → GO TO T393 3. DIED → GO TO T392	1. STILL ALIVE, EVER BREASTFED 2. STILL ALIVE, NEVER BREASTFED → GO TO T393 3. DIED → GO TO T392																																																															
T388. Are you still breastfeeding?	1. YES ----->GO TO T390 2. NO	1. YES ----->GO TO T390 2. NO	1. YES ----->GO TO T390 2. NO																																																															
T389. How old was the baby when you stopped breastfeeding?	1. ____ DAYS OR 2. ____ WEEKS OR 888. DK/DR 3. ____ MTHS	1. ____ DAYS OR 2. ____ WEEKS OR 888. DK/DR 3. ____ MTHS	1. ____ DAYS OR 2. ____ WEEKS OR 888. DK/DR 3. ____ MTHS																																																															
	GO TO NEXT BIRTH – Q339	GO TO NEXT BIRTH – Q339	GO TO Q400																																																															
T390. In the period of time from 6am yesterday to 6am today how many times did you breastfeed this child?	___ NUMBER FEEDINGS	___ NUMBER FEEDINGS	___ NUMBER FEEDINGS																																																															
T391. In the period of time from 6am yesterday to 6am today did you give this child any of the following:?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Water</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Milk other than Breastmilk</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Formula</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Juice, Tea or other liquids</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Semisolid foods</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Solid foods</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Water	1	2	B. Milk other than Breastmilk	1	2	C. Formula	1	2	D. Juice, Tea or other liquids	1	2	E. Semisolid foods	1	2	F. Solid foods	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Water</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Milk other than Breastmilk</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Formula</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Juice, Tea or other liquids</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Semisolid foods</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Solid foods</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Water	1	2	B. Milk other than Breastmilk	1	2	C. Formula	1	2	D. Juice, Tea or other liquids	1	2	E. Semisolid foods	1	2	F. Solid foods	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. Water</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. Milk other than Breastmilk</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. Formula</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. Juice, Tea or other liquids</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. Semisolid foods</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. Solid foods</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. Water	1	2	B. Milk other than Breastmilk	1	2	C. Formula	1	2	D. Juice, Tea or other liquids	1	2	E. Semisolid foods	1	2	F. Solid foods	1	2
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	GO TO NEXT BIRTH – Q339	GO TO NEXT BIRTH – Q339	GO TO Q400																																																															
T392. Did you register the death of this child with the civil registry?	1. YES 2. NO 8. DO NOT REMEMBER	1. YES 2. NO 8. DO NOT REMEMBER	1. YES 2. NO 8. DO NOT REMEMBER																																																															
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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. What was the most important source of information about this method (SEE CODES BELOW)
A. The Pill (Oral Contraceptives)	1 YES→Q401 2 NO→B	1 YES→Q402 2 NO→Q402	1 YES→Q403 2 NO→ Q403	1 YES→Q404 2 NO→ Q404	---
B. IUD (Spirali)	1 YES→Q401 2 NO→C	1 YES→Q402 2 NO→Q402	1 YES→Q403 2 NO→ Q403	1 YES→Q404 2 NO→ Q404	---
C. Condoms (Prezervativ)	1 YES→Q401 2 NO→D	1 YES→Q402 2 NO→Q402	1 YES→Q403 2 NO→ Q403	1 YES→Q404 2 NO→ Q404	---
D. Foam/Jelly/ Cream/Foamy Tablets or other Local Spermicides (e.g. Pharmatex)	1 YES→Q401 2 NO→E	1 YES→Q402 2 NO→Q402	1 YES→Q403 2 NO→ Q403	1 YES→Q404 2 NO→ Q404	---
E. Tubal Ligation (Femle Sterilization)	1 YES→Q401 2 NO→F	1 YES→Q402 2 NO→Q402	1 YES→Q403 2 NO→ Q403	1 YES→Q404 2 NO→ Q404	---
F. Vasectomy (Male Sterilization)	1 YES→Q401 2 NO→G	1 YES→Q402 2 NO→Q402	1 YES→Q403 2 NO→ Q403	1 YES→Q404 2 NO→ Q404	---
G. Injectables (e.g. Depo-Provera, Norplant)	1 YES→Q401 2 NO→H	1 YES→Q402 2 NO→Q402	1 YES→Q403 2 NO→ Q403	1 YES→Q404 2 NO→ Q404	---
H. Emergency Hormonal Contraception ("Morning After Pill"; Postinor)	1 YES→Q401 2 NO→I	1 YES→Q402 2 NO→Q402	1 YES→Q403 2 NO→ Q403	1 YES→Q404 2 NO→ Q404	---
I. Rhythm/Calendar Method	1 YES→Q401 2 NO→J	1 YES→Q402 2 NO→Q402	1 YES→Q404 2 NO→ Q404		---
J. Withdrawal (Coitus Interruptus)	1 YES→Q401 2 NO→K	1 YES→Q402 2 NO→Q402	1 YES→Q404 2 NO→ Q404		---
K. Other contraceptive methods (SPECIFY): _____	1 YES→Q401 2 NO→Q405	1 YES→Q402 2 NO→Q402	1 YES→Q404 2 NO→ Q404		---

CODES FOR Q404 (DO NOT READ)

- | | |
|---------------------|---|
| 1. MOTHER | 10. NURSE, MIDWIFE, FELDCHER |
| 2. FATHER | 11. COMMUNITY HEALTH WORKER |
| 3. RELATIVE | 12. TEACHER |
| 4. BOYFRIEND | 13. PHARMACIST |
| 5. FRIENDS | 14. BOOKS |
| 6. CO-WORKER | 15. NEWSPAPERS, MAGAZINES, BROCHURE, FLYERS |
| 7. COLLEAGUES, PEER | 16. RADIO |
| 8. PARTNER/HUSBAND | 17. TV |
| 9. DOCTOR | 20. OTHER (SPECIFY): _____ |
| | 88. DON'T REMEMBER |

405. Looking at this CARD, please tell me which do you think is the most effective contraceptive method?
(SHOW CARD A)

1. The Pill
2. IUD (“SPIRALI”)
3. Condom
4. Norplant
6. Foams/jelly/creams/Foamy Tablets
7. Tubal Ligation (Female Sterilization)
8. Emergency Hormonal Contraception (“Morning After Pill”)
9. Injectables (Depo-Provera)
10. Vasectomy (Male Sterilization)
11. Rhythm Method
12. Withdrawal
77. NONE OF THEM
88. DON’T KNOW/NOT SURE

406. How would you rate each of the following methods with regard to effectiveness at preventing pregnancy? Would you say that _____ is very effective, effective, somewhat effective, not very effective or not at all effective? (INTERVIEWER: ASK THE QUESTION FOR EACH OF THE METHODS LISTED BELOW, UNLESS RESPONDENT HAS SAID IN Q400 THAT SHE NEVER HEARD OF THAT SPECIFIC METHOD; MARK “9” FOR THOSE CASES WITHOUT ASKING)

	<u>Very Effective</u>	<u>Effective</u>	<u>Somewhat Effective</u>	<u>Not Effect.</u>	<u>DO NOT KNOW</u>	<u>NEVER HEARD</u>
1. The Pill	1	2	3	4	8	9
2. IUD (“SPIRALI”)	1	2	3	4	8	9
3. Condom	1	2	3	4	8	9
7. Tubal Ligation	1	2	3	4	8	9
9. Injectables	1	2	3	4	8	9
11. Calendar	1	2	3	4	8	9
12. Withdrawal	1	2	3	4	8	9

407F. CHECK CURRENT AGE OF RESPONDENT (Q101):
1. 15 TO 24
2. 25 TO 44 -----→ GO TO Q420

408. How old were you when you had your first menstruation ___ AGE. 00. NOT YET
 88. DON’T REMEMBER
 99. REFUSE TO ANSWER

409. Did you know what menstruation was at that time?

1. YES
2. NO
8. NOT SURE

410. Now I have some questions about your first sexual intercourse. When did you have sexual intercourse for the first time - in what month and year was that? (**PROBE: Can you tell me what year that was?**)

___ MONTH ___ YEAR 00. NEVER HAD INTERCOURSE→GO TO Q601, PG 36
 88. DON’T REMEMBER
 99. REFUSE TO ANSWER

411. How old were you at that time? ___ YEARS 88. DON’T REMEMBER

411A How would you describe the first time that you had sex? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex?

