

OREDID_I

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Questionnaire for women

OID_I

1. [CODE OF REGION _____ REGION |__|__|__|]
2. [NUMBER OF FAMILY |__|__|__|] ^{OH3}
3. [NUMBER OF FAMILY MEMBER |__|__|] ^{OH4}
6. [RESPONDENT'S BIRTH YEAR 19|__|__|] ^{OH6}
7. [DATE OF INTERVIEW: DAY |__|__| MONTH |__|__|] ^{OH7.1_ff} ^{OH7.2_ff}
8. [DURATION OF INTERVIEW: |__| HOURS |__|__| MINUTES] ^{OH8a_ff} ^{OH8b_ff}
9. [SURNAME OF INTERVIEWER _____]
10. [NUMBER OF INTERVIEWER |__|__|__|]

I, _____,
[**INTERVIEWER! WRITE IN FULL YOUR LAST NAME, FIRST NAME, AND MIDDLE NAME!**]

have presented the rules and conditions of the survey to the respondent and obtained her consent to participate in the survey.

Interviewer's signature _____

Date _____

I, _____,
[**INTERVIEWER! WRITE IN FULL YOUR LAST NAME, FIRST NAME, AND PATRONYMIC NAME!**]

have presented the rules and conditions of the survey to the parents of the child, who is 14-18 years old, and have obtained their permission for the child to participate in the survey.

Interviewer's signature _____

Date _____

[INTERVIEWER! QUESTIONS OF THIS QUESTIONNAIRE ARE ONLY FOR WOMEN BORN IN PERIOD FROM 1956 TO 1996 INCLUSIVE]

1. **[INTERVIEWER! NOTE WHO, BESIDES THE RESPONDENT, IS PRESENT IN THE ROOM AT THIS TIME]**
YES NO

- ON1.1 1. CHILDREN UNDER 10 1.....2
- ON1.2 2. CHILDREN OVER 10 1.....2
- ON1.3 3. PARENTS 1.....2
- ON1.4 4. HUSBAND OR PARTNER 1.....2
- ON1.5 5. OTHER MEN 1.....2
- ON1.6 6 OTHER WOMEN 1.....2

ON2 2. **Have you ever menstruated?**

- Yes..... 1
- No 2 [INTERVIEW IS FINISHED]
- DOESN'T KNOW 7 [INTERVIEW IS FINISHED]
- REFUSES TO ANSWER 8 [SKIP TO 6.]

ON3 3. **How old were you when you started to menstruate?**

- |__|__| YEARS OLD
- DOESN'T KNOW 97
- REFUSES TO ANSWER..... 98

ON73 4. **Tell me, please, have you ever had sexual intercourse, that is, have you had sexual intercourse even once?**

- Yes..... 1
- No 2 [SKIP TO 6.]
- DOESN'T KNOW 7 [SKIP TO 6.]
- REFUSES TO ANSWER..... 8 [SKIP TO 6.]

ON74 5. **At what age did you first have sexual intercourse? How many years old were you then?**

- _____ FULL YEARS
- DOESN'T KNOW 97
- REFUSES TO ANSWER..... 98

ON75 6. **Have you ever had an appointment with a gynecologist?**

- Yes..... 1
- No 2 [SKIP TO 10. ON PAGE 2]
- DOESN'T KNOW 7 [SKIP TO 10. ON PAGE 2]
- REFUSES TO ANSWER..... 8 [SKIP TO 10. ON PAGE 2]

7. **When did you have an appointment with an obstetrician-gynecologist last time?**

- IN ^{ON76m} |__|__| MONTH *OF* ^{ON76y} |__|__|__| YEAR
- DOESN'T KNOW 97 *DOESN'T KNOW..... 7*
- REFUSES TO ANSWER..... 98 *REFUSES TO ANSWER 8*

ON77 8. **Have you ever had a cervical smear or scrape?**

- Yes..... 1
- No 2 [SKIP TO 10. ON PAGE 2]
- DOESN'T KNOW 7 [SKIP TO 10. ON PAGE 2]
- REFUSES TO ANSWER..... 8 [SKIP TO 10. ON PAGE 2]

9. When did you have a cervical smear or scrape last time?

ON78m	ON78y
IN ___ ___ MONTH	OF ___ ___ ___ ___ YEAR
DOESN'T KNOW 97	DOESN'T KNOW 7
REFUSES TO ANSWER 98	REFUSES TO ANSWER 8

10. Tell me, please, have you ever had...

When did you have it the last time?

ON79.1	1. A mammogram that is an x-ray of mammary glands for diagnostic of disease	Yes... 1 ⇒ No 2	ON79.1m ___ ___ MONTH D/K 97 REFUSES 98	ON79.1y ___ ___ ___ ___ YEAR D/K 7 REFUSES 8
ON79.2	2. US of mammary glands	Yes... 1 ⇒ No 2	ON79.2m ___ ___ MONTH D/K 97 REFUSES 98	ON79.2y ___ ___ ___ ___ YEAR D/K 7 REFUSES 8
ON79.3	3. Palpation, that is touching of mammary glands <u>by doctor</u> YEAR	Yes... 1 ⇒ No 2	ON79.3m ___ ___ MONTH D/K 97 REFUSES 98	ON79.3y ___ ___ ___ ___ YEAR D/K 7 REFUSES 8
ON79.4	4. Self-examination of mammary glands that you did <u>yourself</u>	Yes... 1 ⇒ No 2	ON79.4m ___ ___ MONTH D/K 97 REFUSES 98	ON79.4y ___ ___ ___ ___ YEAR D/K 7 REFUSES 8
ON79.5	5. Other examination of mammary glands, what exactly [INTERVIEWER! WRITE DOWN]	Yes... 1 ⇒ No 2	ON79.5m ___ ___ MONTH D/K 97 REFUSES 98	ON79.5y ___ ___ ___ ___ YEAR D/K 7 REFUSES 8

11. [INTERVIEWER! RETURN TO QUESTION 4. ON PAGE 1. QUESTION 11. ASK ONLY THOSE WOMEN WHO HAD SEXUAL INTERCOURSE EVEN AT ONCE, THAT IS ANSWERED 'YES' TO QUESTION 4., FOR OTHER WOMEN WHO ANSWERED 'NO', 'D/K' OR 'REFUSED' FINISH INTERVIEW]

ON4 Have you ever been pregnant, even if this pregnancy lasted for only a few weeks?

