
KYSELYLOMAKE

Tämä kyselylomake on osa Yhteiskuntatieteelliseen tietoaarkistoon arkistoitua tutkimusaineistoa

FSD2418 Lisääntymisterveys Pietarissa: naiset 2004

Kyselylomaketta hyödyntävien tulee viitata siihen asianmukaisesti lähdeviitteellä.

Lisätiedot: <http://www.fsd.uta.fi/>

QUESTIONNAIRE

This questionnaire is part of the following dataset, archived at the Finnish Social Science Data Archive:

FSD2418 Reproductive Health in St. Petersburg : Women 2004

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Appendix 4. Questionnaire

1. Background information

Answering date _____

1. Year of birth? Year _____

2. Are you currently (*you can choose several alternatives*):

1. Married
2. Cohabiting
3. Divorced
4. Married, but not living with spouse
5. Widow
6. Single

3. How many marriages or cohabiting relationships have you had? (Cohabiting, which has lead to a marriage is considered as one)

Number _____

4. Your citizenship? _____

5. Your mother tongue? _____

6. Please, list the people with whom you live.

Circle the right answer

	1.No	2.Yes
1. I live alone	1	2
2. Husband	1	2
3. Cohabiting partner	1	2
4. Children under 18 years old	1	2 _____ persons
5. Children above 18 years old	1	2 _____ persons
6. Daughter-in-law, son-in-law, grandchildren	1	2 _____ persons
7. Parents (yours or your husband's)	1	2 _____ persons
8. Sisters/brothers (yours or your husband's)	1	2 _____ persons
9. Other relatives (yours or your husband's)	1	2 _____ persons
10. Friends, acquaintances	1	2 _____ persons
11. Tenants	1	2 _____ persons
12. Other	1	2 _____ persons

7. How many people are you living with (how many persons belong to the same household including yourself)?

Number of persons _____

8. How many years all together you have studied including both, basic education at school and any full-time studies after basic education? _____ years

9. What is your education?

1. Primary school (1–3 classes, age 7–10 years)
2. Secondary school, level one (4–8 classes, age 11–15 years)
3. Secondary school, level two (9–10 classes, age 16–17 years)
4. Vocational school
5. Technical college
6. Unfinished higher education (studies approximately 3 years)
7. Student
8. Finished higher education

10. What is your current economic activity?

1. Employed
2. Unemployed
3. Housewife
4. Full-time student
5. Pensioner, not employed. At what age did you retire? _____ years old
6. Other, what _____

11. What is your current or latest occupation? _____

12. What was your main life-time occupation? _____

13. Do you have an additional job besides your studying, primary occupation or other activity?

1. Yes
2. No

14. What is your total monthly income after taxes and income transfers have been deducted?
Approximately _____

15 a. What is the total monthly income of your family (who share the income), after taxes and income transfers have been deducted?

1. Approximately _____
2. I don't know

15 b. How many people, including children, share your family income? _____

16. Do you have difficulties with paying bills (for housing, electricity, heating etc)?

1. All the time
2. Often
3. Sometimes
4. Rarely
5. Never

17. Below is a list of various items, which of the following do you have in your household?

Circle the right answer

Answers	yes	no
1. Microwave	1	2
2. Video recorder	1	2
3. Television (colour)	1	2
4. Washing machine	1	2
5. Dishwasher	1	2
6. Car	1	2
7. Freezer	1	2
8. Cottage (for holidays / weekends)	1	2
9. Videocamera / camcorder	1	2
10. Satellite / cable TV	1	2
11. Telephone	1	2
12. Mobile phone	1	2

18 a. How many rooms your family has, excluding kitchen? _____

18 b. How many people are living in these rooms? _____

2. Gender relationships and sexuality

19. How old you were when you started regularly dating with a person of the opposite sex (with or without sexual relationship)?

1. I was _____ years old
2. I have never been dating regularly

20. How old you were when for the first time you had sexual intercourse (including only vaginal and/or anal sex)?

1. I was _____ years old
2. I have never had intercourse (*skip to question 25*)

21. How old was your partner?

1. _____ years old
2. I don't know

22. What contraceptive methods did you use in the first sexual intercourse to prevent pregnancy (*you can choose several alternatives*)?