1. WANTED TO HAVE SEX
2. NOT WANT BUT HAD SEX
3. FORCED TO HAVE SEX
8. DON'T KNOW/DON'T REMEMBER
9. REFUSED

412. At the time you first had sexual intercourse, what was your relationship to that man?

- | | |
|--------------------------------|-----------------------------|
| 1. HUSBAND, CONSENSUAL PARTNER | 7. JUST MET----->GO TO Q414 |
| 2. FIANCEE | 8. RELATIVE |
| 3. BOYFRIEND | 9. RAPE----->GO TO Q421 |
| 4. FRIEND | 10.. INCEST----->GO TO Q421 |
| 5. LOVER | 20. OTHER(SPECIFY) _____ |
| 6. ACQUAINTANCE | 88. DO NOT REMEMBER/REF |

413. How long were you and your first partner dating when you first had sexual relations?

1. ___ DAYS OR 2. ___ WEEKS OR 3. ___ MONTHS OR 4. ___ YEARS

000=FIRST TIME WE MET
888=DON'T REMEMBER
999=NO RESPONSE
777=OTHER _____

414. How old was your first partner? _____ YEARS 88. DON'T REMEMBER
99. REFUSED

415. Before you had sex for the first time, did you and your partner ever talk about using contraception?

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

416. At the time you had first sexual intercourse, did you or your partner use any contraceptive method?

1. YES
2. NO --->GO TO Q419
8. DK/DO NOT REMEMBER --->GO TO Q421
9. REF --->GO TO Q421

417. Which contraceptive method did you or your partner use at the first intercourse?

- 1 THE PILL
- 2 "SPIRALI" (IUD)
- 3 CONDOM
- 6 FOAM/JELLY/CREAM/VAGINAL FILMS
- 8 EMERGENCY HORMONAL CONTRACEPTION
- 9 INJECTABLES
- 10 OTHER MODERN METHODS _____
- 11 CALENDAR METHOD
- 12 WITHDRAWAL
- 19 DOUCHE
- 20 OTHER: _____
- 88 DON'T KNOW/DON'T REMEMBER

418. Who made the 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. DID NOT KNOW WHERE TO GET A METHOD//DIFFICULT TO GET/NOT AVAILABLE
4. RESPONDENT WAS AGAINST IT
5. PARTNER WAS AGAINST IT
6. DID NOT KNOW ABOUT CONTRACEPTION
7. WANTED TO GET PREGNANT
8. THOUGHT THAT CONTRACEPTIVE METHODS ARE HARMFUL
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 36**
88. DK/DR

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

1. YES
2. NO --->**GO TO Q423**
9. REF --->**GO TO Q423**

422. How often 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 Q424

423. During the past 3 months, have you had sexual intercourse?

1. YES
2. NO --->**GO TO Q425**
9. REF --->**GO TO Q425**

V. CURRENT AND PAST CONTRACEPTIVE USE

501. RECORD WHETHER RESPONDENT REPORTED HAVING USED ANY METHOD (ANY Q402=1 AT PG.20)

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 27
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 27

504. What method are you currently using?

1. THE PILL
2. "SPIRAL" (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. TUBAL LIGATION (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

505F. CHECK QUESTION 504 (IF CURRENT METHOD IS COITAL-SPECIFIC):

1. Q504=3,4,5,6,8,12,13,20
2. Q504=1,2,7,9,10,11----->GO TO Q507

506. In the last 30 days how often did you/your partner use this method (METHOD MENTIONED IN Q504) (**READ 1-4**)?

1. Always, at each sexual intercourse,
2. Almost always,
3. Sometimes,
4. Only once
9. REFUSE TO ANSWER

507. What was the most important reason for choosing this method?

1. A DOCTOR RECOMMENDED
2. AFFORDABLE COST
3. VERY EFFECTIVE
4. VERY SAFE (FEW OR NO 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
11. RELIGIOUS BELIEVES
20. OTHER_____
88. DO NOT KNOW/ DO NOT REMEMBER

507F. CHECK QUESTION 504 (IF CURRENT METHOD IS TRADITIONAL):

1. Q504=11,12,13,20
2. Q504= 1-10 OR 88 ----->GO TO Q510

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 choice	1	2	3	8
F. Religious beliefs	1	2	3	8
G. Doctor's recommendation	1	2	3	8
H. Another person's advice	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 "Spirali" ? (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. EXPERIENCED SIDE EFFECTS
2. HEALTH CONCERNS
3. SOMETIMES NOT AVAILABLE
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
10. SOURCE FOR THE METHOD IS TOO FAR
20. 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 Q521

513. What method would you prefer to use (OTHER THAN THE METHOD SPECIFIED IN Q504)?

1. THE PILL
2. "SPIRALI" (IUD)
3. CONDOM
4. CONDOM +SPERMICIDE
5. CONDOM +WITHDRAWAL/CALENDAR-
6. FOAM/JELLY/CREAMS/C-FILMS
7. TUBAL LIGATION (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, TUBAL LIGATION, NORPLANT)
20. OTHER _____
88. DON'T KNOW

GO TO Q 521 PAGE 28

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 SHE OR HER PARTNER CANNOT HAVE CHILDREN-----> GO TOQ523
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. RESPONDENT DID NOT THINK ABOUT USING CONTRACEPTION
11. COST, CANNOT AFFORD BIRTH CONTROL
12. CONTRACEPTION IS THE PARTNER'S RESPONSIBILITY
13. CONTRACEPTION IS NOT (VERY) EFFECTIVE
14. RESPONDENT DOES NOT WANT TO USE A METHOD/DOES NOT LIKE 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. RESPONDENT DOES NOT KNOW HOW TO USE BIRTH CONTROL METHODS
19. RESPONDENT DOES NOT THINK THAT SHE CAN GET PREGNANT
20. RESPONDENT USES DOUCHING
77. OTHER (SPECIFY) _____
88. DK/REF

516. Do you think that you will use a contraceptive method during the next 12 months (ADD:OTHER THAN BREASTFEEDING OR DOUCHING IF Q515=2 OR Q515=20)?