Yes..... 1
 No 2 [SKIP TO 65. ON PAGE 12]
 DOESN'T KNOW 7 [SKIP TO 65. ON PAGE 12]
 REFUSES TO ANSWER 8 [SKIP TO 65. ON PAGE 12]

ON80 12. Tell me, please, have you ever given birth? Please, count even those times the baby didn't live long or was still-born.

Yes..... 1
 No 2 [SKIP TO 43. ON PAGE 8]
 DOESN'T KNOW 7 [SKIP TO 43. ON PAGE 8]
 REFUSES TO ANSWER 8 [SKIP TO 43. ON PAGE 8]

ON18 13. If you have ever given birth to girls, how many daughters born to you are now living?

_____ DAUGHTERS
 DOESN'T KNOW 7
 REFUSES TO ANSWER 8

ON19 14. If you have ever given birth to boys, how many sons born to you are now living?

_____SONS
 DOESN'T KNOW 7
 REFUSES TO ANSWER..... 8

ON20 15. Have you ever given birth to a baby who was alive, and then died?

Yes..... 1
 No 2 [SKIP TO 18.]
 DOESN'T KNOW 7 [SKIP TO 18.]
 REFUSES TO ANSWER..... 8 [SKIP TO 18.]

ON81 16. How many such cases have been in your life?

_____CASES
 DOESN'T KNOW 7
 REFUSES TO ANSWER..... 8 [SKIP TO 18.]

17. Let me ask you some questions about it:

[INTERVIEWER! ASK QUESTIONS ABOUT EACH CASE SEPARATELY. WHEN YOU FINISH ASKING ABOUT ONE CASE SKIP TO ANOTHER ONE. IF THERE IS NO MORE CASES SKIP TO QUESTION 18.]

	1 ST CASE	2 ND CASE	3 RD CASE	4 TH CASE
1. Tell me, please, when it has happened (first time/second time/third time/fourth time)?	ON821.1m MONTH / ON821.1y / YEAR D/K 97 REFUSES 98	ON821.2m MONTH / ON821.2y / YEAR D/K 97 REFUSES 98	ON821.3m MONTH / ON821.3y / YEAR D/K 97 REFUSES 98	ON821.4m MONTH / ON821.4y / YEAR D/K 97 REFUSES 98
2. How old was the baby/child, when he/she died? [INTERVIEWER! IF A BABY DIED BEFORE 1 MONTH OLD WRITE DOWN AGE IN DAYS, IF A BABY DIED BEFORE 3 YEARS OLD WRITE DOWN AGE IN YEARS AND MONTHS. FOR CHILDREN WHO DIED AFTER 3 YEARS OLD WRITE DOWN AGE IN YEARS]	ON822.1d DAYS ON822.1m MONTHS ON822.1y YEARS D/K 97 REFUSES 98	ON822.2d DAYS ON822.2m MONTHS ON822.2y YEARS D/K 97 REFUSES 98	ON822.3d DAYS ON822.3m MONTHS ON822.3y YEARS D/K 97 REFUSES 98	ON822.4d DAYS ON822.4m MONTHS ON822.4y YEARS D/K 97 REFUSES 98
3. Was it a boy or a girl?	ON823.1	ON823.2	ON823.3	ON823.4
BOY.....1	1	1	1	1
GIRL2	2	2	2	2
D/K7	7	7	7	7
REFUSES.....8	8	8	8	8

ON23 18. Has this ever happened when a child was stillborn after the 28th week of pregnancy?

Yes..... 1
 No 2 [SKIP TO 20. ON PAGE 4]
 DOESN'T KNOW 7 [SKIP TO 20. ON PAGE 4]
 REFUSES TO ANSWER..... 8 [SKIP TO 20. ON PAGE 4]

ON24 19. How many babies in all have you carried 28 weeks or longer that were stillborn?

_____BABIES
 DOESN'T KNOW 97
 REFUSES TO ANSWER..... 98

ON25 20. Now let's total how many births in all have you had? Don't count miscarriages where the baby was less than 28 weeks of pregnancy.
 [INTERVIEWER! TOTAL THE ANSWERS GIVEN IN QUESTIONS 13., 14., 16., 19. AND COMPARE THE TOTAL WITH THE NUMBER OF BIRTHS THE WOMAN GIVES TO SEE IF IT IS CORRECT]
 _____ BIRTHS

ON6_2y 21. Tell me, please, have you given birth in the last 24 months?
 Yes..... 1
 No 2 [SKIP TO 43. ON PAGE 8]
 DOESN'T KNOW 7 [SKIP TO 43. ON PAGE 8]
 REFUSES TO ANSWER..... 8 [SKIP TO 43. ON PAGE 8]

22. Tell me, please, in what month and year was the (latest) baby born?
 [INTERVIEWER! TELL ABOUT THE BABY WHO WAS BORN THE LATEST]
 ON83m |__|__|MONTH ON83y |__|__|__|__| YEAR
 DOESN'T KNOW 97 DOESN'T KNOW..... 7
 REFUSES TO ANSWER..... 98 REFUSES TO ANSWER 8

23. What did you name your child?
 [INTERVIEWER! IF CHILDREN ARE TWINS CHOOSE THE YOUNGEST, THAT IS THE BABY WHO WAS BORN THE LATEST.]

