



This document was produced by the American International Health Alliance (AIHA) with support from the US Agency for International Development (USAID). This document is part of the EurasiaHealth Knowledge Network at [www.eurasiahealth.org](http://www.eurasiahealth.org).

EurasiaHealth resources are provided free of charge and are freely distributable. An electronic version of this document may be posted on another Web site for non-commercial purposes only, provided that the following conditions are met: the content may not be altered, credit is given to the EurasiaHealth Knowledge Network as the source of the document, notification is sent by e-mail to [library@eurasiahealth.org](mailto:library@eurasiahealth.org), and a reference to the EurasiaHealth Web site ([www.eurasiahealth.org](http://www.eurasiahealth.org)) is included in the credit notice. No fees may be assessed for access to EurasiaHealth materials.

AIHA and EurasiaHealth are not responsible for the opinions expressed in this document. The responsibility for the interpretation and use of the material lies with the reader. AIHA and EurasiaHealth disclaim responsibility for any errors, omissions, or other possible problems associated with this document.

Dear Madame, Miss

The health of women in Constanta is a very important issue to us all. We have started a program that addresses the health of women in Constanta as a result of a new “Healthy Communities” Partnership.

The American International Health Alliance (AIHA) and the United States Agency for International Development (USAID) funds this project. We intend that the collaboration will improve the health of women of Constanta. We anticipate that this program will help to change health risk behaviors and improve the community resources for all people in Constanta.

With your help, we hope to be able to identify the important issues and concern that influence women’s health. You have been selected to participate in this study. We ask that you answer the questions on the survey as sincerely as possible. There is no risk for you by answering the questions. The beneficiaries of this study will be you and the women of Constanta

Some of the questions are of an intimate nature. We assure for the confidentiality of your responses. If you complete the survey questionnaire, it means that you agreed to take part in this study.

Thank you for helping us to improve the health of women in Constanta.

Dr. Daniel Verman  
Project Director  
Office of Health Promotion and Education  
Constanta County Public Health Department

**SECTION A: We would like to begin by asking you a few questions about your General Health Perceptions and Quality of Life.**

**A-1. Would you say, in general, that your health in the last 30 days has been?**

- A. EXCELLENT
- B. VERY GOOD
- C. GOOD
- D. FAIR
- E. POOR

**A-2. How would you say that your health compares to others your age?**

**Would you say that your health is?**

- A. BETTER THAN OTHERS YOUR AGE
- B. ABOUT THE SAME AS OTHERS YOUR AGE
- C. WORSE THAN OTHERS YOUR AGE

**A-3. Because of health or physical problems, do you have any difficulty doing any Of the activities that are listed below: (Circle all that apply)**

- A. HEAVY HOUSEWORK, LIKE SCRUBBING FLOORS, WASHING WINDOWS OR WORKING IN THE YARD
- B. SHOPPING FOR PERSONAL ITEMS
- C. CUTTING YOUR OWN TOENAILS
- D. MANAGING YOUR MONEY
- E. DIFFICULTY PREPARING YOUR OWN MEALS

**A-4. How would you compare your level of physical activity with other people of your age? Would you say that you are?**

- A. MUCH MORE PHYSICALLY ACTIVE THAN OTHERS YOUR AGE
- B. SOMEWHAT MORE ACTIVE THAN OTHERS YOUR AGE
- C. ABOUT AS ACTIVE AS OTHERS YOUR AGE
- D. SOMEWHAT LESS ACTIVE THAN OTHERS YOUR AGE
- E. MUCH LESS ACTIVE THAN OTHERS YOUR AGE