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. "SPIRALI" (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
13. WITHDRAWAL + CALENDAR----->GO TO Q521
20. OTHER TRADITIONAL METHODS----->GO TO Q521
88. NOT SURE----->GO TO Q521

519. On average, how much are you willing to pay for contraception, per month?
 _____ LARI 85. 85+ LARI
 98. NOT SURE/DON'T KNOW

520. Where would you want to get your contraceptive method?
 1. RURAL AMBULATORY (FAP, DAC) 9. PHARMACY
 2. VILLAGE HOSPITAL 10. OPEN MARKET, BAZAAR
 3. POLICLINIC 11. STORE/ KIOSK
 4. WOMEN'S CONSULTATION CLINIC 12. PARTNER/HUSBAND
 5. GOV HOSPITAL-GYN WARD 13. FRIEND
 6. GOV HOSPITAL-MATERNITY WARD 14. RELATIVE
 7. PRIVATE CLINIC OR OFFICE 20. OTHER (SPECIFY): _____
 8. NGO 88. DON'T KNOW

521. During the last year, how often did you talk about contraception with your husband/ partner?
 1. NEVER----->GO TO Q523
 2. ONE OR TWO TIMES
 3. THREE TIMES OR MORE
 4. RESPONDENT HAD NO PARTNER DURING THE LAST YEAR ----->GO TO Q523

522. Generally, does your husband/ partner agree or disagree with the use of contraceptive methods?
 1. AGREES
 2. DISAGREES
 3. NEITHER AGREES NOR DISAGREES
 8. NOT SURE/DON'T KNOW

523. Some people use condoms for reasons other than birth control, for instance because they are concerned about getting diseases that can result from sexual intercourse. Have you ever used condoms for: (READ 1-4)
 1. Birth Control Only----->GO TO 524F
 2. Disease Prevention Only----->GO TO 524F
 3. Both, or----->GO TO 524F
 4. You Never Used a Condom?
 5. USED CONDOM OUT OF CURIOSITY
 8. NOT SURE/ DO NOT REMEMBER

524. Why have you and your partner(s) never used condoms?
 1. PREVENTING PREGNANCY IS WOMAN'S RESPONSIBILITY
 2. PARTNER(S) OBJECTED TO USE CONDOMS
 3. HAVE ONLY ONE PARTNER
 4. THEY ARE ONLY FOR USE WITH PROSTITUTES
 5. THEY ARE ONLY FOR EXTRAMARITAL RELATIONS
 6. CONDOMS DIMINISH PLEASURE/SPONTANEITY
 7. CONDOMS ARE LESS EFFECTIVE IN PREVENTING PREGNANCY
 8. CONDOMS ARE TOO DIFFICULT TO USE
 9. LOVEMAKING WOULD BE INTERRUPTED
 10. CONDOM USE IS TOO MESSY
 11. COST
 12. SHE HAS NEVER THOUGHT ABOUT IT
 13. IT IS EMBARRASSING TO BUY CONDOMS
 14. PREFERS OTHER CONTRACEPTIVE METHODS
 20. OTHER _____
 88. DON'T KNOW

524F.

FIRST COMPLETE COLUMNS 1 AND 4 (SEE PREGNANCY HISTORY PAGES 9-13 AND MARITAL HISTORY PAGE 3).
CIRCLE ONE OF FOLLOWING AND FOLLOW THE INSTRUCTION AFTER IT:
 1. RESPONDENT HAS USED ANY CONTRACEPTIVE METHOD SINCE JANUARY 2000: FILL COLUMNS 2 & 3
 2. NO METHOD USED SINCE JANUARY 2000: FILL "0" AT BEGINNING AND END OF COLUMN 2 AND LEAVE COL.3 BLANK

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. MINIABORTION
- 9. ECTOPIC PREGNANCY

COLUMN 2

METHOD USED

- 0. NO METHOD
- 1. PILL
- 2. "SPIRALI" (IUD)
- 3. CONDOM
- 4. CONDOM+SPERMICIDES
- 5. CONDOM+CAL./WITHDRAWAL
- 6. SPERMICIDES
- 7. TUBAL LIGATION
- 8. EMERGENCY HORM.
- 9. INJECTABLES (E.G. DEPO-PROVERA)
- 10. OTHER MODERN
- 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. HUSBAND NOT IN GEORGIA
- 14. SHE NEGLECTED TO USE
- 15. METHOD NOT EFFECTIVE
- 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
2000					2003				
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				
2001					2004				
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				
2002					2005				
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				

525F. DETERMINE FROM THE CALENDAR:

- 1. CONTRACEPTION USED IN JANUARY 2000 → CONTINUE
- 2. NO METHOD USED IN JAN. 2000, BUT ONE USED AFTER → GO Q527
- 3. NO METHOD USED SINCE JAN. 2000 (COL 2 ONLY "0") → GO Q551, PG 33

526. You said that in January of 2000 you were using _____ (WRITE METHOD USED IN COLUMN 2_JAN 2000).
When did you start using that method?

____ MONTH ____ ____ YEAR

88. DON'T KNOW/DON'T REMEMBER

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

- | | |
|-------------------------------------|--|
| 1. THE PILL | 9. DEPO-PROVERA |
| 2. "SPIRAL" (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. RURAL AMBULATORY | 9. PHARMACY |
| 2. VILLAGE HOSPITAL | 10. OPEN MARKET, BAZAAR |
| 3. POLICLINIC | 11. STORE/ KIOSK |
| 4. WOMEN'S CONSULTATION CLINIC | 12. PARTNER/HUSBAND |
| 5. GOV HOSPITAL-GYN WARD | 13. FRIEND |
| 6. GOV HOSPITAL-MATERNITY WARD | 14. RELATIVE |
| 7. PRIVATE CLINIC OR OFFICE | 20. OTHER (SPECIFY): _____ |
| 8. NGO | 88. DON'T KNOW |

529 Did you pay for this method?

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

530. Did you pay for (READ 1-3):

1. The method itself,
2. The medical consultation,
3. Or both?

530A. Altogether, on average, how much did(do) you pay for contraception, per month?

- | | |
|--------------|-------------------------|
| ___ ___ LARI | 85. 85+ LARI |
| | 98. 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/FELDCHER | 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

534A. Were you told what to do if you experienced side effects while using the method?

- 3. YES
- 4. NO

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

- 1. VERY SATISFIED
- 2. SATISFIED
- 3. SOMEWHAT SATISFIED
- 4. NOT SATISFIED
- 8. DO NOT KNOW

<p>535F. REVIEW CALENDAR (Q525 – COLUMN 2): HAS RESPONDENT USED EITHER PILL OR IUD SINCE JANUARY 2000 (CODE =1 OR 2 ON COLUMN 2)?</p> <ul style="list-style-type: none"> 1. YES 2. NO-→ GO TO Q550F
<p>536F. REVIEW CALENDAR (Q525 – COLUMN 2)</p> <ul style="list-style-type: none"> 1. HAS USED PILL (CODE 1) SINCE JANUARY 2000 2. HAS <u>NOT</u> USED PILL SINCE JANUARY 2000→ GO TO Q540

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 88. DO NOT REMEMBER

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

- | | | |
|--------------------|---------------------|-----------------|
| 1. BISECURIN | 8. MARVELON | 15. RIGEVIDON |
| 2. CILEST | 9. MERCILON | 16. SIGORAL |
| 3. CYCLO-PROGYNOVA | 10. MICROGYNON | 17. TRIREGOL |
| 4. DIANE-35 | 11. MICROLUT | 18. JANIN |
| 5. FEMODEN | 12. NONOVION | 20. OTHER _____ |
| 6. FERTILAN | 13. OVIDON | 88. DO NOT KNOW |
| 7. GYNOFEN 35 | 14. POSTINOR | |

<p>539F. REVIEW CALENDAR (Q525 – COLUMN 2)</p> <ul style="list-style-type: none"> 1. HAS USED IUD (“SPIRALP”) (CODE 2) SINCE JANUARY 2000 2. HAS <u>NOT</u> USED IUD (“SPIRALP”) SINCE JANUARY 2000→ GO TO Q550F

540. **OBSERVE THE CALENDAR AND VERIFY IN WHAT MONTH AND YEAR RESPONDENT STARTED TO USE THE LAST (OR CURRENT) IUD.** You said you had an IUD inserted in.....

___ MONTH ___ ___ YEAR 88. DO NOT REMEMBER

541. Now, I want you to think back at the time when you had inserted your (last) “Spirali” (IUD). Where did you have the “spirali” (IUD) inserted?

