



mADDS –Female Respondent Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	S K I P								
IDENTIFICATION Please record the following identifying information prior to beginning the interview.											
A	Are you in the correct household? This is the picture of the front of the home taken during the household roster. <i>ODK will display the photo taken as part of the Household Roster linked to this Female Respondent Questionnaire.</i>	Yes..... 1 No 0									
B	How many times have you visited this household to interview this female respondent?	1 st time 1 2 nd time 2 3 rd time 3									
C	Interviewer's name: Is this your name?	Yes..... 1 No 0									
	If not, please record your name: <i>ODK will display the name associated with the phone's serial number</i>										
D	CURRENT DATE AND TIME DISPLAYED ON SCREEN. Is this date and time correct?	Yes..... 1 No 0	S k i p t o f Y e s								
E	Record the correct date and time.	<table border="1" style="font-size: small;"> <tr> <td>Date</td> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td>Time</td> <td>Hours</td> <td>Minutes</td> <td>AM/PM</td> </tr> </table>	Date	Day	Month	Year	Time	Hours	Minutes	AM/PM	
Date	Day	Month	Year								
Time	Hours	Minutes	AM/PM								
F	The following information is from the Household Roster. Please review to make sure you are interviewing the correct respondent. <i>ODK will display the Region, District, Locality, Enumeration Area, Structure Number, and Household Number entered into the Household Roster linked to this Female Respondent Questionnaire.</i>										
G	Is the respondent present and available to be interviewed today?	Yes..... 1 No 0	S k i p t o M I F N O								

Female Respondent Questionnaire

H	How well acquainted are you with the respondent?	Very well acquainted 1 Well acquainted 2 Not well acquainted 3 Not acquainted..... 4	
INFORMED CONSENT			
Find the woman between the age of 15-49 associated with this Female Respondent Questionnaire. The interview must have auditory privacy. Read the following greeting:			
Hello. My name is _____ and I am working for the Addis Ababa University, and Federal Ministry of Health. We are conducting a local survey that asks women about various reproductive health issues. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. The survey usually takes between 15 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team.			
Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. At this time, do you want to ask me anything about the survey?			
I	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes..... 1 No 0	S k i p t o M i f N o
J	Respondent's signature PLEASE ASK THE RESPONDENT TO SIGN OR CHECK THE BOX IN AGREEMENT OF THEIR PARTICIPATION.	GATHER SIGNATURE: Check box: <input type="checkbox"/>	
K	Interviewer's name PLEASE RECORD YOUR NAME AS A WITNESS TO THE CONSENT PROCESS.		
L	Respondent's first name YOU MAY CORRECT THE SPELLING HERE IF IT IS NOT CORRECT, BUT YOU MUST BE INTERVIEWING THE PERSON WHOSE NAME APPEARS ON THE ODK SCREEN.		
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	S K I P
Section 1 – Respondent's Background, Marital Status, HH characteristics			
Now I would like to ask about your background and socioeconomic conditions.			
0	In what month and year were you born? CANNOT BE IN THE FUTURE.	Month: _____ Year: _____	

Female Respondent Questionnaire

1	How old were you at your last birthday? MUST AGREE WITH THE ANSWER FILLED IN FQ0 AND HHR FORM. AGE MUST BE LESS THAN 130.	Age			
2	What is the highest level of school you attended: primary, middle/JSS, secondary/SSS, or higher?	Never Attended..... 0 Primary 1 Secondary 2 Technical/Vocational..... 3 Higher 4 No response.....-99			
3	Are you currently married or living together with a man as if married? IF NO, ASK WHETHER THE RESPONDENT IS DIVORCED, SEPARATED, OR WIDOWED.	Yes, currently married..... 1 Yes, living with a man 2 Not currently in union: Divorced / separated 3 Not currently in union: Widow 4 No, never in union 5 No response.....-99			S k i p t o 8 i f N o , n e v e r i n u n i o n
4	Have you been married or lived with a man only once or more than once?	Only once..... 1 More than once..... 2 No response.....-99			S k i p t o 5 a i f o n c e a n d 5 b i f m o r e
5a	In what month and year did you start living with your husband / partner? ENTER JAN 2020 FOR NO RESPONSE.	Month:			
		Year:			
5b	Now I would like to ask about when you started living with your current or most recent husband / partner. In what month and year was that? ENTER JAN 2020 FOR NO RESPONSE. MUST BE BEFORE FQ5A.	Month:			
		Year:			

