Questionnaire for women

1. [CODE OF REGION__________________________________________________________ | __ | __ | __ ]
2. [NUMBER OF FAMILY    | __ | __ | __ ]
3. [NUMBER OF FAMILY MEMBER    | __ | __ ]
6. [RESPONDENT’S BIRTH YEAR 19|SBIRTHY]
7. [DATE OF INTERVIEW: DAY __ __ MONTH __ __ ]
   [DURATION OF INTERVIEW: __ __ HOURS __ __ __ MINUTES]
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 ____________________________
1. **INTERVIEWER**: NOTE WHO, BESIDES THE RESPONDENT, IS PRESENT IN THE ROOM AT THIS TIME

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Yes/No Options</th>
</tr>
</thead>
<tbody>
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<td>1. CHILDREN UNDER 10</td>
<td>1...2</td>
</tr>
<tr>
<td>ISWCHG10</td>
<td>2. CHILDREN OVER 10</td>
<td>1...2</td>
</tr>
<tr>
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<td>3. PARENTS</td>
<td>1...2</td>
</tr>
<tr>
<td>ISWHUSBA</td>
<td>4. HUSBAND OR PARTNER</td>
<td>1...2</td>
</tr>
<tr>
<td>ISWMENPR</td>
<td>5. OTHER MEN</td>
<td>1...2</td>
</tr>
<tr>
<td>ISWWOMEN</td>
<td>6 OTHER WOMEN</td>
<td>1...2</td>
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2. Have you ever menstruated?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>No</td>
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<td>7 [INTERVIEW IS FINISHED]</td>
</tr>
<tr>
<td>REFUSES TO ANSWER</td>
<td>8 [SKIP TO 6.]</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Answer</th>
<th>Options</th>
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<tr>
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<tr>
<td>DOESN'T KNOW</td>
<td>97</td>
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<tr>
<td>REFUSES TO ANSWER</td>
<td>98</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Answer</th>
<th>Options</th>
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<tr>
<td>Yes</td>
<td>1</td>
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<tr>
<td>No</td>
<td>2 [SKIP TO 6.]</td>
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<td>7 [SKIP TO 6.]</td>
</tr>
<tr>
<td>REFUSES TO ANSWER</td>
<td>8 [SKIP TO 6.]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Answer</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES 15 TO 19</td>
<td>1</td>
</tr>
<tr>
<td>DOESN'T KNOW</td>
<td>97</td>
</tr>
<tr>
<td>REFUSES TO ANSWER</td>
<td>98</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Answer</th>
<th>Options</th>
</tr>
</thead>
<tbody>
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<tr>
<td>No</td>
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<tr>
<td>DOESN'T KNOW</td>
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</tr>
<tr>
<td>REFUSES TO ANSWER</td>
<td>8 [SKIP TO 10. ON PAGE 2]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Answer</th>
<th>Options</th>
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<tbody>
<tr>
<td>YES 15 TO 19</td>
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8. Have you ever had a cervical smear or scrape?

<table>
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<tr>
<th>Answer</th>
<th>Options</th>
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<tbody>
<tr>
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<tr>
<td>REFUSES TO ANSWER</td>
<td>8 [SKIP TO 10. ON PAGE 2]</td>
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9. When did you have a cervical smear or scrape last time?

<table>
<thead>
<tr>
<th>ISEVSCRM</th>
<th>IN</th>
<th>[SEVSCRM] MONTH</th>
<th>OF</th>
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<tbody>
<tr>
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<td>REFUSES TO ANSWER</td>
<td>98</td>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>ISEVMGRA</th>
<th>1. A mammogram that is an x-ray of mammary glands for diagnostic of disease</th>
<th>Yes...</th>
<th>1 ⇒</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No...</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ISEVUSMA</td>
<td>2. US of mammary glands</td>
<td>Yes...</td>
<td>1 ⇒</td>
</tr>
<tr>
<td></td>
<td>No...</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ISEVPAMM</td>
<td>3. Palpation, that is touching of mammary glands by doctor</td>
<td>Yes...</td>
<td>1 ⇒</td>
</tr>
<tr>
<td></td>
<td>No...</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ISEVSMAM</td>
<td>4. Self-examination of mammary glands that you did yourself</td>
<td>Yes...</td>
<td>1 ⇒</td>
</tr>
<tr>
<td></td>
<td>No...</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ISEVOMAM</td>
<td>5. Other examination of mammary glands, what exactly</td>
<td>Yes...</td>
<td>1 ⇒</td>
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<tr>
<td></td>
<td>No...</td>
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When did you have it the last time?