1. VILLAGE HOSPITAL
2. POLICLINIC
3. WOMEN’S CONSULTATION CLINIC
4. GOV HOSPITAL-GYN WARD
5. GOV HOSPITAL-MATERNITY WARD
6. PRIVATE CLINIC OR OFFICE
7. OTHER_____

542. Was that “Spirali” (IUD) inserted immediately after an abortion?

1. YES
2. NO

543. After the “Spirali” (IUD) was inserted, when did the physician tell you to come back for a routine check-up?

- ____ WEEKS
- 00 DID NOT SAY TO COME BACK FOR CHECK-UP
 - 33 AFTER THE FIRST PERIOD
 - 44 SAID TO COME BACK ANYTIME SHE WANTS
 - 55 SAID TO COME BACK ONLY WHEN SHE HAS SPECIFIC PROBLEMS
 - 77 OTHER (SPECIFY)_____
 - 88 DON'T REMEMBER

544. When the “Spirali” (IUD) was inserted, did the physician tell you how to check that it is in place?

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

545. Did the physician tell you how long the “Spirali” (IUD) could be left in place?

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

546. Did you have any health problems or side effects that you think were related to your “Spirali” (IUD)?

1. YES
2. NO--->GO TO Q550F

547. What kind of problem or side effect did you have? (**CIRCLE ALL MENTIONED, DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. ABDOMINAL CRAMPING	1	2
B. PROLONGED OR HEAVY LEEDING 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

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

1. YES
2. NO

**550F. REVIEW CALENDAR (Q525 – COLUMN 2):
WAS RESPONDENT USING ANY CONTRACEPTIVE METHOD IN THE LAST MONTH
(CODE > “0” IN COLUMN 2)?**

1. YES ---> GO TO Q553
2. NO

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

1. YES--->GO TO Q553
2. NO
3. NOT SURE
4. CURRENTLY PREGNANT--->GO TO Q553

552. 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 IINFLAMMATORY DISEASE (PID)
4. ENDOCRINE DYSFUNCTION
5. HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS)----->GO TO Q558 PG. 34
6. PREMENOPAUSE/ MENOPAUSE----->GO TO Q558 PG. 34
7. OVARIAN CYSTS/ OVARIAN DYSFUNCTION----->GO TO Q557 PG. 34
8. RESPONDENT HAD BOTH TUBES REMOVED OR OBSTRUCTED----->GO TO Q557 PG. 34
9. HAS TRIED TO GET PREGNANT IN THE PAST 2 YEARS AND DID NOT SUCCEED->GO TO Q557 PG. 34
10. PARTNER HAD A MEDICAL OPERATION AND CANNOT HAVE CHILDREN----->GO TO Q557 PG. 34
11. PARTNER IS INFERTILE----->GO TO Q557 PG. 34
12. CURRENTLY USES A METHOD (GO BACK TO Q504 AND CORRECT IT)
20. OTHER (SPECIFY) _____
88. DO NOT KNOW
99. REFUSE TO ANSWER

553. Looking to the future, do you yourself intend to have (a/another) baby at some time (IF CURRENTLY PREGNANT ADD “...after this pregnancy”?)

1. WANTS A BABY
2. DOES NOT WANT A BABY --->GO TO Q555
3. RESPONDENT WANTS A BABY BUT PARTNER DISAGREES
4. RESPONDENT DOES NOT WANT A BABY BUT PARTNER WANTS ---> GO TO Q555
8. DK ---->GO TO Q555

554. When do you, yourself, actually want to get pregnant (again)...(READ 1-4)

1. Right away, (DO NOT READ IF THE WOMAN IS ALREADY PREGNANT)
2. Within the next 12 months,
3. Within 1-2 years,
4. or after 2 years?
6. AFTER SHE MARRIES
7. WHEN GOD WANTS
8. DK

555. IF Q553 =1,3, OR 8 BEGIN WITH: “After having all the children you want,...”)

Do you think you would be interested in having an operation to prevent you from having any more children?

1. YES----->GO TO Q558
2. NO
3. ALREADY STERILIZED----->GO TO Q558
8. NOT SURE

556. 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

GO TO Q558

557. Looking to the future, do you yourself intend to seek any medical help to have a(nother) baby ?

1. YES
2. NO
3. RESPONDENT WANTS A BABY BUT PARTNER DISAGREES
4. RESPONDENT DOES NOT WANT A BABY BUT PARTNER WANTS
8. DK

558. Do you know a place where you can seek diagnostic or treatment for helping you to become pregnant?

1. YES
2. NO----->**GO TO Q560**
8. DK/NR----->**GO TO Q560**

559. How far is that place from where you live (IF MORE THAN ONE PLACE RECORD DISTANCE TO THE NEAREST)?

___ ___ HOURS 00 LESS THAN ONE HOUR
88 DO NOT KNOW/NOT SURE

560. The next questions are about any infertility services you may have ever received. This includes any medical help to become pregnant that you or your husband(s)/partner(s) may have received. Have you or your husband(s)/partner(s) ever been to a doctor or other medical care provider to talk about ways to help you become pregnant?

1. YES
2. NO----->**GO TO Q567**
8. DK/NR----->**GO TO Q567**

561. Thinking back to your or your partner's first visit when you sought medical help for becoming pregnant, in what month and year was that visit (IF PARTNER 1ST VISIT PRECEDED HERS, RECORD THAT DATE)

___ ___ MONTH ___ ___ ___ ___ YEAR 88. DK/NOT REMEMBER

562. When you first went for medical help in (MONTH/YEAR), how many months or years had you (and your husband/partner) been trying to become pregnant?

1. ___ ___ MONTHS OR 2. ___ ___ YEARS 888. DK/DR

563. When you and your husband or partner went for medical help to become pregnant were you ever told that you or he had any of the following infertility problems: (**READ A–E AND CODE ALL THAT APPLY.**)

	<u>YES</u>	<u>NO</u>
A. Problems with ovulation (includes hormonal dysfunction)?	1	2
B. Blocked tubes?	1	2
C. Endometriosis (a disease in which tissue from the inside of uterus fixes to other places)?... 1	1	2
D Semen or sperm problems (low count, poor motility, varicocele) ?..... 1	1	2
E. Any other infertility problems? (SPECIFY)..... 1	1	2

564. During the past 12 months, were you (and your (husband/partner)) pursuing medical help to become pregnant?

- 1. YES
- 2. NO----->GO TO Q566

565. During the past 12 months, how many visits have you or your husband/partner made to a doctor to help you to get pregnant?

___ VISITS 88. DK/DR

566. In what month and year was your (most recent/last) visit for help to become pregnant?

___ MONTH ___ YEAR 88. DK/NOT REMEMBER

567. Have you ever been treated for an infection in your fallopian tubes, womb, or ovaries, also called a pelvic infection, pelvic inflammatory disease, or P.I.D.? (IF DON'T KNOW, PROBE: This is a female infection that sometimes causes abdominal pain or lower stomach cramps.) **NOTE:** INFECTIONS OF THE VAGINA ALONE, ENDOMETRIOSIS, PELVIC TUMORS, AND CYSTS **DO NOT COUNT AS PELVIC INFECTIONS**

- 1. YES
- 2. NO----->GO TO MODULE VI
- 8. DK/NR----->GO TO MODULE VI

568. Were you having any symptoms, such as pain, discharge, or bleeding, that caused you to go for treatment?

- 1. YES
- 2. NO

569. Please try to remember when you first received treatment for a pelvic infection or P.I.D. In what month and year was that?