ON7 24. Let's talk about your most recent birth. Did you see a doctor about this pregnancy?
 Yes..... 1
 No 2 [SKIP TO 28. ON PAGE 5]
 DOESN'T KNOW 7 [SKIP TO 28. ON PAGE 5]
 REFUSES TO ANSWER..... 8 [SKIP TO 28. ON PAGE 5]

ON85 25. Tell me, please, did you register this pregnancy?
 Yes..... 1
 No 2
 DOESN'T KNOW 7
 REFUSES TO ANSWER..... 8

ON8 26. When did you first see a doctor about the pregnancy or register this pregnancy? How long had you been pregnant then?
 3 months or less, that is before 12 weeks of pregnancy 1
 From 3 to 6 months, that is from 12 weeks to 22 weeks of pregnancy ... 2
 More than 6 months, that is more than 22 weeks of pregnancy 3
 DOESN'T KNOW 7
 REFUSES TO ANSWER..... 8

ON86 27. Where did you go about this pregnancy? If you were observed at some facilities, choose that you consider the main one.
 To a municipal antenatal clinic 1
 To a gynaecologist's room of a hospital 2
 To a private doctor..... 3
 To a commercial antenatal clinic, clinic, hospital..... 4
 To other place, what exactly..... 5
 [INTERVIEWER! WRITE DOWN] _____
 DOESN'T KNOW 7
 REFUSES TO ANSWER..... 8

ON10

28. Who primarily looked after you during this pregnancy?

[INTERVIEWER! IF MORE THAN ONE PERSON TOOK CARE OF THEM, NOTE ONLY ONE SPECIALIST WITH THE HIGHEST QUALIFICATIONS]

- Doctor 1
- Medical assistant 2
- Nurse 3
- Someone else 4

[INTERVIEWER! WRITE DOWN] _____

- DOESN'T KNOW 7
- REFUSES TO ANSWER 8

ON87

29. Tell me, please, where did you give birth?

- In a maternity hospital 1
- In a family planning center, a perinatal center 2
- In a gynecological department of a hospital 3
- At home 4
- In some other place 5

[INTERVIEWER! WRITE DOWN] _____

- DOESN'T KNOW 7
- REFUSES TO ANSWER 8

ON12

30. Did you have any kind of complications after this birth?

- Yes 1
- No 2 [SKIP TO 32.]
- DOESN'T KNOW 7 [SKIP TO 32.]
- REFUSES TO ANSWER 8 [SKIP TO 32.]

31. What kind of complications did you have?

- DOESN'T KNOW 7
- REFUSES TO ANSWER 8

ON88

32. Let's talk about breastfeeding. Tell me, have you ever breastfed [CHILD'S NAME]?

- Yes 1
- No 2 [SKIP TO 39. ON PAGE. 7]
- DOESN'T KNOW 7
- REFUSES TO ANSWER 8

ON89

33. Tell me, please, have you ever ONLY breastfed [CHILD'S NAME], that is (he/she) hasn't got any other products except breast milk even water?

- Yes 1
- No 2 [SKIP TO 35. ON PAGE. 6]
- DOESN'T KNOW 7 [SKIP TO 35. ON PAGE. 6]
- REFUSES TO ANSWER 8 [SKIP TO 35. ON PAGE. 6]

34. How many weeks and months were you ONLY breastfeeding and nothing else?

ON90.1

[INTERVIEWER! IF ONLY BREASTFEEDING WAS ENDED BEFORE BABY WAS 6 MONTHS, SPECIFY TERM TO A WEEK. IF THE RESPONDENT TELLS TERM TO WITHIN DAYS, ROUND IT TO A WEEK]

[IF BABY IS LESS THAN 6 MONTHS] | **ON90w** | _____ | WEEKS

[IF BABY IS MORE THAN 6 MONTHS] | **ON90m** | _____ | MONTHS

BABY IS ONLY BREASTFEEDING

UNTIL NOW 96 [SKIP TO 38.]

DOESN'T KNOW 97

REFUSES TO ANSWER 98

ON91

35. Tell me, please, have you ever fed [CHILD'S NAME]...

Both breast milk and infant formula 1

Or feed only infant formula 2

DOESN'T KNOW 7

REFUSES TO ANSWER 8

ON15

36. Tell me, please, at the present time are you breastfeeding [CHILD'S NAME]?

Yes 1 [SKIP TO 38.]

No 2

DOESN'T KNOW 7

REFUSES TO ANSWER 8

37. How old was [CHILD'S NAME] when you stopped breastfeeding at all?

[INTERVIEWER! IF ONLY BREASTFEEDING WAS ENDED BEFORE BABY WAS 6 MONTHS, SPECIFY TERM TO A WEEK. IF THE RESPONDENT TELLS TERM TO WITHIN DAYS, ROUND IT TO A WEEK]

[IF BABY IS LESS THAN 6 MONTHS] | **ON92w** | _____ | WEEKS

[IF BABY IS MORE THAN 6 MONTHS] | **ON92m** | _____ | MONTHS

DOESN'T KNOW 97

REFUSES TO ANSWER 98

38. How long after birth was (he/she) first put to the breast?

Immediately after birth 1 [SKIP TO 40. ON PAGE. 7]

In some hours after birth 2 [SKIP TO 40. ON PAGE. 7]

Next day after birth 3 [SKIP TO 40. ON PAGE. 7]

In some days after birth 4 [SKIP TO 40. ON PAGE. 7]

DOESN'T KNOW 7 [SKIP TO 40. ON PAGE. 7]

REFUSES TO ANSWER 8 [SKIP TO 40. ON PAGE. 7]

ON93

39. Why did you not breastfeed [CHILD'S NAME]?

ON94

Not enough milk.....	1
Not enough time: mother had to work	2
Breast problems	3
Mother was ill.....	4
Child was ill.....	5
Child refuses.....	6
Mother did not want to breastfeed.....	7
Other reason, what exactly:.....	8

DOESN'T KNOW 97

REFUSES TO ANSWER..... 98

40. Following your most recent birth were you recommended any birth control method? Now I will pass you the card, and you look, please, at the list of methods and tell me the number of the method that you were recommended as the main one.