**A-5. How would you rate your overall health now compared to one month ago?**

- A. MUCH BETTER
- B. A LITTLE BETTER
- C. ABOUT THE SAME
- D. A LITTLE WORSE
- E. MUCH WORSE

**A-6. During the past month, how much body pain have you had?**

- A. NO PAIN
- B. VERY MILD PAIN
- C. MILD PAIN
- D. MODERATE PAIN
- E. SEVERE PAIN



**A-7b. How satisfied are you with... YOUR ABILITY TO THINK?**

SCORE \_\_\_\_\_

**A-7c. How satisfied are you with... YOUR SEXUAL ACTIVITY?**

SCORE \_\_\_\_\_

**A-7d. How satisfied are you with... HOW MUCH YOU SEE YOUR FAMILY AND FRIENDS?**

SCORE \_\_\_\_\_

**A-7e. How satisfied are you with... THE HELP YOU GET FROM FAMILY AND FRIENDS?**

SCORE \_\_\_\_\_

**A-7f. How satisfied are you with...YOUR RETIREMENT/ SCHOOL/ WORK/ NOT WORKING?**

SCORE \_\_\_\_\_

**A-7g. How satisfied are you with... YOU'RE RECREATIONAL OR LEISURE TIME ACTIVITIES?**

SCORE \_\_\_\_\_

**A- 7h. How satisfied are you with... YOUR INCOME MEETS YOUR NEEDS?**

SCORE \_\_\_\_\_

**A-7i. How satisfied are you with... YOUR CONTRIBUTION TO YOUR COMMUNITY?**

SCORE \_\_\_\_\_

**A-7k. How satisfied are you with... HOW RESPECTED YOU ARE?**

SCORE \_\_\_\_\_

**A-7l. How satisfied are you with... THE MEANING AND PURPOSE OF YOUR LIFE?**

SCORE \_\_\_\_\_

**On a scale of one to ten, with 0 being very dissatisfied and 10 being very satisfied, how would you rate your satisfaction with the following:**

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>EXTREMELY</b>										<b>VERY</b>
<b>UNHAPPY</b>										<b>HAPPY</b>

**A-7m. HOW HAPPY ARE YOU?**

SCORE \_\_\_\_\_

**A-8. Do you have a confidant-at least one person in your life who helps you and/or Someone who you can call if you need to talk about things that is important to you?**

**A. YES (1)**

**B. NO (2)**

**A-9. Do you belong to a close circle of friends or a group of people who keep in touch with each other?**

A. YES (1)

B. NO (2)

**A-10. Do you belong to any clubs, organizations or community groups that meet regularly?**

(For example, church groups soccer team, garden club, etc.)?

A. YES (1)

B. NO (2)

**A-11. Considering all things, how well are you able to take care of you at this time?**

Please rate yourself on a scale where 0 represents “Not able to take care of yourself” and 10 means that you are “Completely able to care for yourself”.

#RATING\_\_\_\_\_

**A-12. How well do you think that you will be able to take care of yourself in two years?**

Please rate yourself on a scale where 0 represents “Not at all” and 10 means “Completely”

#RATING\_\_\_\_\_

**SECTION B: We would like to ask you questions about your experiences with  
MEDICAL CARE SERVICES.**

**B-1. Which time is best for you to go to the dispensary or polyclinic?**

(Circle one).

A. REGULAR HOURS (8:00- 16:30 MONDAY-FRIDAY)

B. EARLY IN THE MORNING (BEFORE 8:00 MONDAY-FRIDAY)

C. LATER IN THE AFTERNOON (17:00-19:00)

D. SATURDAY

E. SUNDAY

F. Other, please specify\_\_\_\_\_

**B-2. What means of transport did you use to go to the medical care site on your last visit?**

(Circle one).