1. Nothing
2. Coitus interruptus (withdrawal, "a man is cautious")
3. Condom
4. Contraceptive pill
5. Morning-after pill
6. Rhythm method
7. Contraceptive ointments, gels, candles, sprays
8. Some other method, what (for example douching)? _____
9. Do not remember

23. Altogether, how many sexual partners have you had in YOUR LIFE SO FAR?

_____ persons

24. How many sexual partners have you had WITHIN THE PAST 12 MONTHS, even if you had sexual intercourse only once? _____ persons

25. At the moment, do you live together with your spouse in marriage, or are you cohabiting, or do you have any other type of regular sexual relationship with someone (of the opposite sex) (*you can choose several alternatives*)?

1. Yes, in marriage
2. Yes, cohabiting
3. Yes, I am having another type of regular sexual relationship
4. I do not have any regular sexual relationships

26. How long have you been in the current marriage/cohabiting, including period of regular relationship before marriage?

1. _____ years _____ months
2. I am not married/cohabiting

27. How do you feel about your present sexual relationship? I am

1. Very happy
2. Quite happy
3. Not very happy
4. Unhappy
5. Very unhappy
6. At the moment I do not have any sexual relationship

28. Is it difficult to engage in talking about sex (about sexual matters and contraception) with your current partner?

1. Very difficult or impossible
2. Quite difficult
3. Not very difficult once we get started
4. Not difficult at all, open and easy
5. At the moment I don't have sexual relationships

29. Have you had parallel sexual relationships during your marriage (cohabitation)?

1. No
2. Yes, temporarily
3. Yes, continuously
4. Yes, both temporary and continuously
5. I am not married or cohabiting

30. When was the last time that you had sexual intercourse?

1. During the last 24 hours
2. 1-2 days ago
3. 3-4 days ago
4. 5-7 days ago
5. 1-2 weeks ago
6. 3-4 weeks ago
7. 1-3 months ago
8. 4-12 months ago
9. 1-2 years ago
10. 3-10 years ago
11. Over 10 years ago
12. I have never had sexual intercourse (*sip to question 32*)

31. Did you drink alcohol (for example beer, wine, vodka) before the last sexual intercourse?

1. Not at all
2. Yes, a little
3. Yes, moderately
4. Yes, much
5. I do not remember

32. People are sometimes sexually interested in persons of their same sex. Are you at the moment sexually interested in:

1. Only males
2. Mainly males
3. Both sexes (males and females) equally
4. Mainly females
5. Only females

33. Have you had sexual experiences with a person of same sex (arousing fondling or intercourse)?

1. No
2. Yes, once
3. Yes, many times

34. Have you ever been propositioned to have intercourse by offering money or other rewards of similar types?

1. No
2. Yes, but I've said no
3. Yes, and I've said yes
4. Yes, and I've said yes many times

35. Have you received sex education in your childhood at home?

1. Yes, more than enough
2. Yes, sufficiently
3. Yes, but not enough
4. No, but I would have wanted to
5. No, but I would not have wanted to

36. Have you received sex education at school?

1. Yes, more than enough
2. Yes, sufficiently
3. Yes, but not enough
4. No, but I would have wanted to
5. No, but I would not have wanted to

3. Pregnancies and children

37. Are you pregnant at the moment?

1. No
2. Yes

38. Are you breastfeeding at the moment?

1. No
2. Yes, exclusively
3. Yes, together with other feeding

39. How old is the child (months)? _____ months

40. How many pregnancies have you had all together? (Put 0 if you haven't had any) _____

41. How many of these pregnancies ended in:

1. _____ miscarriage/spontaneous abortions, in years: _____
2. _____ ectopic pregnancies, in years: _____
3. _____ induced abortions, in years:

--	--	--	--	--	--	--	--
4. _____ childbirth

If you have not given birth, skip to question 50.