ON95

[INTERVIEWER! PASS CARD W_1. AND ASK TO CHOSE ONLY ONE METHOD]

<i>CONDOM</i>	01
<i>BIRTH CONTROL PILLS</i>	02
<i>EMERGENCY CONTRACEPTION (PIILS AFTER UNSAFETY SEX)</i>	03
<i>CERVICAL CAPS, DIAPHRAGM</i>	04
<i>LOTIONS, SUPPOSITORIES, FOAM, JELLY</i>	05
<i>BIRTH CONTROL PATCHES WITH HORMONES</i>	06
<i>VAGINAL RING WITH HORMONES</i>	07
<i>IUD</i>	08
<i>IMPLANTS, WHICH MEANS AMPULES SEWN INTO SKIN</i>	09
<i>INTRAMUSCULAR INJECTION OF HORMONAL CONTRACEPTIVE</i>	10
<i>STERILIZATION OF MEN</i>	11
<i>STERILIZATION OF WOMEN</i>	12
<i>DOUCHE WITH WATER, SOLUTION</i>	13
<i>COUNTING THE DANGEROUS DAYS OF THE MENSTRUAL CYCLE</i>	14
<i>INTERRUPTING THE SEXUAL ACT</i>	15
<i>LACTATIONAL AMENORRHEA METHOD</i>	16
<i>OTHER</i>	17
<i>WEREN'T RECOMMENDED ANYTHING</i>	18 [SKIP TO 43. ON PAGE 8]
<i>GAVE BIRTH OUT OF FACILITY</i>	96 [SKIP TO 43. ON PAGE 8]
<i>DOESN'T KNOW</i>	97 [SKIP TO 43. ON PAGE 8]
<i>REFUSES TO ANSWER</i>	98 [SKIP TO 43. ON PAGE 8]

- ON96 **41. Did you use this birth control method?**
 Yes..... 1
 No 2 [SKIP TO 43.]
 DOESN'T KNOW 7 [SKIP TO 43.]
 REFUSES TO ANSWER..... 8 [SKIP TO 43.]
- ON97 **42. Was this method the one you wanted to have?**
 Yes..... 1
 No 2
 DOESN'T KNOW 7
 REFUSES TO ANSWER..... 8
- ON98 **43. Have you ever had a miscarriage where the baby was less than 28 weeks of pregnancy?**
 Yes..... 1
 No 2 [SKIP TO 45.]
 DOESN'T KNOW 7 [SKIP TO 45.]
 REFUSES TO ANSWER..... 8 [SKIP TO 45.]
- ON99 **44. How many of these miscarriages have you had?**
 _____ *MISCARRIAGES*
 DOESN'T KNOW 7
 REFUSES TO ANSWER..... 8
- ON28 **45. Tell me, please, have you ever had an abortion?**
 Yes..... 1
 No 2 [SKIP TO 48.]
 DOESN'T KNOW 7 [SKIP TO 48.]
 REFUSES TO ANSWER..... 8 [SKIP TO 48.]
- ON30 **46. Tell me, please, have you had an abortion in the last 12 months?**
 Yes..... 1
 No 2 [SKIP TO 48.]
 DOESN'T KNOW 7 [SKIP TO 48.]
 REFUSES TO ANSWER..... 8 [SKIP TO 48.]
- ON31 **47. How many abortions have you had in the last 12 months?**
 _____ *ABORTIONS*
 DOESN'T KNOW 97
 REFUSES TO ANSWER..... 98
- ON31.1 **48. In speaking of abortions, did you count mini-abortions, that is abortion at early period by vacuum aspirations of fetus with a special vacuum suction pump?**
 Yes..... 1 [SKIP TO 50. ON PAGE 9]
 No 2
 Had no mini-abortions..... 6 [SKIP TO 51. ON PAGE 9]
 DOESN'T KNOW..... 7 [SKIP TO 51. ON PAGE 9]
 REFUSES TO ANSWER..... 8 [SKIP TO 51. ON PAGE 9]

ON31.2 49. Tell me, please, in the last 12 months have you had a mini-abortion?
 Yes..... 1
 No 2 [SKIP TO 51.]
 DOESN'T KNOW..... 7 [SKIP TO 51.]
 REFUSES TO ANSWER..... 8 [SKIP TO 51.]

ON31.3 50. How many mini-abortions have you had in the last 12 months?
 _____ MINI-ABORTIONS
 DOESN'T KNOW 97
 REFUSES TO ANSWER..... 98

ON100 51. In speaking of abortions, did you count early medical abortions, that is taking a medicine that ends an early pregnancy, for example mifepristone?
 Yes..... 1 [SKIP TO 53.]
 No 2
 Had no early medical abortion..... 6 [SKIP TO 55.]
 DOESN'T KNOW..... 7 [SKIP TO 55.]
 REFUSES TO ANSWER..... 8 [SKIP TO 55.]

ON101 52. Tell me, please, in the last 12 months have you had an early medical abortion?
 Yes..... 1
 No 2 [SKIP TO 55.]
 DOESN'T KNOW..... 7 [SKIP TO 55.]
 REFUSES TO ANSWER..... 8 [SKIP TO 55.]

ON102 53. How many early medical abortions have you had in the last 12 months?
 _____ MEDICAL ABORTIONS
 DOESN'T KNOW 97
 REFUSES TO ANSWER..... 98

ON29 54. Speaking your whole life how many abortions in all have you had counting all kinds we spoke about just now?
 _____ ABORTIONS
 DOESN'T KNOW 97
 REFUSES TO ANSWER..... 98

ON31.4 55. **[INTERVIEWER! ASK QUESTION 55. ONLY OF THOSE WOMEN WHO HAD ANY KIND OF ABORTIONS IN THE LAST 12 MONTHS, THAT IS, ANSWERED "YES" TO ANY OF QUESTIONS: 46., 49. OR 52. ASK OTHERS QUESTION 65. ON PAGE 12]**

Let's talk about your most recent abortion in the last 12 months. Tell me, please, was it an abortion, a mini-abortion or medical abortion?