A. AUTOMOBILE

B. BUS

C. TAXI

D. WALKED

E. BIKE

F. I DID NOT RECEIVE MEDICAL CARE DURING THE LAST YEAR

G. Other, please specify\_\_\_\_\_

**BELOW ARE SOME STATEMENTS. PLEASE TELL ME HOW FREQUENTLY THIS ISSUE IS PRESENT FOR YOU.**

**B-3. My boss allowed me take time off to go to medical appointments.**

- A. ALWAYS
- B. USUALLY
- C. OCCASIONALLY
- D. NEVER
- E. DOES NOT APPLY

**B-4. I have to wait too long at the dispensary or polyclinic for medical checkups.**

- A. ALWAYS
- B. USUALLY
- C. OCCASIONALLY
- D. NEVER
- E. DOES NOT APPLY

**B-5. It is easy to get an appointment for medical care.**

- A. ALWAYS
- B. USUALLY
- C. OCCASIONALLY
- D. NEVER
- E. DOES NOT APPLY

**B-6. I can go to the doctor when I am sick.**

- A. ALWAYS
- B. USUALLY
- C. OCCASIONALLY
- D. NEVER
- E. DOES NOT APPLY

**B-7. I go to the doctor so that I will not get sick in future.**

- A. ALWAYS
- B. USUALLY
- C. OCCASIONALLY
- D. NEVER
- E. DOES NOT APPLY

**B-8. I have enough money to buy the medicines recommended by the doctor.**

- A. ALWAYS
- B. USUALLY
- C. OCCASIONALLY
- D. NEVER
- E. DOES NOT APPLY

**B-9. Physicians and staff treat me with courtesy and respect during my medical visits.**

- A. ALWAYS
- B. USUALLY
- C. OCCASIONALLY
- D. NEVER
- E. DOES NOT APPLY

**B-10. I can get childcare when needed so that I can get medical care for myself.**

- A. ALWAYS
- B. USUALLY
- C. OCCASIONALLY
- D. NEVER
- E. DOES NOT APPLY

**B-11. During the past year, did you go to the doctor's office for any reason?**

- A. YES
- B. NO

**BELOW ARE SOME STATEMENTS. PLEASE TELL ME HOW MUCH YOU AGREE OF DISAGREE WITH EACH ATATEMENT.**

**B-12. Most people need medicines from a doctor in order to be healthy.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**B-13. Most people can become healthier by changing their lifestyle and behaviors.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**B-14. I am able to take time off from work with pay to get the medical care that I need.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**B-15. I know where to go so that I can get medical care.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**B-16. I received good medical care during my last sickness.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**SECTION C:           Next, we would like to ask you about your beliefs, attitudes and Behaviors regarding  
CONTRACEPTION AND FAMILY PLANNING.**

**C-1. How many times you been pregnant during your life?**

SPECIFY: \_\_\_\_\_ #Pregnancies

**C-2. How many children have you given birth to?**

SPECIFY: \_\_\_\_\_ #Children born

*If you are between 16- 45 years old, please answer the following two questions (C-4 and C-5), if not proceed to the question C-6.*

**C-3. If you were pregnant now, which decision would you make?**

**(Circle only one)**

- A. Keep the baby
- B. Get an abortion
- C. Give the baby to another friend or family
- D. Give the baby to an adoption agency
- E. Abandon the baby somewhere
- F. Other \_\_\_\_\_

**C-4. If you thought that you might be pregnant now, do you know where to get a pregnancy test?**

- A. YES
- B. NO
- C. NOT SURE

**BELOW ARE SEVERAL ATATEMENTS. PLEASE TELL ME HOW STRONGLY YOU AGREE OR DISAGREE WITH EACH STATEMENT.**

**C-5. Family planning methods (contraception) are an effective way to prevent a pregnancy.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**C-6. High school students need be taught about sex education in the schools.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**C-7. High school students need be taught in the schools how to use contraceptives  
To prevent pregnancy and sexually transmitted diseases.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**C-8. High school students should be able to get condoms at school health centers.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**C-9. I know how to prevent getting pregnant if I do not want to have a child.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**C-10. All birth control methods will protect me against getting a sexually transmitted disease.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**C-11. What contraceptive method(s) do you use?**

**(Circle all the letters that apply).**

- A. ABSTINENCE-I HAVE NEVER HAD SEX
- B. ABSTINENCE- I HAVE HAD SEX BEFORE, BUT I AM NOT SEXUALLY ACTIVE NOW
- C. PILL
- D. CONTRACEPTIVE INJECTIONS
- E. FOAM/JELLY
- F. IMPLANT
- G. IUD
- H. DIAPHRAGM
- I. CONDOMS
- J. SPONGE
- K. CALENDAR METHOD (also known as RHYTHM METHOD)