Children having been born

Circle the right alternative

	1st child	2nd child	3rd child	4th child	5th child	6th child	7th child	8th child
42. In which year the child was born? Indicate the year								
43. The child born is (Circle the right alternative):								
1. living	1	1	1	1	1	1	1	1
2. dead	2	2	2	2	2	2	2	2
44. Who was born?								
1. girl	1	1	1	1	1	1	1	1
2. boy	2	2	2	2	2	2	2	2
45. The child is still living with you?								
1. yes	1	1	1	1	1	1	1	1
2. no	2	2	2	2	2	2	2	2
46. If the child is not living with you, in which year he/she left home? Indicate the year								
47. Did you live together with the father of the child in marriage or were you cohabiting at the time when the child was born?								
1. yes	1	1	1	1	1	1	1	1
2. no	2	2	2	2	2	2	2	2
48. Did you live with some other adult person (friend/acquaintance/relative) at the time when the child was born?								
1. yes	1	1	1	1	1	1	1	1
2. no	2	2	2	2	2	2	2	2

49. How many months did you breast-feed your last child, including also partial breast-feeding (together with other feeding)? (Include also breast-feeding less than one month).

1. I did not breast-feed at all
2. Less than one month
3. _____ months
4. I am breast-feeding at the moment

50. Who takes/took care of your child before school age, when you were at work? (*You can choose several alternatives*)

1. I am not working/did not work but take/took care of the child by myself at home.
2. Father takes care of the child at home.
3. Grandmother/grandfather takes care of the child.
4. Other relatives take care of the child.
5. My child was in public kindergarten
6. My child was in private kindergarten
7. Other way, what? _____
8. I do not have children.

51. If you have used baby-sitter services, where did you find them? (*You can choose several alternatives*)

1. Via acquaintances (friends)
2. Via neighbors
3. Via relatives
4. Via a special agency
5. Via an announcement
6. I have not used baby-sitter services

52. Who took care of you, when you were a child under school age? (*You can choose several alternatives*)

1. Mother or the father took care of me at home.
2. Grandmother/grandfather took care of me.
3. Other relatives took care of me.
4. I was in public kindergarten
5. Other alternative, what? _____

4. Pregnancy and delivery care

If you are not pregnant, skip to question 64.

53. Which health care provider you have visited during your last/current pregnancy? *(You can choose several alternatives)*

1. Women's clinic
2. Public health centre / aid station
3. Private health centre
4. Some other place, what? _____
5. I do not remember

54. How many times the midwife from the women's clinic visited you at home after your last delivery?
_____ visits

55. What do you think, how useful have these visit been?

1. Very useful
2. Useful
3. Not very useful
4. Useless
5. Difficult to say
6. The midwife did not visit me at home.

56. During any of your pregnancies, have you had:

a. Toxaemia (protein in urine and increased blood pressure after 20 weeks of pregnancy / after the second half of pregnancy)

1. Yes, year _____
2. No
3. I don't know

b. High blood pressure? (>140/90 Hg mm)

1. Yes, year _____
2. No
3. I don't know

c. Protein in urine?

1. Yes, year _____
2. No
3. I don't know

d. High blood sugar values?

1. Yes, year _____
2. No
3. I don't know

The following questions are about abortion. If you have ever had an abortion, please, answer the questions, by choosing an alternative related to your last abortion. *If you have never had an abortion, skip to question 64.*

57. Have you ever become pregnant while using contraception and decided to terminate the pregnancy?

1. Yes
2. No

58. Where was the abortion induced?

1. Women's clinic, day hospital
2. Hospital gynaecological department, maternal house
3. Family planning centre
4. Private clinic
5. Somewhere else, where? _____

59. Did you pay for the abortion or have other expenses related to it?

1. Yes, official payment
2. Yes, unofficial payment
3. Yes, both official and unofficial payment
4. Other expenses
5. No

60. When you had your abortion, did you receive contraceptive counselling from the health care staff which performed the abortion?