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<th>ISMGRAMO</th>
<th>ISMGRAYR</th>
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<td>D/K......</td>
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<td>REFUSES..</td>
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<td>97</td>
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<td>98</td>
<td>8</td>
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</tbody>
</table>

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]

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

<table>
<thead>
<tr>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>No</td>
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</tr>
<tr>
<td>REFUSES TO ANSWER</td>
<td>8 [SKIP TO 65. ON PAGE 12]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
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<tbody>
<tr>
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<tr>
<td>REFUSES TO ANSWER</td>
<td>8 [SKIP TO 43. ON PAGE 8]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>_______ DAUGHTERS</th>
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<tbody>
<tr>
<td>DOESN'T KNOW</td>
</tr>
<tr>
<td>REFUSES TO ANSWER</td>
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</tbody>
</table>
14. If you have ever given birth to boys, how many sons born to you are now living?

<table>
<thead>
<tr>
<th></th>
<th>1ST CASE</th>
<th>2ND CASE</th>
<th>3RD CASE</th>
<th>4TH CASE</th>
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<td>ISCHDI2M</td>
<td>ISCHDI3M</td>
<td>ISCHDI4M</td>
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<td></td>
<td>MONTH</td>
<td>MONTH</td>
<td>MONTH</td>
<td>MONTH</td>
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<tr>
<td></td>
<td>ISCHDI1Y</td>
<td>ISCHDI2Y</td>
<td>ISCHDI3Y</td>
<td>ISCHDI4Y</td>
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<tr>
<td></td>
<td>YEAR</td>
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<td>YEAR</td>
</tr>
<tr>
<td>D/K</td>
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<td>97</td>
<td>97</td>
<td>97</td>
</tr>
<tr>
<td>REFUSES</td>
<td>98</td>
<td>98</td>
<td>98</td>
<td>98</td>
</tr>
</tbody>
</table>

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

Yes.................................1
No ......................................2 [SKIP TO 18.]

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

<table>
<thead>
<tr>
<th></th>
<th>1ST CASE</th>
<th>2ND CASE</th>
<th>3RD CASE</th>
<th>4TH CASE</th>
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<tbody>
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<td>ISCHDI2D</td>
<td>ISCHDI3D</td>
<td>ISCHDI4D</td>
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<td></td>
<td>DAYS</td>
<td>DAYS</td>
<td>DAYS</td>
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<tr>
<td></td>
<td>ISCHOL1M</td>
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<td>ISCHOL3M</td>
<td>ISCHOL4M</td>
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<td>MONTHS</td>
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<td></td>
<td>ISCHOL1Y</td>
<td>ISCHOL2Y</td>
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<tr>
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<td>REFUSES</td>
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</table>

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.]

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]

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

<table>
<thead>
<tr>
<th></th>
<th>1ST CASE</th>
<th>2ND CASE</th>
<th>3RD CASE</th>
<th>4TH CASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BABIES</td>
<td>ISCHSX1Y</td>
<td>ISCHSX2Y</td>
<td>ISCHSX3Y</td>
<td>ISCHSX4Y</td>
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<td>8</td>
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<td>8</td>
</tr>
</tbody>
</table>
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

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]

<table>
<thead>
<tr>
<th>ISBABBMOM</th>
<th>ISBABBYR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doesn't know</td>
<td>97</td>
</tr>
<tr>
<td>Refuses to answer</td>
<td>98</td>
</tr>
</tbody>
</table>

23. What did you name your child?

[Interviewer! If children are twins choose the youngest, that is the baby who was born the latest.]

__________________________________________________________

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]

25. Tell me, please, did you register this pregnancy?

Yes ........................................... 1
No ............................................ 2
Doesn't know .................................. 7
Refuses to answer ............................. 8

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

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
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

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

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

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

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?

[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] ________ weeks

[If baby is more than 6 months] ________ months

Baby is only breastfeeding until now. .................. 96 [Skip to 38.]
Doesn’t know .................................................. 97
Refuses to answer ............................................. 98

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

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] ________ weeks

[If baby is more than 6 months] ________ 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]
39. Why did you not breastfeed [CHILD’S NAME]?

- 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.

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

- CONDOM ........................................................................ 01
- BIRTH CONTROL PILLS ........................................... 02
- EMERGENCY CONTRACEPTION (PIILS AFTER UNSAFETY SEX) ........................................ 03
- CERVICAL CAPS, DIAPHRAGM ................................... 04
- LOTIONS, SUPPOSITORY, 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 43. ON PAGE 8]
- GAVE BIRTH OUT OF FACILITY ............................ 96 [SKIP TO 43. ON PAGE 8]
- DOESN'T KNOW .................................................. 97 [SKIP TO 43. ON PAGE 8]
- REFUSES TO ANSWER ......................................... 98 [SKIP TO 43. ON PAGE 8]
41. Did you use this birth control method?

Yes.................................................................1
No .................................................................2 [SKIP TO 43.]