- L. FEMALE SURGICAL STERILIZATION
- M. MALE SURGICAL STERILIZATION (VASECTOMY)
- N. WITHDRAWAL METHOD
- O. I DO NOT WANT TO USE ANY CONTRACEPTIVE METHOD
- P. I DID NOT UNDERSTAND HOW TO USE CONTRACEPTIVE METHODS
- Q. NONE- I AM TRYING TO GET PREGNANT
- R. NONE- other reasons: \_\_\_\_\_

**C-12. During the last time you had sex, did your partner use a condom to protect against getting a sexually transmitted disease?**

- A. NEVER HAD SEX
- B. YES
- C. NO
- D. DON'T KNOW/UNSURE
- E. REFUSED

**SECTION D: We would like to know about your beliefs, attitudes and Behaviors regarding TOBACCO SMOKING.**

**D-1. Do you currently smoke cigarettes?**

- A. YES
- B. NO

**If response to D-1 is "NO", Proceed to question D-2.**

**If response to D-1 is "YES", proceed to question D-1b.**

**D-1b. On the average, How many cigarettes do you smoke each day?**

#CIGARETTES PER DAY \_\_\_\_\_

**D-2. On a scale from 0- 10, where 0 means not harmful at all and 10 means very harmful, How harmful do you believe that smoking tobacco is to a person's health?**

#RATING \_\_\_\_\_

**D-3. On a scale from 0- 10, where 0 means not harmful at all and 10 means very harmful, How harmful is breathing the smoke from another person's cigarette?**

#RATING \_\_\_\_\_

**BELOW ARE SEVERAL STATEMENTS. PLEASE STATE HOW STRONGLY YOU AGREE OR DISAGREE WITH EACH STATEMENT.**

**D-4. Students should be allowed to smoke in public schools?**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**D-5. Workers should be allowed to smoke while on the job?**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**D-6. Smoking should be prohibited in public buildings and restaurants?**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**SECTION E: We would like to know your beliefs, attitudes and behaviors regarding ALCOHOL AND DRUG USE.**

**E-1. Have you had a drink of alcohol during the past 30 days.**

- A. YES
- B. NO

**E-2. Have you ever had a drinking problem?**

- A. YES
- B. NO

**E-3. In your opinion, does anyone living in your household have a drinking problem-that is, drinking too much alcohol or drinking alcohol too often?**

- A. YES
- B. NO

**E-4. Do you know where to get help if someone in your Family had a drinking problem with alcohol?**

- A. YES
- B. NO

**E-5. Do you know someone in your community who has a problem with drug addiction?**

- A. YES
- B. NO

**BELOW ARE SEVERAL STATEMENTS. PLEASE STATE HOW STRONGLY YOU AGREE OR DISAGREE WITH EACH STATEMENT.**

**E-6. Teenagers should not be allowed to purchase alcoholic beverages.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**E-7. Teenagers should not be allowed to consume alcoholic beverages.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**E-8. My community needs to have more laws and better police enforcement about drinking alcohol and driving to project the safety of the public.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**SECTION F: : We would like to know your beliefs, attitudes and behaviors regarding SAFETY AND DOMESTIC VIOLENCE.**

**F-1. Has anyone in your home ever threatened you with physical violence?**

**(Circle one.)**

- A. YES
- B. NO

**F-2. Has anyone in your home ever hit or beat you? (Circle one)**

- A. YES
- B. NO

**F-3. Within the last 30 has anyone intentionally hit you? (Circle one)**

- A. YES
- B. NO

**F-4. Have you personally witnessed or experienced a severe argument, fight, or other violence during the past 30 days?**

- A. YES
- B. NO

**BELOW ARE SEVERAL ATATEMENTS. PLEASE TELL ME HOW STRONGLY YOU AGREE OR DISAGREE WITH EACH STATEMENT.**

**F-5. At home, women have the right to disagree with the men in the house.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**F-6. Men have the right to discipline women in their home.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**F-7. Women must obey men.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**F-8. I feel safe when I go shopping.**