1. Yes
2. No
3. I don't remember

61. Were you satisfied with the treatment you received in the hospital or clinic which performed the abortion?

1. Very satisfied
2. Slightly satisfied
3. Slightly dissatisfied
4. Very dissatisfied
5. Cannot say

62. Which of the following reasons was influencing your decision to have an abortion? (*You can choose several alternatives*)

1. I was not ready to take responsibility to bring up a child.
2. I did not want to take responsibility of a child alone.
3. I already have children and I did not want to risk the relationship with my husband or the unity of our family.
4. Unstable and problematic relationship with the husband.
5. I did not want to have a child from that partner.
6. My partner or parents pressured me.
7. Financial difficulties.
8. My apartment was too small / not suitable for a big family, and I could not have another one.
9. It was necessary for me to finish my studies.
10. The situation at work did not let me to have a child.
11. I was not mature enough to become a mother.

12. I was too young.
13. There was nobody who could have helped us to take care of a child.
14. I did not have time to take care of a child.
15. Other reason, what? _____

63. Did you discuss the abortion with your partner beforehand?

1. No
2. Yes

64. Have you had time periods, when you have tried to become pregnant, but have not succeeded or it has taken over 12 months to become pregnant?

1. Yes
2. No (*skip to question 67*)

65. Have you had medical examinations or treatment because of childlessness/infertility?

1. Yes, which year (last time)? _____
2. No

66. If you haven't sought for medical help for infertility, why not? (*You can choose several alternatives*)

1. I still want to wait and try to become pregnant naturally
2. I don't want outside interference
3. I haven't been aware the availability of infertility treatment
4. I'm too old to get treatment
5. Treatments are too expensive
6. Hospital and infertility clinics are too far away
7. Other reason, what? _____

Other gynaecological questions

67. How old were you when your period started? _____ years old

68. Have you had any of the following infections?

Circle the right number

	Yes	Don't know	No
1. Genital herpes infection	1	2	3
2. Condyloma	1	2	3
3. Chlamydia infection	1	2	3
4. Genital candidosis	1	2	3
5. Gonorrhoea	1	2	3
6. Syphilis	1	2	3
7. HIV/AIDS	1	2	3
8. Trichomonosis	1	2	3
9. Ureaplasma, mycoplasma	1	2	3
10. Other genital infection, what			

69. Imagine yourself thinking that you have got HIV or other sexually transmitted infection. What would you do? *(You can choose several alternatives)*

Circle the right answer

Answers	Illness HIV	Other sexually transmitted disease
1. I would wait and hope that it goes away by itself	1	1
2. I would start treatment by myself	2	2
3. I would consult my friends	3	3
4. I would consult my parents	4	4
5. I would visit a private doctor or private clinic	5	5
6. I would visit women's clinic	6	6
7. I would visit dermatology/venerology clinic	7	7
8. I would visit other public medical institution	8	8

5. Contraception

If you never have had sexual intercourse, skip to question 75.

70. What contraceptive method did you use in your last sexual intercourse? (*You can choose several alternatives*)

1. I/we don't use any contraceptive method, I/we don't need any contraceptive method.
2. The pill
3. Coil, intrauterine device
4. Condom
5. Spermicides: cream, foam, suppositories
6. Diaphragm
7. Hypodermic contraceptive capsules
8. Sterilization (own or partner's)
9. Rhythm method
10. Withdrawal, coitus interruptus
11. Douching
12. "Morning-after pill"
13. Other, what? _____

71. Who decided on using contraception in your last sexual intercourse?

1. You
2. Your partner
3. You together with your partner
4. Somebody else, who? _____
5. I don't know, I don't remember
6. We didn't use contraception in the latest sexual intercourse.

72. If you didn't use any contraceptive method in your last sexual intercourse, why not? (*You can choose several alternatives*)

1. I don't have information about contraceptive methods
2. I don't want to
3. My partner doesn't want to
4. We wouldn't mind if I got pregnant
5. We don't use contraception due to religious beliefs
6. I'm pregnant or breastfeeding
7. I don't need, because I or my partner cannot have children

73. If you are using/have lately used condom, it is because:

1. Mainly to avoid getting pregnant
2. Mainly to avoid sexually transmitted diseases
3. Both reason are equally important
4. Other reason, what? _____
5. I have not used condom.