Female Respondent Questionnaire

6	Does your husband / partner have other wives or does he live with other women as if married?	Yes..... 1 No 0 Don't know-88 No response.....-99	
	CHECK 3: Currently married?	Yes..... 1 No 0	S k i p t o 8 i f N o
7	Is your husband/partner living with you now or is he staying elsewhere?	Living with respondent..... 1 Staying elsewhere 2 No response.....-99	
Section 2 – Reproduction, Pregnancy & Fertility Preferences			
Now I would like to ask about all the births you have had during your life.			
8	How many times have you given birth? ENTER -88 FOR DO NOT KNOW AND -99 FOR NO RESPONSE. 0 IS A POSSIBLE ANSWER. YOU MUST RECORD ONLY LIVE BIRTHS.	Number of births	S k i p t o 1 3 i f 0
8A	When was your first live birth? ? PLEASE RECORD THE DATE OF THE FIRST LIVE BIRTH. DATE SHOULD BE FOUND BY CALCULATING FORWARD OR BACKWARD FROM MEMORABLE EVENTS IF NEEDED.	Month	Year
9	When was your most recent live birth? PLEASE RECORD THE DATE OF THE LAST BIRTH.THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. MUST BE AFTER THE FIRST BIRTH (FQ8A). ENTER JAN 2020 FOR NO RESPONSE	Month	Year
			S k i p t o 1 i f n o t i n l a s t y e a r a n d

Female Respondent Questionnaire

				/ o r Q 8 i s 1
10	When did you give birth before the most recent one? PLEASE RECORD THE DATE OF THE LAST BIRTH . THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. ENTER JAN 2020 FOR NO RESPONSE.	Month	Year	
11	Is your last baby / child still alive?	Yes..... 1 No0 Don't know-88 No response.....-99		S k i p t o 1 3 if Y e s
12	When did your last baby / child die? PLEASE RECORD THE DATE OF THE CHILD'S DEATH. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. ENTER JAN 2020 FOR NO RESPONSE.	Month	Year	
13	When did your last menstrual period start? IF YOU SELECT DAYS, WEEKS, MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.	Days ago: _____ Weeks ago: _____ Months ago: _____ Years ago: _____ Menopausal / Hysterectomy 5 Before last birth..... 6 Never menstruated 7 No response.....-99		
14	Are you pregnant now?	Yes..... 1 No0 Don't know-88 No response-99		S k i p t o 1 6 if N o
15	How many months pregnant are you? PLEASE RECORD THE NUMBER OF COMPLETED MONTHS. ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE.	Number of months		
	CHECK 14: Currently pregnant?	Yes..... 1 No0 Don't know -88No response-		1 6 a if

Female Respondent Questionnaire

		99	n o 1 6 b i f y e s														
16 a	<p>Now I have some questions about the future. Would you like to have a/another child or would you prefer not to have any / anymore children?</p>	<p>Have a/another child..... 1 No more/prefer no children.....2 Says she can't get pregnant3 Undecided / Don't know.....-88 No response-99</p>	S k i p t o 1 7 a i f 1 a n d 1 8 f o r a l l o t h e r														
16 b	<p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	<p>Have a/another child..... 1 No more/prefer no children.....2 Says she can't get pregnant3 Undecided / Don't know.....-88 No response-99</p>	S k i p t o 1 7 b i f 1 a n d 1 8 f o r a l l o t h e r														
17 a	<p>How long would you like to wait from now before the birth of a/another child?</p> <p>IF YOU SELECT MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.</p>	<table border="1"> <tr> <td>Months:</td> <td></td> </tr> <tr> <td>Years:</td> <td></td> </tr> <tr> <td>Soon / now.....</td> <td>3</td> </tr> <tr> <td>Says she can't get pregnant.....</td> <td>4</td> </tr> <tr> <td>Other.....</td> <td>5</td> </tr> <tr> <td>Don't know.....</td> <td>-88</td> </tr> <tr> <td>No response.....</td> <td>-99</td> </tr> </table>	Months:		Years:		Soon / now.....	3	Says she can't get pregnant.....	4	Other.....	5	Don't know.....	-88	No response.....	-99	
Months:																	
Years:																	
Soon / now.....	3																
Says she can't get pregnant.....	4																
Other.....	5																
Don't know.....	-88																
No response.....	-99																