___ MONTH ___ YEAR 88. DK/NOT REMEMBER

570. In what month and year did you last receive treatment for a pelvic infection or P.I.D.?

___ MONTH ___ YEAR 88. DK/NOT REMEMBER

571. Altogether, how many different times have you been hospitalized one night or longer for a pelvic infection?

- 1. NEVER----->GO TO MODULE VI
- 2. ONCE
- 3. 2-3 TIMES
- 4. 4 TIMES OR MORE
- 8. DO NOT REMEMBER

572. Overall, how many nights did you spend in the hospital for a pelvic infection or P.I.D.?

___ NIGHTS 88. DK/DR

609. What is the most important reason that you have never 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. DOES NOT KNOW WHERE TO GO FOR SUCH AN EXAM
14. CANNOT AFFORD THE COST
15. NEVER HAD SEXUAL INTERCOURSE (VIRGIN)
20. OTHER _____
88. DK/NOT RESPONSE

GO TO Q611

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

1. During the past 12 months
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

611. Have you ever had a cervical smear (a test that takes a sample of cells from the cervix, or opening to the uterus to detect cancer) , also called Papanicolaou test?

1. YES ---->**GO TO Q613**
2. NO
8. DK
9. REF

612. 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. COST
11. SHE HAD NO PARTNER/ NOT SEXUALLY ACTIVE
12. NEVER HAD SEXUAL INTERCOURSE
20. OTHER (SPECIFY): _____
88. DON'T KNOW
99. REFUSE TO ANSWER

GO TO O614

613. When did you have your last Pap smear? Was it...**(READ 1-4)**

1. within the last year, (0 TO 11 MONTHS AGO)
2. 1 to 2 years ago, (12 TO 23 MONTHS AGO)
3. 2-3 years ago, (24 to 35 MONTHS AGO)
4. more than 3 years ago? (36+MONTHS AGO)
8. DON'T KNOW

614. Have you heard about breast self-examinations?

1. YES
2. NO----->**GO TO Q617**

615. Do you ever do breast self-examinations?

- 1. YES
- 2. NO----->GO TO Q617

616. How often do you do it, on average?

- 1. ONCE A MONTH/AFTER EACH MENSTRUATION
- 2. EVERY 2-5 MONTHS
- 3. EVERY 6-11 MONTHS
- 4. ONCE PER YEAR OR LESS

617. Have you ever tried cigarette smoking, even one or two puffs?

- 1. YES
- 2. NO---> GO TO Q624

618. How old were you when you smoked a cigarette for the first time?

- ___ __ YEARS
- 88. DO NOT REMEMBER
- 99. REFUSE TO ANSWER

619. Have you smoked at least 100 cigarettes in your entire life? (**PROBE**: 100 cigarettes is about 5 packs)

- 1. YES
- 2. NO---> GO TO 624
- 8. DK---> GO TO 624
- 9. REF--->GO TO 624

620. How old were you when you first started smoking fairly regularly?

- ___ __ YEARS
- 00. NEVER SMOKED REGULARLY
- 88. DO NOT REMEMBER
- 99. REFUSE TO ANSWER

621. During the last 30 days, did you smoke cigarettes: (**READ 1-4**)

- 1. Every Day
- 2. Almost Every Day
- 3. Some Days
- 4. Not at All in the last 30 days-->GO TO Q623
- 9. REF----->GO TO Q623

622. During the last 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- 1. 1 CIGARETTE PER DAY
- 2. 2-5 CIGARETTES PER DAY
- 3. 6-10 CIGARETTES PER DAY
- 4. 11-19 CIGARETTES PER DAY
- 5. 20 OR MORE CIGARETTES PER DAY

GO TO Q624

623. In what month and year did you last smoke cigarettes at all? (**PROBE FOR SEASON IF MONTH IS UNKNOWN**)

- ___ __ MONTH
- ___ __ __ __ YEAR
- 88. DO NOT REMEMBER
- 99. REF

624. Now, I will ask you about some medical conditions that you may have had. Has a doctor or other health care provider ever told you that you had Diabetes or "high sugar"?

- 1. YES
- 2. NO ----->GO TO Q626
- 8. NOT SURE ----->GO TO Q626
- 9. REFUSAL----->GO TO Q626

625. Were you ever told you had diabetes when you were not pregnant?
1. YES
 2. NO
 3. NEVER BEEN PREGNANT
 8. DO NOT REMEMBER
626. Has a doctor or other health care provider ever told you that you had anemia, or “thin blood”?
1. YES
 2. NO ----->GO TO Q628
 8. NOT SURE ----->GO TO Q628
 9. REFUSAL----->GO TO Q628
627. Were you ever told you had anemia or “thin blood” when you were not pregnant?
1. YES
 2. NO
 3. NEVER BEEN PREGNANT
 8. DO NOT REMEMBER
628. Has a doctor or other health care provider ever told you that you had Hypertension or High Blood Pressure?
1. YES
 2. NO ----->GO TO Q630
 8. NOT SURE ----->GO TO Q630
 9. REFUSAL----->GO TO Q630
629. Were you ever told you had Hypertension or High Blood Pressure when you were not pregnant?
1. YES
 2. NO
 3. NEVER BEEN PREGNANT
 8. DO NOT REMEMBER
630. Since the age of 15, has a doctor or other health care provider ever told you that you had Rubella?
3. YES
 4. NO ----->GO TO Q632
 8. NOT SURE ----->GO TO Q632
 9. REFUSAL----->GO TO Q632
631. Were you ever told you had Rubella when you were pregnant?
1. YES
 2. NO
 3. NEVER BEEN PREGNANT
 8. DO NOT REMEMBER

632. In the past 12 months have you had any of the following symptoms?

	<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>
A. Vaginal discharge with a bad smell	1	2	8
B. Itching or burning in the genital area	1	2	8
C. Burning pain on urination	1	2	8
D. Pain during sexual intercourse	1	2	8
E. Sore, ulcer or warts in genital area	1	2	8

633F. ARE ANY OF 632_A THRU 632_E = 1? (ANY SYMPTOMS)?

1. YES
2. NO -----> GO TO Q637

634. Did you have any treatment for this(ese) condition(s)?

- 1. YES
- 2. NO----> **GO TO Q636**
- 8. NOT SURE ---> **GO TO Q636**

635. Who treated you?

- 1. OB/GYN
- 2. FAMILY DOCTOR/GP
- 3. DERMATOLOG
- 4. INFECTIOUS DISEASES DOCTOR
- 5. UROLOG
- 6. NURSE/MIDWIFE
- 7. PHARMACIST
- 8. PARTNER
- 9. FRIEND/RELATIVE
- 10. SELF-TREATMENT
- 20. OTHER: _____
- 99. REFUSED

GO TO Q637

636. What was the main reason you did not seek treatment?

- 1. SERVICES TOO FAR AWAY / INACCESSIBLE
- 2. DON'T KNOW WHERE TO GO FOR SERVICES
- 3. CANNOT AFFORD SERVICES OR TREATMENT
- 4. AFRAID OF KNOWING THE RESULTS
- 5. IT IS EMBARRASSING
- 6. DID NOT THINK WAS AN STI
- 7. SYMPTOM(S) DISAPPEARED
- 8. OTHER (SPECIFY) _____
- 9. REFUSED

637. Now, I have some questions about drinking alcohol. We count a drink as one can or bottle of beer, one glass of wine, or one cocktail or a shot of vodka, liquor or whiskey. In the past 3 months, have you had a drink containing alcohol?