74. Have you earlier used contraceptive pills?

1. Yes
2. No, I have never used them

75. Are you familiar with the contraceptive method called morning after pill (hormonal tablets after sexual intercourse, f. ex. Postinor)?

1. Yes
2. No

76. Are you satisfied with the method which you are using at the moment?

1. Fully satisfied
2. Quite satisfied
3. Not very satisfied
4. Very unsatisfied
5. At the moment I don't use contraception.

77. Have the cost affected your decisions on using contraception during the last year? (*You can choose several alternatives*)

1. No
2. I have not used the method I would have liked to because of the cost
3. I have not visited a doctor as often as I consider necessary
4. I have not had laboratory tests needed
5. I don't know
6. Other, what? _____
7. I don't need contraception at the moment

78. When was the last time you visited a doctor, public health nurse or midwife due to contraception?

1. Less than 6 months ago
2. 6-12 months ago
3. More than one but less than two years ago
4. 2-5 years ago
5. More than 5 years ago
6. I have never visited one
7. I don't remember

79. During your last visit in a medical institution, how satisfied you were with the services related to contraception? (*Circle one alternative from each row*)

I was:	1. very satisfied	2. slightly satisfied	3. slightly dissatisfied	4. very dissatisfied	5. don't know / remember
1. Friendliness	1	2	3	4	5
2. Competence	1	2	3	4	5
3. Confidentiality	1	2	3	4	5
4. Adequacy of time	1	2	3	4	5

80. Do you think that a woman can refuse from sexual intercourse with her partner in the following situations? (*circle the proper alternative*)

	Answers:	yes	no
1. Woman has given birth recently		1	0
2. Woman thinks or knows, that her husband/partner has a sexually transmitted disease or AIDS		1	0
3. Husband/partner hits her		1	0
4. Husband/partner is drunk		1	0
5. Husband/partner has sexual relationship with another person		1	0
6. Woman is tired and doesn't want to have an intercourse		1	0
7. Woman is unwilling to have an intercourse		1	0

81. It has been said that men do not participate very little in contraception and childbirth. In your opinion, should men's role/involvement be changed in regard to: (*Circle one alternative from each line*)

	1. increase a lot	2. somewhat increase	3. no change necessary	4. decrease	5. cannot say
1. Responsibility for contraception? Circle the right alternative	1.	2.	3.	4.	5.
2. Responsibility for costs of contraception? Circle the right alternative	1.	2.	3.	4.	5.
3. Concern with woman's health during the pregnancy? Circle the right alternative	1.	2.	3.	4.	5.
4. Participation in childbirth? Circle the right alternative	1.	2.	3.	4.	5.
5. Responsibility in induced abortion? Circle the right alternative	1.	2.	3.	4.	5.

6. Ideal number of children; intentions and attitudes to have children

82. If you move out from your personal situation and think about the following issues in general terms, in your opinion,

1. What is the ideal number of children in a family? _____
2. What is the suitable period between child births? _____ years
3. In which age (ideally) men and women should have their first child?
 - a. The ideal age for a woman to have her first child _____ years
 - b. The ideal age for a man to have his first child _____ years

83. In your opinion, what is the most suitable number of children for your family? _____

Questions 84 - 85 are for those who do not have own children:

84. If you don't have a child so far, would you please tell, for what reason? (*You can choose several alternatives*)

1. I have not found a man with whom I would like / I could have a child
2. Besides trying, I haven't succeeded in having a child
3. I wanted to finish my studies first
4. My husband wanted to finish his studies first
5. I wanted to get a permanent job at first
6. My husband wanted to get a permanent job first
7. I wanted to make a career
8. I didn't feel myself mature enough to take responsibility of a child
9. I didn't think that my husband was mature enough to take responsibility of a child
10. Income is not sufficient
11. I want to solve the problems with accommodation/housing first
12. Because of problems in my marriage/cohabiting
13. Other reason
14. I don't know