42. Was this method the one you wanted to have?

Yes.................................................................1
No .................................................................2

43. Have you ever had a miscarriage where the baby was less than 28 weeks of pregnancy?

Yes.................................................................1
No .................................................................2 [SKIP TO 45.]

44. How many of these miscarriages have you had?

________ MISCARRIAGES

45. Tell me, please, have you ever had an abortion?

Yes.................................................................1
No .................................................................2 [SKIP TO 48.]

46. Tell me, please, have you had an abortion in the last 12 months?

Yes.................................................................1
No .................................................................2 [SKIP TO 48.]

47. How many abortions have you had in the last 12 months?

________ ABORTIONS

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]
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.]

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

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.]

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.]

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

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

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
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

REFFERAL WASN'T NEEDED ........................................... 6
DOESN'T KNOW .......................................................... 7
REFUSES TO ANSWER ................................................ 8

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

Who performed this (abortion/mini-abortion/medical abortion)?

Doctor ................................................................. 1
Someone else ............................................................ 2
DOESN'T KNOW .......................................................... 7

REFUSES TO ANSWER .................................................. 8

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

What complication did you have?

INTERVIEWER! MARK EVERYTHING THAT WOMAN NAMES

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

INTERVIEWER! WRITE DOWN

DOESN'T KNOW .......................................................... 7
61. Whom and how much did you pay for this (abortion/mini-abortion/medical abortion)?

<table>
<thead>
<tr>
<th>Did you pay?</th>
<th>How much in rubles?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes..... 1</td>
<td>1</td>
</tr>
<tr>
<td>No..... 2</td>
<td></td>
</tr>
</tbody>
</table>

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]

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

Yes.................................................................1
No .................................................................2

DOESN'T KNOW ..............................................7

REFUSES TO ANSWER .....................................8

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]

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]

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

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

69. Where did you learn about this method?

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

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

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

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
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

Who paid for this contraceptive the last time?

- 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.]

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

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

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
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.]

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

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]
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.]

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

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]
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.]

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

85. Do you want to have (one more) baby?

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

86. How many (more) children do you want to have?

- __________ (MORE) CHILDREN 
- DOESN'T KNOW ......................................................... 97
- REFUSES TO ANSWER ................................................. 98

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]

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]

89. Tell me, please, did you register this pregnancy?

- Yes ............................................................................. 1
- No ............................................................................. 2
- DOESN'T KNOW ......................................................... 7
- REFUSES TO ANSWER ................................................. 8
90. When did you first see a doctor about the pregnancy (or register this pregnancy)? How long had you been pregnant then?

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

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

1. To a municipal antenatal clinic
2. To a gynecologist’s room of a hospital
3. To a private doctor
4. To a commercial antenatal clinic, clinic, hospital
5. To other place, what exactly
7. DOESN'T KNOW
8. REFUSES TO ANSWER

92. Who primarily look after you during this pregnancy?

1. Doctor
2. Medical assistant
3. Nurse
4. Someone else
7. DOESN'T KNOW
8. REFUSES TO ANSWER

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

1. GIVE BIRTH
2. HAVE AN ABORTION
7. DOESN'T KNOW
8. REFUSES TO ANSWER

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

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

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

MORE CHILDREN
7. DOESN'T KNOW
8. REFUSES TO ANSWER
96. Once this pregnancy is over, when do you think you would like another baby? After how many years?

AFTER ________YEARS

DOESN'T KNOW ........................................... 97

REFUSES TO ANSWER .................................... 98

97. At what age did your menstrual cycle stop?

|____|____|YEARS

DOESN'T KNOW ........................................... 97

REFUSES TO ANSWER .................................... 98

THANK YOU!
SECTION "INTERVIEWER'S REMARKS"

ISRESATT 2. [ASSESS THE RESPONDENT'S ATTITUDE TOWARD THE INTERVIEW. THE RESPONDENT WAS:

  FRIENDLY, INTERESTED ........................................ 1
  NOT PARTICULARLY INTERESTED ................................ 2
  IMPATIENT, WORRIED ............................................. 3
  HOSTILE .................................................................. 4 ]

ISRESUND 3. [NOTE HOW THE RESPONDENT UNDERSTOOD THE QUESTIONS

  WELL ........................................................................ 1
  NOT VERY WELL .................................................... 2
  POORLY .................................................................... 3 ]

ISRESBEH 4. [ASSESS THE RESPONDENT'S BEHAVIOR DURING THE INTERVIEW. THE RESPONDENT WAS:

  NERVOUS ............................................................... 1
  OCCASIONALLY NERVOUS ..................................... 2
  FELT COMFORTABLE ............................................. 3 ]

ISRESSIN 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 ]

ISFRELY 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  __________________________________________