Female Respondent Questionnaire

17 b	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? IF YOU SELECT MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.	Months:		
		Years:		
		Soon / now	3	S k i p t o 1 9 i f 0 b i r t h s a n d 1 4 : N o : S k i p t o 1 8 a i f 1 4 : n o a n d 1 8 b i f 1 4 : y e s
		Says she can't get pregnant	4	
		Other	5	
		Don't know	-88	
		No response	-99	
CHECK 8: Number of births CHECK 14: Currently pregnant?		Number of births		
		Yes.....	1	
		No	0	
18 a	Now I would like to ask a question about your last birth. At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / anymore children at all?	Then.....	1	
		Later.....	2	
		Not at all.....	3	
		No response.....	-99	
18 b	Now I would like to ask a question about your current pregnancy. At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / anymore children at all?	Then.....	1	
		Later.....	2	
		Not at all.....	3	
		No response.....	-99	
Section 3 – Contraception				
Now I would like to ask about the times you or your partner may have used a method to avoid				

Female Respondent Questionnaire

getting pregnant.			
19	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	Yes.....1 No0 No response-99	S k i p t o 2 5 i f N o
20	How old were you when you first used a method to delay or avoid getting pregnant? ENTER THE AGE IN YEARS. ENTER 0 IF SHE NEVER USED A METHOD. ENTER -88 IF RESPONDENT DOES NOT KNOW. ENTER -99 IF THERE IS NO RESPONSE. CANNOT BE YOUNGER THAN 9.	Age	
20a	How many living children did you have at that time, if any? ENTER -99 FOR NO RESPONSE.	Number	
21	Which method did you first use to delay or avoid getting pregnant? DO NOT READ THE METHOD CHOICES. SCROLL TO BOTTOM TO SEE ALL CHOICES.	<p><u>Modern methods</u> Female sterilization 1 Male sterilization 2 Implants 3 IUD 4 Injectables 5 Pill 7 Emergency Contraception 8 Male condom 9 Female condom 10 Standard Days/Cycle Beads 13 Lactational Amen. Method (LAM) .. 14 Other modern method 19</p> <p><u>Non-modern methods</u> Rhythm method 30 Withdrawal 31 Other traditional method 39</p> No response -99	
	CHECK 14: Currently pregnant?	Yes.....1 No0 Don't know-88 No response-99	S k i p t o 2 5 i

Female Respondent Questionnaire

				9 i f m a i n m e t h o d i s 3 - 1 7
24	Did the provider tell you / your partner that this method was permanent?	Yes..... 1 No0 No response.....-99		S k i p t o 2 9
25	Do you know of a place where you can obtain a method of family planning?	Yes..... 1 No0 No response-99		
	CHECK 14: Currently pregnant?	Yes..... 1 No0 Don't know-88 No response-99		2 6 a i f n o 2 6 b i f y e s
26a	You said that you are not currently using a contraceptive method. Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?	Yes..... 1 No0 No response-99		
26b	Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?	Yes..... 1 No0 No response-99		
	CHECK 19: ever used contraceptives?	Yes..... 1 No0		S k i