Abortion 1
 Mini-abortion 2
 Medical abortion 3
 DOESN'T KNOW..... 7
 REFUSES TO ANSWER..... 8

ON103 56. Where did you go to get a referral to this (abortion/mini-abortion/medical abortion)?

- To an antenatal clinic..... 1
- To a gynecologist's room of a hospital 2
- To a hospital of the raion, city, state, village . 3
- To a private doctor..... 4
- To other place, what exactly 5
- [INTERVIEWER! WRITE DOWN]** _____
- REFERRAL WASN'T NEEDED* 6
- DOESN'T KNOW* 7
- REFUSES TO ANSWER*..... 8

ON104 57. Where did this (abortion/mini-abortion/medical abortion) take place?

- [INTERVIEWER! PASS CARD W_2.]**
- AT A FAMILY PLANNING CENTER*..... 01
- AT A MATERNITY HOSPITAL* 02
- AT A HOSPITAL OF THE RAION, CITY, DEPARTMENT, VILLAGE* 03
- AT A COMMERCIAL CLINIC, HOSPITAL*..... 04
- AT AN ANTENATAL CLINIC OF THE RAION,*
CITY, DEPARTMENT, VILLAGE..... 05
- AT COMMERCIAL ANTENATAL CLINIC* 06
- AT CENTER (ROOM) OF GENERAL*
PRACTITIONER (FAMILY DOCTOR) 07
- AT VILLAGE GENERAL PRACTITIONER'S ROOM*..... 08
- AT OTHER FACILITY*..... 09
- [INTERVIEWER! WRITE DOWN]** _____
- OUT OF MEDICAL INSTITUTION*..... 10
- DOESN'T KNOW* 97
- REFUSES TO ANSWER*..... 98

ON33 58. Who performed this (abortion/mini-abortion/medical abortion)?

- Doctor 1
- Someone else..... 2
- DOESN'T KNOW* 7
- REFUSES TO ANSWER*..... 8

ON34 59. Did you have any kind of complication after this (abortion/mini-abortion/medical abortion)?

- Yes..... 1
- No 2 [SKIP TO 61. ON PAGE 11]
- DOESN'T KNOW* 7 [SKIP TO 61. ON PAGE 11]
- REFUSES TO ANSWER*..... 8 [SKIP TO 61. ON PAGE 11]

60. What complication did you have?

[INTERVIEWER! MARK EVERYTHING THAT WOMAN NAMES]

- ON105.1** Bleeding..... 1
- ON105.2** Infection 2
- ON105.3** Injury of uterus..... 3
- ON105.4** Other, what exactly 4

- [INTERVIEWER! WRITE DOWN]** _____
- DOESN'T KNOW* 7
- REFUSES TO ANSWER*..... 8

61. Whom and how much did you pay for this (abortion/mini-abortion/medical abortion)?

		Did you pay?	How much in rubles?	D/K	REFUSES
ON36.1a	1. Paid officially in the cashier's office of a medical institute.....	Yes..... 1 No..... 2	→ <u>ON36.1b</u>	9997	9998
ON36.2a	2. Paid doctors and other medical personnel directly with money or gifts	Yes..... 1 No..... 2	→ _____	9997	9998

ON106 62. Following your most recent (abortion/mini-abortion/medical abortion) were you recommended any birth control method? Now I will pass you the card, and you look, please, at the list of methods and tell me the number of the method that you recommended as the main one.

[INTERVIEWER! PASS CARD W_1. AND ASK TO CHOSE ONLY ONE METHOD]

- CONDOM..... 01
- BIRTH CONTROL PILLS..... 02
- EMERGENCY CONTRACEPTION (PILLS AFTER UNSAFETY SEX) 03
- CERVICAL CAPS, DIAPHRAGM 04
- LOTIONS, SUPPOSITORIES, FOAM, JELLY 05
- BIRTH CONTROL PATCHES WITH HORMONES..... 06
- VAGINAL RING WITH HORMONES 07
- IUD..... 08
- IMPLANTS, WHICH MEANS AMPULES SEWN INTO SKIN 09
- INTRAMUSCULAR INJECTION OF HORMONAL CONTRACEPTIVE 10
- STERILIZATION OF MEN..... 11
- STERILIZATION OF WOMEN 12
- DOUCHE WITH WATER, SOLUTION..... 13
- COUNTING THE DANGEROUS DAYS OF THE MENSTRUAL CYCLE 14
- INTERRUPTING THE SEXUAL ACT..... 15
- LACTATIONAL AMENORRHEA METHOD 16
- OTHER..... 17
- WEREN'T RECOMMENDED ANYTHING 18 [SKIP TO 65. ON PAGE 12]
- ABORTION WAS PERFORMED OUT OF FACILITY 96 [SKIP TO 65. ON PAGE 12]
- DOESN'T KNOW 97 [SKIP TO 65. ON PAGE 12]
- REFUSES TO ANSWER..... 98 [SKIP TO 65. ON PAGE 12]

ON107 63. Did you use this birth control method?

- Yes..... 1
- No 2 [SKIP TO 65. ON PAGE 12]
- DOESN'T KNOW 7 [SKIP TO 65. ON PAGE 12]
- REFUSES TO ANSWER..... 8 [SKIP TO 65. ON PAGE 12]

ON108 64. Was this method the one you wanted to have?

- Yes..... 1
- No 2
- DOESN'T KNOW 7
- REFUSES TO ANSWER..... 8

ON37 65. Do you now have a menstrual cycle?