- A. ALWAYS
- B. USUALLY
- C. OCCASIONALLY
- D. NEVER
- E. DOES NOT APPLY

**F-9. I feel safe when I am at work.**

- A. ALWAYS
- B. USUALLY
- C. OCCASIONALLY
- D. NEVER
- E. DOES NOT APPLY

**F-10. I worry that I might be robbed or attacked while I am shopping.**

- A. ALWAYS
- B. USUALLY
- C. OCCASIONALLY
- D. NEVER
- E. DOES NOT APPLY

**F-11. I worry that I might be robbed or attacked while I am at home.**

- A. ALWAYS
- B. USUALLY
- C. OCCASIONALLY
- D. NEVER
- E. DOES NOT APPLY

**F-12. I can count on the police to protect me.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**F-13. The police will help me if I am attacked or robbed.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**F-14. The police will help me if I am intentionally hurt at home by someone that I live with.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**F-16. I can go to the emergency room if someone that I live with intentionally hurts me.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**SECTION G: We would like to know about your beliefs, attitudes and behaviors regarding SCREENING FOR THE EARLY DETECTION OF CERTAIN DISEASES OR HEALTH PROBLEMS IN WOMEN.**

**G-1. Have you ever had a Pap smear to detect the early stages of cervical cancer?**

- A. YES
- B. NO
- C. DON'T KNOW/UNSURE

**G-2. How often should a woman like you have a Pap smear?**

- A. EVERY SIX MONTHS
- B. EVER YEAR
- C. EVERY TWO YEARS
- D. EVERY THREE YEARS
- E. EVERY FIVE YEARS
- F. EVERY 10 YEARS

**G-3. At what age do you think that a woman should have her FIRST Pap smear?**

AGE AT FIRST PAP: \_\_\_\_\_ YEARS

**G-4. When did you have your most recent Pap smear?**

- A. WITHIN THE LAST YEAR
- B. ONE-TWO YEARS AGO
- C. THREE- FOUR YEARS AGO
- D. FOUR OR MORE YEARS AGO
- E. NEVER
- F. DON'T KNOW/REFUSED

**G-5. Have you ever had a screening mammogram to detect the early stages of breast cancer?**

- A. YES
- B. NO
- C. DON'T KNOW/UNSURE

**G-6. How often do you think that a woman like you should have a mammogram?**

- A. EVERY SIX MONTHS
- B. EVER YEAR
- C. EVERY TWO YEARS
- D. EVERY THREE YEARS
- E. EVERY FIVE YEARS
- F. EVERY 10 YEARS
- G. OTHER: SPECIFY \_\_\_\_\_

**G-7. At what age do you think a woman should have her FIRST screening mammogram?**

AGE AT FIRST SCREENING MAMMOGRAM: \_\_\_\_\_ YEARS

**G-8. When did you have your most recent screening mammogram?**

- A. NEVER
- B. WITHIN THE LAST YEAR
- C. ONE-TWO YEARS AGO
- D. THREE- FOUR YEARS AGO
- E. FOUR OR MORE YEARS AGO
- F. DON'T KNOW/ REFUSED

**G-9. Have you ever had a blood test to check your cholesterol level?**

- A. YES
- B. NO
- C. DON'T KNOW/UNSURE

**G-10. Last time you were riding in a car as a driver or passenger in the front seat did you use a seat belt?**

- A. YES
- B. NO

**SECTION H: We would like to know your beliefs, attitudes and behaviors about NUTRITION.**

**H-1. I believe that good nutrition is necessary for a healthy body.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**H-2. Which of the following food groups did you eat within the last 24 hours?  
(Circle all that apply)**

- A. FRUITS OR REAL FRUIT JUICE
- B. VEGETABLES
- C. BREAD
- D. PASTA
- E. CEREALS OR WHOLE GRAINS (RICE, CORN, OATS, BARLEY, ETC)
- F. BEANS OR NUTS
- G. MEAT, INCLUDING CHICKEN OR OTHER BIRD MEAT (FOWL)
- H. FISH
- I. EGGS
- J. MILK OR CREAM
- K. CHEESE, BUTTER OR OTHER DAIRY PRODUCTS
- L. DESSERTS, CAKES, COOKIES OR CANDIES
- M. SOFT DRINKS, LIKE COLA OR PEPSI OR OTHERS
- N. OTHER (SPECIFY): \_\_\_\_\_