Female Respondent Questionnaire

		No response-99		p t o 4 3 i f N o
27	In the last 12 months, have you ever done something or used a method to delay or avoid getting pregnant?	Yes..... 1 No0 No response.....-99		S k i p t o 4 3 i f N o
28	Which method did you use most recently? PROBE: Anything else? SELECT MOST EFFECTIVE METHOD (HIGHEST METHOD IN LIST). BE SURE TO SCROLL TO BOTTOM TO SEE ALL CHOICES.	<u>Modern methods</u> Female sterilization 1 Male sterilization2 Implants3 IUD4 Injectables.....5 Pill7 Emergency Contraception.....8 Male condom9 Female condom 10 Standard Days/Cycle Beads.....13 Lactational Amen. Method (LAM) ..14 Other modern method.....19 <u>Non-modern methods</u> Rhythm method30 Withdrawal31 Other traditional method.....39 No response.....-99		
29	When did you begin using (MOST RECENT / CURRENT METHOD)? PLEASE RECORD THE DATE. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. MUST BE THE SAME OR AFTER YOU STARTED USING A METHOD (FQ20). MUST BE BEFORE TODAY. RESPONDENT MUST BE AT LEAST 10 YEARS OLD WHEN STARTING TO USE.	Month	Year	

Female Respondent Questionnaire

	ENTER JAN 2020 FOR NO RESPONSE.			
	CHECK 22: Currently using contraceptives?	Yes..... 1 No 0		S k i p t o 3 2 i f Y e s
30	When did you stop using (MOST RECENT METHOD)? PLEASE RECORD THE DATE. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. MUST BE AFTER FQ29. ENTER JAN 2020 FOR NO RESPONSE.	Month	Year	
31	Why did you stop using (MOST RECENT METHOD)?	Infrequent sex / husband away 1 Became pregnant while using 2 Wanted to become pregnant 3 Husband / partner disapproved 4 Want to use better method 5 No method available 6 Health concerns 7 Fear of side effects 8 Lack of access / too far 9 Costs too much 10 Inconvenient to use 11 Fatalistic 12 Difficult to get pregnant / menopausal 13 Results disorder of natural body processes 14 Other 15 Don't know -88 No response -99		
32	Where did you obtain (MOST RECENT / CURRENT METHOD) when you started using it? SCROLL TO BOTTOM TO SEE ALL CHOICES.	Public sector Govt. Hospital/polyclinic 11 Govt. Health center 12 Govt. Health post 14 Mobile clinic (public) 15 NGO NGO health facility 21 Community volunteer 22 Family planning clinic 25 Private medical sector Private hospital/clinic 31 Pharmacy 33 Other source		

Female Respondent Questionnaire

		Shop/market 42 Friend / relative 43 Other 96 Don't know -88 No response -99	
33	In the last 12 months, have you paid any fees for family planning services (including the most recent/current method)?	Yes 1 No 0 No response -99	S k i p t o 3 5 i f N o
34	How much did you pay? ENTER ALL PRICES IN BIRR. ENTER -88 IF RESPONDENT DOES NOT KNOW. ENTER -99 FOR NO RESPONSE.	Fee: _____	
35	When you obtained your (MOST RECENT / CURRENT METHOD), were you told by the provider about side effects or problems you might have with a method to delay or avoid getting pregnant?	Yes 1 No 0 No response -99	S k i p t o 3 7 i f N o
36	Were you told what to do if you experienced side effects or problems?	Yes 1 No 0 No response -99	
37	At that time, were you told by the family planning provider about methods of family planning other than the (MOST RECENT/CURRENT METHOD) that you could use?	Yes 1 No 0 No response -99	
38	During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?	Yes 1 No 0 No response -99	S k i p t o 4 0 i f y e