- Yes..... 1
- No 2 [SKIP TO 81. ON PAGE 16]
- DOESN'T KNOW 7 [SKIP TO 81. ON PAGE 16]
- REFUSES TO ANSWER..... 8 [SKIP TO 81. ON PAGE 16]

ON38 66. Have you used birth control in the last 30 days?

- Yes..... 1
- No 2 [SKIP TO 80. ON PAGE 16]
- DOESN'T KNOW 7 [SKIP TO 82. ON PAGE 16]
- REFUSES TO ANSWER..... 8 [SKIP TO 82. ON PAGE 16]

ON39 67. What method have you used most often in the last 30 days?

Look, please, at the list of birth control methods on the card, and tell me the number of the method that you used most often in the last 30 days.

[INTERVIEWER! CONTINUE TO WORK WITH CARD W_1. AND ASK TO CHOOSE ONLY ONE METHOD]

- CONDOM..... 01
- BIRTH CONTROL PILLS..... 02
- EMERGENCY CONTRACEPTION (PILLS AFTER UNSAFETY SEX)..... 03
- CERVICAL CAPS, DIAPHRAGM 04
- LOTIONS, SUPPOSITORIES, FOAM, JELLY 05
- BIRTH CONTROL PATCHES WITH HORMONES..... 06
- VAGINAL RING WITH HORMONES 07
- IUD..... 08
- IMPLANTS, WHICH MEANS AMPULES SEWN INTO SKIN 09
- INTRAMUSCULAR INJECTION OF HORMONAL CONTRACEPTIVE 10
- STERILIZATION OF MEN..... 11 [SKIP TO 77. ON PAGE 15]
- STERILIZATION OF WOMEN 12 [SKIP TO 76. ON PAGE 14]
- DOUCHE WITH WATER, SOLUTION..... 13
- COUNTING THE DANGEROUS DAYS OF THE MENSTRUAL CYCLE 14
- INTERRUPTING THE SEXUAL ACT..... 15
- LACTATIONAL AMENORRHEA METHOD 16
- OTHER..... 17
- DOESN'T KNOW 97 [SKIP TO 79. ON PAGE 15]
- REFUSES TO ANSWER..... 98 [SKIP TO 79. ON PAGE 15]

68. Let's talk about the birth control method that you used most often in the last 30 day. This method was...

ON109

- Selected by you 1
 Selected by your partner 2 [SKIP TO 73. ON PAGE 14]
 Prescribed or given you in
 a medical institution 3 [SKIP TO 70.]
 You selected with the medical
 person or doctor 4 [SKIP TO 70.]
DOESN'T KNOW 7
REFUSES TO ANSWER 8

ON110

69. Where did you learn about this method?

- In a polyclinic, hospital, antenatal clinic,
 maternity hospital 1
 In a pharmacy 2 [SKIP TO 73. ON PAGE 14]
 From magazines or books 3 [SKIP TO 73. ON PAGE 14]
 From friends, relatives 4 [SKIP TO 73. ON PAGE 14]
 From Internet 5 [SKIP TO 73. ON PAGE 14]
 In another place 6 [SKIP TO 73. ON PAGE 14]
DOESN'T KNOW 7 [SKIP TO 73. ON PAGE 14]
REFUSES TO ANSWER 8 [SKIP TO 73. ON PAGE 14]

ON111

70. Did the medical person or medical person explain the possible side effects of this method?

- Yes 1
 No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

ON112

71. Did the medical person explain to you how effective the method you received is, compared to other contraceptive methods?

- Yes 1
 No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

ON113

72. Overall, how satisfied were you with the consultation about birth control methods you have received the last time?

- Very satisfied 1
 Somewhat satisfied 2
 Both yes and no 3
 Not at all satisfied 4
 No services received 5
DOESN'T KNOW 7
REFUSES TO ANSWER 8

73. **[INTERVIEWER! ASK QUESTION 73. ONLY TO THOSE WOMEN WHO CHOSE ANSWERS 1-10. IN QUESTION 67. ON PAGE 12 ASK OTHERS QUESTION 76.]**

ON114

Where did you get this contraceptive the last time? If you did not get this contraceptive by yourself and someone got it for you, tell me, please, where did he/she get it? Please, choose only one most recent source of supply.

[INTERVIEWER! PASS CARD W_3.]

- ANTENATAL CLINIC 01
- MATERNITY HOUSE..... 02
- FAMILY PLANNING CENTER..... 03
- HOSPITAL 04
- PHARMACY, DRUG KIOSK (INCLUDING PHARMACIES
IN ANTENATAL CLINIC, MATERNITY HOUSE AND
FAMILY PLANNING CENTER ETC.)..... 05
- PRIVATE CLINIC/PHYSICIAN 06
- COMMERCIAL KIOSK/STORE..... 07
- OTHER, WHERE EXACTLY:..... 08
- [INTERVIEWER! WRITE DOWN]** _____
- DOESN'T KNOW 97
- REFUSES TO ANSWER..... 98

74. **Who paid for this contraceptive the last time?**

ON115

- You paid..... 1
- Your partner paid 2
- Other person, not your partner paid 3
- Nobody paid..... 4 [SKIP TO 76.]
- DOESN'T KNOW 7 [SKIP TO 76.]
- REFUSES TO ANSWER..... 8 [SKIP TO 76.]

75. **How much did you pay for this method the last time?**

ON116

- _____ RUBLES
- DOESN'T KNOW 7
- REFUSES TO ANSWER..... 8

76. **[INTERVIEWER! QUESTION 76. ASK ONLY THOSE WOMEN WHO CHOSE ANSWERS 8-10, 12 TO QUESTION 67. ON PAGE 12. ASK OTHERS QUESTION 77. ON PAGE 15]**

ON117

Where was (the IUD was inserted/injection was made/implant was sewn/operation was conducted). If it was several times, where was it done the last time?