- 1. YES
- 2. NO----> **GO TO MODULE VII**
- 8. NOT SURE/DO NOT REMEMBER ---> **GO TO MODULE VII**
- 9. REFUSE ---> **GO TO MODULE VII**

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

- _____ # OF DRINKS
- 00. NO DRINKS/ONLY FEW SIPS---> **GO TO MODULE VII**
 - 88. NOT SURE/DO NOT REMEMBER ---> **GO TO MODULE VII**
 - 99. REFUSED --> **GO TO MODULE VII**

639. In the past 3 months, how often did you drink that amount (PROBE: per day, week, or 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

640. In the past 3 months, have there been days when you had more than usual (# FROM Q632) drinks?

- 1. YES
- 2. NO ---> GO TO MODULE VII
- 8. NOT SURE/DO NOT REMEMBER ---> GO TO MODULE VII
- 9. REFUSE --> GO TO MODULE VII

641. In the past 3 months, how many times did you drink 5 or more drinks within a couple of hours?

- _____ # OF TIMES
- 88. NOT SURE/DO NOT REMEMBER

VII. REPRODUCTIVE HEALTH KNOWLEDGE/ATTITUDES

700. In your opinion, how many children in general should young family have in Georgia?

___ # of children

- 66. AS MANY AS GOD GIVES
- 77. AS MANY AS POSSIBLE
- 88. NOT SURE, DON'T KNOW

701. During a woman's menstrual cycle, are there certain days when she is more likely to become pregnant if she has sexual relations?

- 1. YES
- 2. NO----->GO TO Q702
- 8. DO NOT KNOW-->GO TO Q702

701A. When is it most likely for a woman to become pregnant, just before her period begins, during her period, right after her period has ended, or halfway between two periods?

- 1 Just before her period starts
- 2 During her period
- 3 Right after period ends
- 4 Halfway between her periods
- 8 DON'T KNOW

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

- 1. INCREASES THE CHANCE
- 2. DECREASES THE CHANCE
- 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>DEPENDS</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(nother) child	1	2	3	8
G. Couple desire no(more) children	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-L**):

	<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
K. A woman can refuse sex with her husband if he has an STI	1	2	8
L. A woman can ask her husband to use a condom when they have sex if he has a disease that can be transmitted through sexual contact.....	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 CARD C**) with regard to their risk of developing health problems; please tell me if the risk is low, medium, or high:

	<u>Low Risk</u>	<u>Medium Risk</u>	<u>High Risk</u>	<u>DK</u>
A. Pill	1	2	3	8
B. "SPIRALI" (IUD).....	1	2	3	8
C. Condom	1	2	3	8
D. Tubal Ligation.....	1	2	3	8
E. Injectables.....	1	2	3	8
F. Abortion on Request	1	2	3	8

709F. EVER HEARD OF THE PILL (PAGE 20: Q400_A = "1")? **1. YES**
2. NO ----→ GO TO Q710F

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

	<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
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
K. Pills are bad for blood circulation	1	2	8

710F. EVER HEARD OF IUD (PAGE 20: Q400_B = "1")? **1. YES**
2. NO ----→ GO TO Q712

711. Please tell me if you agree or disagree with the following statements about “SPIRALI” (READ A-F)

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. “Spirali” is easy to use.....	1	2	8
C. “Spirali” increases the risk of pelvic inflammatory disease	1	2	8
D. “Spirali” is a relatively inexpensive contraceptive method	1	2	8
F “Spirali” may increase the blood loss during menses	1	2	8

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

- 1. YES
- 2. NO -----> **GO TO Q714**
- 8. DON'T KNOW ---> **GO TO Q714**

713. 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-----> GO TO Q715 |
| 7. FRIEND, COLLEAGUE, PEER | 16. TV-----> GO TO Q715 |
| 8. GYNECOLOGIST | 20. OTHER (SPECIFY): _____ |
| 9. GENERAL PRACTITIONER | 88. DON'T KNOW |

714. Do you think that information about contraception should be broadcast on radio or television?

- 1. YES
- 2. NO
- 8. DO NOT KNOW

715. 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 1-3)

- 1. Very Effective
- 2. Somewhat effective
- 3. Not effective
- 8. DON'T KNOW

716F. CHECK CURRENT AGE OF RESPONDENT (Q101): **1. 15 TO 24**
2. 25 TO 44 -----> GO TO Q800

717. Have you ever talked to a partner about him using a condom?

- 1. YES
- 2. NO
- 3. NEVER HAD A SEXUAL PARTNER---> **GO TO Q721**
- 8. DON'T REMEMBER
- 9. REFUSE

718. Have you ever asked a partner to use a condom?

- 1. YES
- 2. NO --> **GO TO Q721**
- 8. DON'T REMEMBER -----> **GO TO Q721**
- 9. REFUSE-----> **GO TO Q721**

719. 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

720. In the last 12 months have you tried to obtain condoms?

- 1. YES
- 2. NO
- 3. DON'T KNOW WHERE TO GET THEM
- 8. DON'T REMEMBER

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

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>REF</u>
A. Insulted or angry?.....	1	2	8	9
B. Safe from getting pregnant?	1	2	8	9
C. Like you had done something wrong?	1	2	8	9
D. Safe from getting STI or HIV/AIDS?	1	2	8	9
E. Suspicious that he may sleep around?	1	2	8	9

722. Please indicate whether you agree or disagree with the following statements about condoms **(READ A-H)**:

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>REF</u>
A. Using condoms with a new partner is a smart idea	1	2	8	9
B. Using condoms is not necessary if you know your partner	1	2	8	9
C. Women should ask their partners to use condoms	1	2	8	9
D. It is easy to discuss using a condom with a prospective partner.....	1	2	8	9
E. Condoms diminish sexual enjoyment	1	2	8	9
F. Same condoms can be used more than once	1	2	8	9
G. People who use condoms sleep around a lot	1	2	8	9
H. It is embarrassing to ask for condoms in FP clinics or pharmacies..	1	2	8	9

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. Refrigerator	1	2
B. TV	1	2
C. Working Automobile	1	2
D. VCR	1	2
E. Household phone	1	2
F. Cellular phone	1	2
G. Vacation home (villa)	1	2
H. Air Conditioner	1	2

801. What kind of toilet facility does this household use?

1. FLUSH TOILET
2. PIT LATIRNE
3. BUCKET
4. NO FACILITY/BUSH/FIELD
7. OTHER _____

802. What type of fuel does this household mainly use for cooking?

1. ELECTRICITY
2. NATURAL GAS
3. COAL
4. WOOD
5. KEROSENE
6. PETROL
7. OTHER _____

803. What type of heating system does this household mainly use?

1. CENTRAL HEATING
2. OWN BOILER
3. INDIVIDUAL ROOM HEATING
4. STOVE HEATING
5. NO HEATING
7. OTHER _____

804. What is the main source of drinking water for members of your household?

1. PIPED WATER (PIPED INTO RESIDENCE OR YARD)----→GO TO Q806
2. PIPED WATER (PUBLIC TAP)
3. WELL WATER (RESIDENCE OR YARD) ----→GO TO Q806
4. PUBLIC WELL
5. SURFACE WATER (SPRING, RIVER, POND, LAKE)
6. RAIN WATER----→GO TO Q806
7. BOTTLED WATER----→GO TO Q806

805. How long does it take to go to the water source, get water and come back, in minutes?

____ MINUTES

88. DON'T KNOW

806. Which of the following describes your living arrangements? Do you live: **(READ 1-5)**

1. In your privately owned flat or house
2. In rented space (room, flat or house)
3. With your immediate family (NO RENT)
4. With other relatives (NO RENT)
5. With friends (NO RENT)
7. OTHER (SPECIFY): _____

807. How many rooms are occupied by you and your family (not including bathrooms and kitchen):

___ ___ ROOMS

808. How many hours per day do you have electricity?

___ ___ HOURS

88. DON'T KNOW

809. What is your ethnic background?

1. GEORGIAN
2. RUSSIAN
3. AZERI
4. ARMENIAN
5. OSSETIAN
6. MIXED ETHNICITY (SPECIFY) _____
7. OTHER (SPECIFY): _____
9. REFUSED/NOT STATED