85. If you choose several alternatives, which of them is the most important one?

1. Alternative number _____
2. I don't know

86. Do you have plans to have a child in the future?

1. No (*skip to question 90*)
2. I don't know, I'm not sure (*skip to question 90*)
3. Yes; I have plans to have _____ child/children
4. I am pregnant; after that I plan on having _____ more child/children

Questions 87 - 89 are for those who intend to have their own child/children:

87. When do you wish to have your own (first/next) child?

In _____ years

88. For what reason (s) you would like to have a child/children? (*You can choose several alternatives*)

1. My child/children need(s) a brother or a sister
2. I want to have a daughter
3. I want to have a son
4. I enjoy watching a child grow and develop
5. Life continues only through children
6. My husband wants a child / children
7. I want to have a child with the man, which whom I now live
8. Child is an important expression of love between husband and wife
9. I miss a child in my life
10. For the benefit of Russian nation, more children is needed
11. I want to have a child, so that I would not be alone at old age
12. Children help in domestic work
13. I want to take care of a child and love him
14. I want to have a family with many children
15. I want to experience giving birth (once more)
16. I want to experience being a mother
17. A person should have as many children as God wants
18. A child / children give meaning for life; someone for whom to live and work
19. Children provide diversity for life
20. Other reason, what? _____
21. I don't know

89. If you chose several alternatives, which of them is the most important?

1. Alternative number _____
2. I don't know

Questions 90 - 93 are for those, who hesitate or don't intend to have (more) children:

Others → skip to question 94

90. If you have decided not to have (more) children or if you are hesitating whether to have a child or not, what is the reason for that? (*You can choose several alternatives*)

1. I'm not married /cohabiting and I don't know a man who would be a suitable father for a child
2. My husband doesn't want to have (more) children
3. My husband doesn't participate in taking care of the children and in domestic homework as much as I would like him to
4. Because of problems in my marriage / cohabiting
5. I want to have time to spend together with my husband
6. I probably cannot have own children
7. I could not work or study (as much as now)
8. I'm worried that I wouldn't have enough time and attention for the children I already have
9. I'm worried that my life becomes too difficult
10. I don't want to be tied to small children (any more)
11. I don't want to experience pregnancy and/or delivery (any more)
12. I'm not young enough to have a child
13. I would like to dedicate myself to other things
14. I/we cannot afford to have children
15. My apartment is too small / not suitable for a bigger family, and I cannot have another one
16. I / my husband is not certain of a permanent job
17. Uncertainty of the childcare at daytime
18. The society doesn't support families with children sufficiently
19. I'm worried about the overpopulation in the world

- 20. I'm sick, or there is a familial disease in the family
- 21. Other reason, what? _____
- 22. I don't know

91. If you chose several alternatives, which of them is the most important?
- 1. Alternative number _____
 - 2. I don't know

92. Could any changes in the society or in your personal life change your mind from not having children or stop your hesitation and make you to give birth? (*You can choose several alternatives*)
- 1. My/our own financial situation would be better or more secure
 - 2. It would be possible to have a larger apartment
 - 3. Sufficient financial benefits that would allow me to look after my child/children at home
 - 4. Sufficient financial benefits that would allow to organize childcare the way I/we wish
 - 5. Families with children would receive more benefits than now
 - 6. Children would have secure and safe childcare near home
 - 7. More equal share of domestic tasks between men and women
 - 8. I would be able to maintain my job after my delivery
 - 9. Working hours would be shorter and more flexible
 - 10. Russia would become safer place to live
 - 11. Alarming population decrease in Russia
 - 12. People would have more positive and kind attitude for children
 - 13. Problems, threatening the future in the world (ecological problems, wars etc.) would be diminished
 - 14. I cannot have children
 - 15. Other reason, what? _____

93. If you chose several alternatives, which of them is the most important?
- 1. Alternative number _____
 - 2. I don't know

7. Health behaviour and use of health services

94. How satisfied are you with your health?

1. Very satisfied
2. Satisfied
3. Neither satisfied nor dissatisfied
4. Dissatisfied
5. Very dissatisfied

95. How would you rate your quality of life?

1. Excellent
2. Good
3. Average
4. Poor
5. Very poor

96. Do you have any permanent or chronic illness or any defect, trouble or injury, which reduces your working capacity or functional ability?