- AT A FAMILY PLANNING CENTER..... 01
- AT A MATERNITY HOSPITAL 02
- AT A HOSPITAL OF THE RAION, CITY, DEPARTMENT, VILLAGE 03
- AT A COMMERCIAL CLINIC, HOSPITAL..... 04
- AT AN ANTENATAL CLINIC OF THE RAION,
CITY, DEPARTMENT, VILLAGE 05
- AT COMMERCIAL ANTENATAL CLINIC 06
- AT CENTER (ROOM) OF GENERAL
PRACTITIONER (FAMILY DOCTOR) 07
- AT VILLAGE GENERAL PRACTITIONER'S ROOM..... 08
- AT OTHER FACILITY..... 09
- [INTERVIEWER! WRITE DOWN]** _____
- OUT OF FACILITY..... 10
- DOESN'T KNOW 97
- REFUSES TO ANSWER..... 98

ON41

77. **[INTERVIEWER! IF THERE IS ANSWER 12 IN QUESTION 67. ON PAGE 12 FINISH INTERVIEW. OTHERS ASK QUESTION 77.]**

Have you used some other birth control method in the last 30 days?

- Yes..... 1
- No 2 [SKIP TO 79.]
- DOESN'T KNOW 7 [SKIP TO 79.]
- REFUSES TO ANSWER..... 8 [SKIP TO 79.]

ON42

78. **Which other method have you also used often in the last 30 days? Please look again at the list of female birth control methods, and tell me the number of another method you used often in the last 30 days.**

[INTERVIEWER! PASS CARD W_1 AND ASK TO CHOOSE ONLY ONE METHOD]

- CONDOM..... 01
- BIRTH CONTROL PILLS..... 02
- EMERGENCY CONTRACEPTION (PILLS AFTER UNSAFETY SEX) 03
- CERVICAL CAPS, DIAPHRAGM 04
- LOTIONS, SUPPOSITORIES, FOAM, JELLY 05
- BIRTH CONTROL PATCHES WITH HORMONES..... 06
- VAGINAL RING WITH HORMONES 07
- IUD..... 08 [SKIP TO 82. ON PAGE 16]
- IMPLANTS, WHICH MEANS AMPULES SEWN INTO SKIN 09 [SKIP TO 82. ON PAGE 16]
- INTRAMUSCULAR INJECTION OF HORMONAL CONTRACEPTIVE 10 [SKIP TO 82. ON PAGE 16]
- STERILIZATION OF MEN..... 11
- STERILIZATION OF WOMEN 12 [SKIP TO 82. ON PAGE 16]
- DOUCHE WITH WATER, SOLUTION..... 13
- COUNTING THE DANGEROUS DAYS OF THE MENSTRUAL CYCLE 14
- INTERRUPTING THE SEXUAL ACT..... 15
- LACTATIONAL AMENORRHEA METHOD 16
- OTHER..... 17
- DIDN'T USE ANYTHING ELSE 96
- DOESN'T KNOW 97
- REFUSES TO ANSWER..... 98

ON43

79. **Tell me, please, in the last 30 days were there times when you had sex and were not using birth control?**

- Yes..... 1
- No 2 [SKIP TO 82. ON PAGE 16]
- DOESN'T KNOW 7 [SKIP TO 82. ON PAGE 16]
- REFUSES TO ANSWER..... 8 [SKIP TO 82. ON PAGE 16]

ON44 80. Can you say why you didn't use birth control in the last 30 days? I will pass you the card and you, please, look over the list of the reasons why women do not use birth control, and you name one reason, the main one, why you didn't use birth control in the last 30 days.

[INTERVIEWER! PASS CARD W_4.]

- WANTED TO GET PREGNANT 01 [SKIP TO 82.]
- PHYSICALLY UNABLE TO GET PREGNANT..... 02 [INTERVIEW IS FINISHED]
- HEALTH PROBLEM..... 03 [SKIP TO 82.]
- UNABLE TO ACQUIRE A MEANS..... 04 [SKIP TO 82.]
- BIRTH CONTROL MEANS ARE TOO EXPENSIVE 05 [SKIP TO 82.]
- UNCOMFORTABLE OR UNPLEASANT
TO USE BIRTH CONTROL..... 06 [SKIP TO 82.]
- IRREGULAR SEXUAL RELATIONS
WITH HUSBAND OR PARTNER 07 [SKIP TO 82.]
- HAD NO SEX WITH A MAN..... 12 [SKIP TO 82.]
- KNEW THAT IN THE EXTREME CASE YOU COULD
GET AN ABORTION TO INTERRUPT AN
UNWANTED PREGNANCY 09 [SKIP TO 82.]
- STERILIZATION OF WOMEN 10 [INTERVIEW IS FINISHED]
- STERILIZATION OF MEN..... 11 [SKIP TO 82.]
- PARTNER WAS AGAINST IT..... 13 [SKIP TO 82.]
- DID NOT THINK ABOUT IT AT ALL..... 14 [SKIP TO 82.]
- DID NOT HAVE CONTRACEPTIVE WITH YOU 15 [SKIP TO 82.]
- BY RELIGIOUS REASONS 16 [SKIP TO 82.]
- DOESN'T KNOW 97 [SKIP TO 82.]
- REFUSES TO ANSWER..... 98 [SKIP TO 82.]

ON50 81. For what reason did your menstruation stop? It stopped because of:

- Pregnancy..... 1 [SKIP TO 88. ON PAGE 17]
- Age 2 [SKIP TO 97. ON PAGE 19]
- Removal of fallopian tubes or uterus 3 [SKIP TO 97. ON PAGE 19]
- Have given birth and still do not menstruate . 4
- Another reason 5
- DOESN'T KNOW 7
- REFUSES TO ANSWER..... 8

ON118 82. Have you ever gone yourself to a facility special for consultation about contraception?