810. What is your religion?

1. GEORGIAN ORTHODOX
2. RUSSIAN ORTHODOX
3. GREEK ORTHODOX
4. ARMENIAN GREGORIAN
5. MUSLIM
6. CATHOLIC
7. PROTESTANT (BAPTIST, LUTHERAN, PENTECOSTAL, ETC)
8. ADVENTIST
9. JEWISH
10. JEHOVAH'S WITNESSES
20. OTHER _____
77. NO RELIGION ----->GO TO Q812
99. UNDECLARED----->GO TO Q812

811. 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, or
5. Never

812. WHAT ARE THE MAIN MATERIALS USED IN THE ROOF? RECORD OBSERVATION

1. ROOF FROM NATURAL MATERIALS
2. RUDIMENTARY ROOF (PLASTIC/CARTON)
3. TILED OR CONCRETE ROOF
4. CORRUGATED IRON
7. OTHER: _____

813. How do you assess the material status of your family (**READ 1-3**)?

1. we can easily satisfy our needs
2. we can somehow satisfy our needs
3. we can hardly make two ends meet
8. DON'T KNOW

IX. VIOLENCE

900. 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 Q901
 8. DR/REF

- 900A. 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

901. THE INTERVIEWER SHOULD GO BACK TO PAGE 3 AND RECORD HOW MANY TIMES THE RESPONDENT LIVED WITH A MAN AS HUSBAND AND WIFE (SEE Q111):

___ TIMES

IF Q901=0 GO TO Q920; IF Q903>0 CONTINUE

Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Georgia. Let me assure you that your answers are completely confidential and will not be told to anyone.

902 When two people marry or live together, they share both good and bad moments. In your relationship with your (last) husband/partner do (did) the following happen frequently, only sometimes, or never?

	<u>FREQUENTLY</u>	<u>SOMETIMES</u>	<u>NEVER</u>
A. He usually shares/shared with you household responsibilities? 1	2		3
B He (does/did) like to have the final say on household decisions? 1	2		3
C. He usually (is/was) affectionate with you? 1	2		3
D. He (tries/tried) to limit your contact with your friends and family 1	2		3

903. Does (did) your husband/partner drink (alcohol)? ¹
1. YES
 2. NO---->GO TO Q904 (READ INTRODUCTION) BELOW

- 903A How often does (did) he get drunk: very often, only sometimes, or never?
1. VERY OFTEN
 2. SOMETIMES
 3. NEVER
 9. REFUSE TO ANSWER

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.

911. 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 Q914
- 8. DON'T REMEMBER ----->GO TO Q914

912. In the past 12 months, did you see a doctor, or other medical care provider for medical treatment of these injuries?

- 1. YES
- 2. NO----->GO TO Q914
- 8. DO NOT REMEMBER ----->GO TO Q914

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

- 1. YES
- 2. NO
- 8. DO NOT REMEMBER

914. Did you talk to anyone about this(these) incidents of violence?

- 1. YES
- 2. NO----->GO TO Q916

915. Who did you talk with? (**MARK ALL MENTIONED AND PROBE FOR ANYONE ELSE?**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. YOUR MOTHER	1	2
B. OTHER RELATIVE	1	2
C. HUSBAND'S (PARTNER'S) FAMILY.....	1	2
D. CHILDREN	1	2
E. FRIEND	1	2
F. NEIGHBOR	1	2
G. DOCTOR/HEALTH PROVIDER/SOCIAL WORKER	1	2
H. POLICE	1	2
I. LEGAL ADVISER.....	1	2

916F. SOUGHT MEDICAL OR LEGAL HELP (Q915_G=1 OR Q915_H=1 OR Q915_I=1)?

- 1. YES -----> GO TO Q918**
- 2. NO**

917. What is the main reason you have never sought any medical or legal 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 LOOSING 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
- 11. INJURY NOT VERY SEVERE
- 20. OTHER _____
- 88. DK/REF

918. 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 PROBING “ANY OTHER...”)

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

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. WHEN DRUNK.....	1	2
B. WHEN SHE DOES NOT LOOK AFTER CHILDREN.....	1	2
C. WHEN THE FAMILY HAS MONEY TROUBLES	1	2
D. WHEN HE HAS DIFFICULTIES AT WORK	1	2
E. WHEN HE IS UNEMPLOYED	1	2
F. FAMILY PROBLEMS/MOTHER-IN-LAW PROBLEMS.....	1	2
G. WHEN HE OR SHE IS JEALOUS	1	2
H. WHEN SHE IS PREGNANT.....	1	2
I. WHEN HE CANNOT GET ALCOHOL/DRUGS	1	2
J. WHEN THEY DO NOT HAVE FOOD AT HOME.....	1	2
K. WHEN SHE REFUSES TO HAVE SEX WITH HIM.....	1	2
L. OTHER.....	1	2

919. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations (READ A—H):

	<u>YES</u>	<u>NO</u>	<u>DK</u>
A. If she goes out without telling him?	1	2	8
B. If she neglects the children?	1	2	8
C. If she argues with him?.....	1	2	8
D. If she refuses to have sex with him?.....	1	2	8
E. If he is not happy with her household work or food provisions?	1	2	8
F. If she asks him whether he has other girlfriends?	1	2	8
G. If he finds out that she has been unfaithful?.....	1	2	8
H. If she dresses too sexy or spends too much on her “look”?	1	2	8

920. 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----->GO TO MODULE X
8. DON'T REMEMBER--->GO TO MODULE X

921. 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

922. 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 _____)
77. OTHER (SPECIFY _____)
88. DON'T REMEMBER
99. REF

X. AIDS/STIs

The next set of questions are about sexually transmitted infections, including HIV/AIDS. For each of the following conditions please tell me if:

CONDITION	1000. Have you ever heard of it?	1001. Have you ever been tested for...?	1002. I don't want to know the results, but did you get the results of the (last) test?	1003. How long ago was your last test?	1004. Where was the (last) test done? (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. ___ DAYS 2. ___ MTHS 3. ___ YRS 888 NOT REMEMBER	_____
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. ___ DAYS 2. ___ MTHS 3. ___ YRS 888 NOT REMEMBER	_____
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. ___ DAYS 2. ___ MTHS 3. ___ YRS 888 NOT REMEMBER	_____
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. ___ DAYS 2. ___ MTHS 3. ___ YRS 888 NOT REMEMBER	_____
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. ___ DAYS 2. ___ MTHS 3. ___ YRS 888 NOT REMEMBER	_____
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. ___ DAYS 2. ___ MTHS 3. ___ YRS 888 NOT REMEMBER	_____
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. ___ DAYS 2. ___ MTHS 3. ___ YRS 888 NOT REMEMBER	_____
H. HIV/AIDS	1. YES 2. NO-> Q905	1. YES 2. NO-> Q1005 8. DK-> Q1005	1. YES 2. NO--> Q1005 8. DK/DR--> Q1005	1. ___ DAYS 2. ___ MTHS 3. ___ YRS 888 NOT REMEMBER	_____

CODES FOR Q1004:

- | | |
|---------------------------|------------------------------|
| 1. STI DISPENSARY | 7. MOBILE CLINIC |
| 2. POLICLINIC | 8. PRIVATE CLINIC |
| 3. WOMEN'S CONSULT CLINIC | 9. HIV CENTER |
| 4. GOVT. HOSPITAL STI | 10. BLOOD TRANSFUSION CENTER |
| 5. GOVT. HOSPITAL OTHER | 20. OTHER: _____ |
| 6. FAMILY PLANNING CLINIC | 99. REFUSE TO ANSWER |

1005. If a woman has a sexually transmitted disease, what symptoms might she have?
(**RECORD ALL MENTIONED, DO NOT READ LIST**)

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. ABDOMINAL PAIN	1	2
B. VAGINAL DISCHARGE	1	2
C. FOUL SMELLING DISCHARGE.....	1	2
D. BURNING PAIN ON URINATION.....	1	2
E. REDNESS/INFLAMMATION IN GENITAL AREA	1	2
F. SWELLING IN GENITAL AREA	1	2
G. GENITAL SORES/ULCERS OR WARTS.....	1	2
H. GENITAL ITCHING	1	2
I. WEIGHT LOSS	1	2
J. HARD TO GET PREGNANT/HAVE A CHILD.....	1	2

1006. Do you know a place where you could get an HIV/AIDS test?

- 1. YES
- 2. NO-----→GO TO Q1007

1006A Where is this place?

