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| Resultado de imagen para unicef | **C:\Users\gkiknadze\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\8AA0Q51T\eng-logo.png** |  |

**IMPACT EVALUATION OF TARGETED SOCIAL ASSISTANCE (TSA) IN GEORGIA**

**QUESTIONNAIRE FOR WOMAN WHO IS PREGNANT OR WAS PREGNANT IN THE LAST 12 MONTH**

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| --- | --- | --- | --- |
| **OCW. Information about Interview** | | | |
|  | **Cluster number: |\_\_|\_\_|\_\_|** |  | **Household number: |\_\_|\_\_|** |
|  | **Household member # |\_\_|\_\_|** | | |
| **🖐 *Enumerator***  HELLO, MY NAME IS (YOUR NAME). I AM FROM NATIONAL STATISTICS OFFICE OF GEORGIA. GEOSTAT AND UNICEF ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 5 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. | | | |
|  | MAY I START NOW? | | YES 1 🢂 OCW6 |
| NO/NOT ASKED 2 🢂 OCW5 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Result of the interview:** | Completed | | 1 |
| Not at home | | 2 |
| Refused | | 3 |
| Other (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 96 |
|  | **Date of interview:** | | **a. Year |\_2\_|\_0\_|\_\_|\_\_| b. Month |\_\_|\_\_| c. Day |\_\_|\_\_|** | |
|  | **Start Time of interview:** **|\_\_|\_\_| : |\_\_|\_\_|** | | 1. **End Time of interview: |\_\_|\_\_| : |\_\_|\_\_|** | |

1. **Information about pregnant women**

🖐 ***Interviewer: Ask for each women (check question A5 = 1) between 15 to 49 years old (check A7).***

***Only apply this for women between 15 to 49 years old who are pregnant or was pregnant in the last 12 months.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Characteristics and medical conditions** | | | | | |
|  | Are you currently pregnant? | | Yes 1 🢂K3 No/Don’t’ know 2 🢂 Continue | | |
|  | Have you been pregnant in the last 12 months? | | Yes 1 🡻 No 2 🢂 End of this module | | |
|  | Before you got pregnant with your new/last baby, did you have any of the following health conditions that was confirmed by a medical professional? | 1. Type 1 or type 2 diabetes (NOT the same as gestational diabetes or diabetes that starts during pregnancy) | | Yes 1 | No 2 |
| 1. High blood pressure or hypertension | | Yes 1 | No 2 |
| 1. Depression or anxiety | | Yes 1 | No 2 |
| 1. Polycystic ovary syndrome | | Yes 1 | No 2 |
| 1. Kidney disease | | Yes 1 | No 2 |
| 1. Autoimmune disease (e.g. lupus and multiple sclerosis) | | Yes 1 | No 2 |
| 1. Thyroid disease | | Yes 1 | No 2 |
| 1. Obesity | | Yes 1 | No 2 |
| 1. HIV/AIDS | | Yes 1 | No 2 |
|  | ***Interviewer:* If every answer of K3 is “no” 🢂 K4** | | | | |
| K3.A | Were you informed that the condition(s) could be risky for your pregnancy? | Yes 1 No 2 | | | |
| **Current or last pregnancy and risk conditions** | | | | | |
|  | Is this (was that) your first pregnancy? | | Yes 1 🢂 **K *Check***  No 2 🡻 | | |
|  | How many times have you been pregnant before? (before last pregnancy)? | | |\_\_|\_\_| | | |
|  | How many live-birth pregnancies have you had (except last pregnancy)? | | |\_\_|\_\_| | | |
| 🖐 ***Interviewer:***  **K check: If K1 =1** 🢂 **K7. If K*2* =1** 🢂 **K20** | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| *Questions about* *women who are* *currently pregnant.* | | | |
|  | How many weeks pregnant are you? | |\_\_|\_\_| | |
|  | What is your estimated date to giving birth? | MONTH/YEAR  \_\_\_\_/\_\_\_\_ Don’t know 98 | |
|  | Have you attended any antenatal visit during your pregnancy? | Yes 1 🡻 No 2 🢂**K*14*** | |
|  | How many months pregnant were you on your first antenatal visit? | |\_\_|\_\_| Months | |
|  | During this pregnancy, how many times did/have you go/went to an antenatal visit? | |\_\_|\_\_| Times | |
|  | Did you have to pay for the last antenatal visit? | Yes 1 🡻 No 2 🢂***K15*** | |
|  | How much did you have to pay? | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_| 🢂***K15*** | |
|  | Why do you think you did/have not attended/ed any antenatal visit?  (indicate the main reason) | You did not know they existed | 1 |
| You did not have enough money to visit | 2 |
| You did not have enough time | 3 |
| You did not think you had to | 4 |
| Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 96 |
|  | During this pregnancy, have you attended any Obstetric or gynaecology clinic for check-ups? | Yes 1 🡻 No 2 🢂***K19*** | |
|  | During this pregnancy, how many times in total did you attend an Obstetric or gynaecology clinic for check-ups? | |\_\_|\_\_| Times | |
|  | Did you have to pay for the Obstetric or gynaecology clinic for last check-ups? | Yes 1 🡻 No 2 🢂 **End of this module** | |
|  | How much did you have to pay? | ₾ |\_\_|\_\_|\_\_|\_\_|\_\_| 🢂 **End of this module** | |
|  | Why do you think you did not attend any Obstetric or gynaecology clinic for check-ups?  (indicate main reason)  🢂 **End of this module** | You did not know they existed | 1 |
| You do not have enough money to pay for it | 2 |
| You do not have enough time | 3 |
| You do not think they are important or needed | 4 |
| Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 96 |

|  |  |  |  |
| --- | --- | --- | --- |
| *Questions about* *last pregnancy for women who were pregnant in the last 12 month.* | | | |
|  | Did you attend any antenatal visit the last time you were pregnant? | Yes 1 🡻 No 2 🢂**K*25*** | |
|  | How many months pregnant were you on your first antenatal visit? | |\_\_|\_\_| Months | |
|  | During this pregnancy, how many times did you go to an antenatal visit? | |\_\_|\_\_| Times | |
|  | Did you have to pay for the last antenatal visit? | Yes 1 🡻 No 2 🢂***K26*** | |
|  | How much did you have to pay? | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| 🢂 **K**26 | |
|  | Why do you think you did not attend any antenatal visit?  (indicate main reason) | You did not know they existed | 1 |
| You did not have enough money to visit | 2 |
| You did not have enough time | 3 |
| You did not think you had to | 4 |
| Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 96 |
|  | During your last pregnancy, did you attend any Obstetric or gynaecology clinic for check-ups? | Yes 1 🡻 No 2 🢂***K30*** | |
|  | During your last pregnancy, how many times in total did you attend an Obstetric or gynaecology clinic for check-ups? | |\_\_|\_\_| Times | |
|  | Did you have to pay for the Obstetric or gynaecology clinic for last check-ups? | Yes 1 🡻 No 2 🢂**End of this module** | |
|  | How much did you have to pay? | ₾ |\_\_|\_\_|\_\_|.|\_\_|\_\_| 🢂 **End of this module** | |
|  | Why do you think you did not attend any obstetric or gynaecology clinic for check-ups?  (indicate main reason) | You did not know they existed | 1 |
| You do not have enough money to pay for it | 2 |
| You do not have enough time | 3 |
| You do not think they are important or needed | 4 |
| Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 96 |