- Yes..... 1
- No 2 [SKIP TO 85. ON PAGE 17]
- DOESN'T KNOW 7 [SKIP TO 85. ON PAGE 17]
- REFUSES TO ANSWER..... 8 [SKIP TO 85. ON PAGE 17]

- ON120 **83. When did you go to a medical worker for consultation about contraception last time?**
 In 2007 year or earlier 1 [SKIP TO 85.]
 In 2008 year or later 2
DOESN'T KNOW 7 [SKIP TO 85.]
REFUSES TO ANSWER 8 [SKIP TO 85.]
- ON121 **84. The last time you went to a medical person for consultation about contraception did he/she talk to you about various methods of contraception and the most suitable method for you?**
 Yes..... 1
 No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8
- ON47 **85. Do you want to have (one more) baby?**
 Yes..... 1
 No 2 [INTERVIEW IS FINISHED]
DOESN'T KNOW 7 [INTERVIEW IS FINISHED]
REFUSES TO ANSWER 8 [INTERVIEW IS FINISHED]
- ON48 **86. How many (more) children do you want to have?**
 _____ (*MORE*) *CHILDREN*
DOESN'T KNOW 97
REFUSES TO ANSWER 98
- ON49 **87. When do you think you would like to have (the next) child, after how many years?**
 AFTER _____ *YEARS* [INTERVIEW IS FINISHED]
DOESN'T KNOW 97 [INTERVIEW IS FINISHED]
REFUSES TO ANSWER 98 [INTERVIEW IS FINISHED]
- ON51 **88. Have you seen a doctor about this pregnancy?**
 Yes..... 1
 No 2 [SKIP TO 93. ON PAGE 18]
DOESN'T KNOW 7 [SKIP TO 93. ON PAGE 18]
REFUSES TO ANSWER 8 [SKIP TO 93. ON PAGE 18]
- ON122 **89. Tell me, please, did you register this pregnancy?**
 Yes..... 1
 No 2
DOESN'T KNOW 7
REFUSES TO ANSWER 8

ON52 90. When did you first see a doctor about the pregnancy (or register this pregnancy)? How long had you been pregnant then?

- 3 months or less, that is before 12 weeks of pregnancy 1
- From 3 to 6 months, that is from 12 weeks to 22 weeks of pregnancy... 2
- More than 6 months, that is more than 22 weeks of pregnancy 3
- DOESN'T KNOW 7
- REFUSES TO ANSWER..... 8

ON119 91. Where did you go about this pregnancy? If you were observed at some facilities, choose that you consider the main one.

- To a municipal antenatal clinic 1
- To a gynecologist's room of a hospital2
- To a private doctor.....3
- To a commercial antenatal clinic, clinic, hospital.....4
- To other place, what exactly5

[INTERVIEWER! WRITE DOWN] _____
DOESN'T KNOW 7
REFUSES TO ANSWER..... 8

ON54 92. Who primarily look after you during this pregnancy?

[INTERVIEWER! IF MORE THAN ONE PERSON TOOK CARE OF THEM, NOTE ONLY ONE SPECIALIST WITH THE HIGHEST QUALIFICATIONS]

- Doctor 1
- Medical assistant2
- Nurse3
- Someone else.....4

[INTERVIEWER! WRITE DOWN] _____
DOESN'T KNOW7
REFUSES TO ANSWER.....8

ON55 93. Tell me, please, are you going to give birth or to interrupt this pregnancy?

- GIVE BIRTH 1
- HAVE AN ABORTION.....2
- DOESN'T KNOW7
- REFUSES TO ANSWER.....8

ON56 94. Would you like to have more children, not counting your present pregnancy?

- Yes..... 1
- No2 [INTERVIEW IS FINISHED]
- DOESN'T KNOW7 [INTERVIEW IS FINISHED]
- REFUSES TO ANSWER8 [INTERVIEW IS FINISHED]

ON57 95. How many more children would you like to have?

- _____ MORE CHILDREN
- DOESN'T KNOW97
- REFUSES TO ANSWER.....98

ON58 96. Once this pregnancy is over, when do you think you would like another baby? After how many years?

AFTER _____YEARS [INTERVIEW IS FINISHED]

DOESN'T KNOW 97 [INTERVIEW IS FINISHED]

REFUSES TO ANSWER..... 98 [INTERVIEW IS FINISHED]

ON59 97. At what age did your menstrual cycle stop?

|____|____|YEARS

DOESN'T KNOW 97

REFUSES TO ANSWER..... 98

THANK YOU!

SECTION "INTERVIEWER'S REMARKS"

- OS2_ff** 2. [ASSESS THE RESPONDENT'S ATTITUDE TOWARD THE INTERVIEW. THE RESPONDENT WAS:
- FRIENDLY, INTERESTED.....1*
NOT PARTICULARLY INTERESTED.....2
IMPATIENT, WORRIED.....3
HOSTILE.....4]
- OS3_ff** 3. [NOTE HOW THE RESPONDENT UNDERSTOOD THE QUESTIONS
- WELL.....1*
NOT VERY WELL.....2
POORLY.....3]
- OS4_ff** 4. [ASSESS THE RESPONDENT'S BEHAVIOR DURING THE INTERVIEW. THE RESPONDENT WAS:
- NERVOUS.....1*
OCCASIONALLY NERVOUS.....2
FELT COMFORTABLE.....3]
- OS6_ff** 6. [ASSESS THE SINCERITY AND OPENNESS OF THE RESPONDENT. THE RESPONDENT WAS:
- VERY INTROVERTED, INSINCERE.....1*
AS SINCERE AND OPEN AS THE
MAJORITY OF RESPONDENTS.....2
NOTABLY MORE SINCERE AND OPEN THAN
THE MAJORITY OF RESPONDENTS.....3]
- OS7_ff** 7. [ASSESS WHETHER IN YOUR OPINION THE INFORMATION GIVEN ABOUT FOOD CONSUMPTION IS RELIABLE:
- RELIABLE.....1*
INADEQUATE INFORMATION TO ASSESS.....2
NOT RELIABLE.....3]

I confirm that I completed the survey according to the instructions and personal interview method, and with the respondent chosen according to the instructions

Signature _____