**H-3. I worry that my family and I will not have enough food to eat.**

- A. ALWAYS
- B. USUALLY
- C. OCCASIONALLY
- D. NEVER
- E. DOES NOT APPLY

**H-4. How often did you go to sleep hungry during the last 30 days?**

- A. ALWAYS
- B. USUALLY
- C. OCCASIONALLY
- D. NEVER
- E. DOES NOT APPLY

**H-5. I have enough money to buy food for my family and me.**

- A. ALWAYS
- B. USUALLY
- C. OCCASIONALLY
- D. NEVER
- E. DOES NOT APPLY

**SECTION I: We would like to know yours beliefs, attitudes and behaviors about MENTAL HEALTH AND DEPRESSION.**

***BELOW ARE SOME STATEMENTS DURING THE PAST SEVEN DAYS, HOW OFTEN HAVE YOU FELT LIKE EACH OF THIS:***

**USE THE SCALE BELOW FOR THE SURVEY PARTICIPANTS TO LOOK AT WHILE COMPLETING THIS SECTION:**

A.RARELY OR NONE OF THE TIME (LESS THAN 1 DAY DURING THE LAST WEEK)

B.SOME OR A LITTLE OF THE TIME (1-2 DAYS)

C.OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)

D.ALL OF THE TIME (5-7 DAYS)

**I-1. Things that usually don't bother me bothered me.**

- A. RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)
- B. SOME OR A LITTLE OF THE TIME (1-2 DAYS)
- C. OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)
- D. ALL OF THE TIME (5-7 DAYS)

**I-2. I had trouble keeping my mind on what I was doing.**

- A. RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)
- B. SOME OR A LITTLE OF THE TIME (1-2 DAYS)
- C. OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)
- D. ALL OF THE TIME (5-7 DAYS)

**I-3. I felt depressed.**

- A. RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)
- B. SOME OR A LITTLE OF THE TIME (1-2 DAYS)
- C. OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)
- D. ALL OF THE TIME (5-7 DAYS)

**I-4. I felt that everything I did was an effort.**

- A. RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)
- B. SOME OR A LITTLE OF THE TIME (1-2 DAYS)
- C. OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)
- D. ALL OF THE TIME (5-7 DAYS)

**I-5. I felt fearful.**

- A. RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)
- B. SOME OR A LITTLE OF THE TIME (1-2 DAYS)
- C. OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)
- D. ALL OF THE TIME (5-7 DAYS)

**I-6. My sleep was restless.**

- A. RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)
- B. SOME OR A LITTLE OF THE TIME (1-2 DAYS)
- C. OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)
- D. ALL OF THE TIME (5-7 DAYS)

**I-7. I felt lonely.**

- A. RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)
- B. SOME OR A LITTLE OF THE TIME (1-2 DAYS)
- C. OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)
- D. ALL OF THE TIME (5-7 DAYS)

**I-8. I could not get “going”.**

- A. RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)
- B. SOME OR A LITTLE OF THE TIME (1-2 DAYS)
- C. OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)
- D. ALL OF THE TIME (5-7 DAYS)

**I-9. I felt hopeful about the future.**

- A. RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)
- B. SOME OR A LITTLE OF THE TIME (1-2 DAYS)
- C. OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)
- D. ALL OF THE TIME (5-7 DAYS)

**I-10. I was happy.**

- A. RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)
- B. SOME OR A LITTLE OF THE TIME (1-2 DAYS)
- C. OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)
- D. ALL OF THE TIME (5-7 DAYS)

**SECTION J: We would like to know your beliefs, attitudes and behaviors about  
OCCUPATIONAL HEALTH AND SAFETY.**

**J-1. I like my job.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**J-2. My job is important for me.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**J-3. I have a good sense of job security in my work.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**J-4. The air quality at my working place is clean and healthy.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**J-5. I am exposed to smoke; dust or fumes that make me sick at my work place.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**J-6. I am upset frequently because my job is so stressful.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