- 1. STI DISPENSARY
- 2. POLICLINIC
- 3. WOMEN'S CONSULT CLINIC
- 4. GOVT. HOSPITAL STI
- 5. GOVT. HOSPITAL OTHER
- 6. FAMILY PLANNING CLINIC
- 7. MOBILE CLINIC
- 8. PRIVATE CLINIC
- 9. HIV CENTER
- 10. BLOOD TRANSFUSION CENTER
- 20. OTHER:_____
- 99. REFUSE TO ANSWER

1007. In general, what has been your most important source of information about STIs including AIDS? (Where or from whom have you learned the most about STIs?)

- 1. MOTHER
- 2. FATHER
- 3. OTHER RELATIVE
- 4. BOYFRIEND
- 5. HUSBAND, PARTNER
- 6. SOMEBODY WHO HAD STIs
- 7. FRIENDS COLLEAGUES, PEERS
- 8. OB/GYN DOCTOR
- 9. DERMATOLOGIST
- 10. INFECTIOUS DISEASES DOCTOR
- 11. FAMILY DOCTOR, GP
- 12. NURSE, MIDWIFE, FELDCHER
- 13. TEACHER
- 14. PHARMACIST
- 15. SPECIALITY BOOKS
- 16. NEWSPAPERS, MAGAZINES, BROCHURES, FLYERS
- 17. RADIO
- 18. TV
- 20. OTHER (SPECIFY):_____
- 77. NEVER HEARD OF ANY STIs (Q1000_A--Q1000_H=2)
- 99. DR/REF.

1008. In the past 6 months, have you seen or heard any public announcements or ads on television or radio about: **(READ A–D, PROBE FOR BOTH)**

	<u>YES, RADIO</u>	<u>YES, TV</u>	<u>YES, BOTH</u>	<u>NO</u>	<u>DO NOT REMEMBER</u>
A. HIV/AIDS.....1	1	2	3	4	8
B. Other STIs1	1	2	3	4	8
C. Condoms.....1	1	2	3	4	8
D. Modern Contraceptive Methods1	1	2	3	4	8

1008A. In the past 6 months, have you read in any newspapers or magazines about: **(READ A–D)**

	<u>YES</u>	<u>NO</u>	<u>DO NOT REMEMBER</u>
A. HIV/AIDS.....1	1	2	8
B. Other STIs1	1	2	8
C. Condoms.....1	1	2	8
D. Modern Contraceptive Methods1	1	2	8

1008F. EVER HEARD OF AIDS? (Q1000_H = "1")? **1. YES**
2. NO ----→ GO TO Q1026, PG 55

1009. 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

1010. 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. Through blood transfusion	1	2	8
B. Using public toilets	1	2	8
C. Through kissing	1	2	8
D. Through unprotected sexual intercourse between a man and a woman	1	2	8
E. Through unprotected sexual intercourse between men	1	2	8
F. By shaking hands	1	2	8
G. Using non-sterile syringes or needles.....	1	2	8
H. Through mosquito bites	1	2	8
I. Sharing food, plates, forks, or glasses with someone who has HIV/AIDS	1	2	8
J. Getting a manicure, pedicure or haircut.....	1	2	8
K. Having dental or surgical treatment	1	2	8
L. Through witchcraft or other supernatural means	1	2	8

1011. Can the virus that causes AIDS be transmitted from a mother to her baby during:

	<u>YES</u>	<u>NO</u>	<u>DK</u>
A. Pregnancy	1	2	8
B. Delivery	1	2	8
C. Breastfeeding	1	2	8

1011A. Are there any drugs that a woman infected with the AIDS virus can take to reduce the risk of transmission to the baby during pregnancy?

- 1. YES
- 2. NO
- 8. DR/REF

1012. Is there anything a person can do to reduce the risk of getting AIDS?

- 1. YES
- 2. NO-----→GO TO Q1014
- 8. DR/REF-----→GO TO Q1014

1013. What can a person do to reduce the risk of getting AIDS (RECORD ALL MENTIONED)?

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. USE CONDOMS	1	2
B. ABSTAIN FROM SEX	1	2
C. HAVE ONLY ONE PARTNER/STAY FAITHFUL TO ONE PARTNER	1	2
D. LIMIT NUMBER OF SEXUAL PARTNERS	1	2
E. AVOID SEX WITH PROSTITUTES	1	2
F. AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS	1	2
G. AVOID SEX WITH BISEXUALS	1	2
H. AVOID BLOOD TRANSFUSIONS	1	2
I. ASK PARTNER TO GET BLOOD TESTED FOR AIDS	1	2
J. AVOID INJECTIONS	1	2
K. DO NOT SHARE RAZORS/BLADES, NEEDLES OR SYRINGES	1	2
L. AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ...	1	2
M. OTHER (SPECIFY) _____	1	2

1014 Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?

1. YES
2. NO
8. DR/REF

1015. Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?

1. YES
2. NO
8. DR/REF

1016. Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?

1. YES
2. NO
8. DR/REF

1017. How much of a risk do you think you personally have of getting HIV/AIDS? Would you say you are at **READ 1-4):**

1. Great risk,
2. Moderate Risk,
3. Little risk, or
4. No risk at all ----->GO TO Q1019
8. DON'T KNOW----->GO TO Q1020

1018. Why do you think you have any risk of getting the AIDS virus?

1. RECEIVED BLOOD TRANSFUSIONS/BLOOD PRODUCTS
2. HAD MANY SEXUAL PARTNERS/ TRADED SEX FOR MONEY
3. HAD UNPROTECTED INTERCOURSE WITH CASUAL PARTNER(S)
4. USED IV DRUGS/SHARED NEEDLES
5. PARTNER HAD/HAS SEX WITH OTHER WOMEN
6. SHE MAY GET INFECTED WHILE RECEIVING MEDICAL OR DENTAL TREATMENT
7. SHE MAY GET INFECTED GETTING A MANICURE, PEDICURE, OR HAIRCUT
8. OTHER (SPECIFY) _____
9. DK/REF

GO TO Q1020

1019 Why do you think you have no risk of getting the AIDS virus?

1. ONLY ONE PARTNER
2. NO SEXUAL RELATIONS
3. USES CONDOMS
4. CONFIDENCE IN PARTNER
5. DOES NOT GET/NEED TRANSFUSIONS
6. DOES NOT SHARE NEEDLES
7. OTHER (SPECIFY)_____
9. DK/REF

1020 How much of a risk do you think you personally have of getting other STI? Would you say you are at:
(READ 1-4)

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

1021. As far as you know, is there any cure for AIDS?

1. YES
2. NO
3. NO, BUT THERE IS TREATMENT TO PROLONG REMISSION
8. DR/REF

1022. If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household?

1. YES
2. NO
8. DR/REF

1023. If you knew that a shopkeeper or food seller had the AIDS virus, would you buy fresh vegetables from him or her?

1. YES
2. NO
8. DR/REF

1024. If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?

1. YES
2. NO
8. DR/REF

1025. If a member of your family became infected with the AIDS virus, would you want it to remain a secret?

1. YES
2. NO
8. DR/REF

1026. THANK THE WOMAN FOR GIVING HER TIME AND RECORD THE TIME THE INTERVIEW ENDED :

TIME INTERVIEW ENDED _____ : _____