1. No
2. Yes, what? _____

97. How tall are you? _____ cm

98. How much do you weigh? _____ kg

99. Have you, because of your own illness (or pregnancy or delivery), seen a doctor during the past 12 months? (Do not include the times you have been in a hospital as an inpatient.)

1. No
2. Yes, how many times?
 1. Health centre doctor? _____ times
 2. A hospital outpatient department? _____ times
 3. A doctor in occupational care? _____ times
 4. A private medical centre? _____ times
 5. Met a doctor at your home? _____ times
 6. Seen a doctor somewhere else? _____ times

100. Have you during the past 12 months been an inpatient in a hospital ward because of your own illness (or pregnancy or delivery)?

1. No
2. Yes, how many times altogether? _____ times

101. At what age did you visit gynaecologist for the first time?

1. _____ years old
2. I have never visited one

102. Have you had the following health examinations: Circle the right number

Question	Answer	During the past 5 years	Sometimes earlier	Never	I don't know/remember
1. Mammography (X-ray of the breasts)		1.	2.	3.	4.
2. Palpation of the breasts		1.	2.	3.	4.
3. Ultrasonic examination of the breasts		1.	2.	3.	4.
4. PAPA-test (exfoliative cytology of the cervix)?		1.	2.	3.	4.
5. A gynaecological examination		1.	2.	3.	4.

103. Who would you prefer to visit with questions related to contraception? (*Choose one alternative in every group.*)

A.

1. The same doctor, who I visit in other health problems
2. Some other doctor
3. It doesn't matter whether I know the doctor or not
4. Cannot say

B.

1. Gynaecologist
2. General practitioner / family doctor
3. Doesn't matter
4. Cannot say

C.

1. Male doctor
2. Female doctor
3. Doesn't matter
4. Cannot say

D.

1. Private clinic
2. Public health centre
3. Women's clinic
4. Doesn't matter
5. Cannot say

104. Have you ever smoked regularly, at least one cigarette (cigar or pipe tobacco) daily during at least one year?

1. I have never smoked
2. I have smoked earlier, but not any more
3. I smoke daily
4. I smoke occasionally

105. How often do you consume alcohol to become drunk (when you start losing control)?

1. Daily
2. A couple of times a week
3. Once a week
4. A couple of times a month
5. About once a month
6. About once in two months
7. 3-4 times a year
8. Once a year or less frequently
9. Never

106. Have you ever in your life used any drugs?

1. No
2. Yes, intravenously
3. Yes, some other way

107. During the past 12 months, somebody:
(You can choose more than one alternative)

Circle the right answers

Questions	Answers	Partner	Husband	Somebody else
1. Threatened to beat you or harm you some other way		1.	2.	3.
2. Pushed, shook or threw something at you		1.	2.	3.
3. Bet you with something, which harmed / could have harmed you		1.	2.	3.
4. Threatened you with a knife, arms or with another instrument		1.	2.	3.
5. Physically forced you to sexual intercourse against your will		1.	2.	3.
6. Threatened or frightened you to make you agree to sexual intercourse		1.	2.	3.
7. Forced you to any sexual activity against you will		1.	2.	3.
8. nobody			0.	

108. In addition, how many times during the past 12 months after fighting with your partner/husband you have had

Note the right answer

	not once	1-2	3-5	6-10	11-20	more than 20
1. Bruises or pain	_____	_____	_____	_____	_____	_____
2. Wounds or fractures	_____	_____	_____	_____	_____	_____
3. Visited a doctor or a clinic because of being beaten	_____	_____	_____	_____	_____	_____

109. Have you ever told anybody about what happened?

1. No
2. Yes, to whom? _____

Thank you for your time and co-operation. Your answers will help to improve health services in Saint Petersburg.

Please give your comments for the researchers (f. ex. was it easy to answer the questions, how did you feel answering the questions):