**J-7. I get physically sick because of the work that I do.**

- A. STRONGLY DISAGREE
- B. DISAGREE
- C. NEITHER AGREE NOR DISAGREE
- D. AGREE
- E. STRONGLY AGREE

## **SECTION K: COMMUNITY HEALTH ISSUES TO IMPROVE THE QUALITY ON LIFE IN CONSTANTA?**

**In the next two questions, rank from 1 to 5 the most important issues from the list below.**

Mark "1" for the item that is the most important and "5" for the least important among those that you select.  
Please mark no more than five topics.

**K-1. From your point of view, what are the most important community health issues to improve the quality of life in Constanta?**

- A. Nutrition
- B. Tobacco use and cigarette smoking
- C. Alcohol abuse
- D. Drug abuse
- E. Women's cancer
- F. Communicable Diseases (Tuberculosis, Hepatitis, Measles, Influenza)
- G. Sexually Transmitted Diseases (Stud's)
- H. HIV/AIDS
- I. Air Pollution
- J. Clean Water for Drinking
- K. Clean Public Toilets
- L. Litter and Garbage in the streets
- M. Occupational Health and Safe Issues
- N. Public Safety, Crime and Violence
- O. Domestic Violence
- P. Heart Diseases
- Q. Digestive Diseases
- R. Mental Disorders
- S. Arthritis, Rheumatism and Muscle-Skeletal Problems
- T. Care for Pregnant Women, in general
- U. Unwanted Pregnancies among Teens
- V. Care for Old Persons
- W. Social Support Groups
- X. Good Medical Care by Physicians
- Y. Injuries and poisonings
- Z. Other (Specify):\_\_\_\_\_
- AA. Other (Specify):\_\_\_\_\_
- BB. Other (Specify):\_\_\_\_\_

**SECTION L: DEMOGRAPHIS**

**Finally, we would like to know a few things about you, for helping us to interpret the results. All information is confidential.**

**L-1. What is your nationality?**

- A. ROMANIAN
- B. TURKISH (TATAR)
- C. ROMA (GYPSY)
- D. RUSSIAN
- E. OTHER, PLEASE SPECIFY

**L-2. What is your actual marital status? (Circle one)**

- A. NEVER MARRIED
- B. MARRIED
- C. DIVORCED
- D. SEPARATED
- E. WIDOW

**L-3. How old are you today? (write in number of years)**

#\_\_YEARS OLD

**L-4. What was your approximate household income during the last month (Circle one of the letters)**

- A. Less than 250, 000 lei
- B. From 250, 001 lei to 500, 000 lei
- C. From 500, 001 lei to 1, 000, 000 lei
- D. From 1, 000, 001 lei to 2, 000, 000 lei
- E. From 2, 000, 001 lei to 3, 000, 000 lei
- F. Over 3, 000, 001 lei

**L-5. How well does the amount of money that you have take care of your needs?**

- A. VERY WELL
- B. FAIRLY WELL
- C. POORLY
- D. DON'T KNOW/REFUSED

**L-6. How many people live with you in your household? (specify the number)**

#People in household\_\_\_\_

**L-7. What is your highest level of education? (Circle one of the letters)**

- A. A FEW PRIMARY SCHOOL YEARS
- B. GRADUATED THE PRIMARY SCHOOL
- C. A FEW HIGH SCHOOL YEARS
- D. GRADUATED HIGH SCHOOL
- E. A FEW COLLEGE YEARS (SHORT TIME COLLEGE)
- F. GRADUATED COLLEGE (SHORT TIME COLLEGE)
- G. A FEW UNIVERSITY YEARS (UNIVERSITY STUDIES)
- H. GRADUATED UNIVERSITY (UNIVERSITY STUDIES)

---

**Section M.**

**If you have questions or opinions concerning this study, or thoughts about women's conditions, or women's health in Constanta, please use this space to communicate them to us.**

---

**We appreciate your involvement. We thank you for completing this survey. Your effort will help to improve Women's health from Constanta the years to come.**