Female Respondent Questionnaire

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39	If not, why not? (Why didn't you obtain the method you wanted?)	Method out of stock that day..... 1 Method not available at all2 Provider not trained to provide the method3 Provider recommended a different method4 Not eligible for method5 Decided not to adopt a method.....6 Too costly7 Other8 No response.....-99	
40	During that visit, who made the final decision about what method you got?	You alone1 Provider2 Partner3 You and provider4 You and partner5 Other6 No response.....-99	
	CHECK 32: Where did you obtain your (MOST RECENT / CURRENT METHOD)?	<u>Public sector</u> Govt. Hospital/polyclinic..... 11 Govt. Health center 12 Govt. Health post 14 Mobile clinic (public).....15 NGO NGO health facility21 Community volunteer 22 Family planning clinic..... 25 <u>Private medical sector</u> Private hospital/clinic 31 Pharmacy 33 <u>Other source</u> Shop/market 42 Friend / relative 43 Other96 Don't know-88 No response.....-99	S k i p t o 4 4 i f 3 2 i s 1 4 - 1 7
41	Would you return to this provider?	Yes..... 1 No0 No response.....-99	
42	Would you refer your relative or friend to this provider / facility?	Yes..... 1 No0 No response.....-99	
	CHECK 16: Desire for future child? CHECK 17: 2 or more years before next child? CHECK 22: Currently using contraceptive method?	Have a/another child 1 No more/none2 Says she can't get pregnant3 Undecided / Don't know-88 No more/none 1 Less than 2 years2 2 or more years.....3 Yes, using contraceptive..... 1 No, not using contraceptive0	Ask 43 to non users (current or ever)

Female Respondent Questionnaire

	CHECK 19: Ever use a method?	Yes..... 1 No 0													
43	<p>You said that you do not want any / anymore children and that you are not using a method to avoid pregnancy.</p> <p>Can you tell me the main reason why you are not using a method to prevent pregnancy?</p> <p>CANNOT SELECT 'DO NOT KNOW' OR 'NO RESPONSE' WITH OTHER OPTIONS. CANNOT SELECT 'NOT MARRIED' IF FQ3 IS 'YES CURRENTLY MARRIED'. SCROLL TO THE BOTTOM TO SEE ALL CHOICES.</p>	Not married Infrequent sex/not having sex Menopausal/Hysterectomy Subfecund / infecund Not menstruated since last birth Breastfeeding..... Husband away for multiples days.... Up to God / fatalistic Respondent opposed..... Husband / partner opposed Others opposed Religious prohibition Knows no method Knows no source Fear of side effects Health concerns..... Lack of access / too far..... Costs too much Preferred method not available..... No method available Inconvenient to use..... Interferes with body's processes Other..... Don't know-88 No response.....-99													
44	In the last 12 months, were you visited by a health worker who talked to you about family planning?	Yes..... 1 No 0 No response.....-99													
45	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	Yes..... 1 No 0 No response.....-99	S k i p t o 4 7 i f n o												
46	Did any staff member at the health facility speak to you about family planning methods?	Yes..... 1 No 0 No response.....-99													
47	In the last few months have you: Heard about family planning on the radio? .. Seen anything about family planning on the television? Read about family planning in a newspaper or magazine?..... ENTER -99 FOR NO RESPONSE.	<table border="1"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> </table>		Yes	No	1	0	1	0	1	0	
	Yes	No													
.....	1	0													
.....	1	0													
.....	1	0													
48	How old were you when you first had sexual intercourse?	Age	S k i p												

Female Respondent Questionnaire

	ENTER THE AGE IN YEARS. IF UNKNOWN, ENTER -88. ENTER -99 FOR NO RESPONSE. ZERO IS A POSSIBLE ANSWER IF NEVER HAD SEX.					t o 5 0 i f 0
49	When was the <u>last</u> time you had sexual intercourse? IF 12 MONTHS (ONE YEAR) OR MORE AGO, ANSWER MUST BE RECORDED IN YEARS. IF LESS THAN 12 MONTHS AGO, ANSWER MUST BE RECORDED IN MONTHS, WEEKS, OR DAYS. YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN. ENTER -99 FOR NO RESPONSE.	DAYS AGO (1)	WEEKS AGO (2)	MONTHS AGO (3)	YEARS AGO (4)	

Section 4 – Water
Now I would like to ask you a couple of questions about your water practices.

50	How much time each day do you spend collecting water in the DRY season? ONLY RECORD RESPONDENT’S TIME, NOT ANYONE ELSE’S TIME. IF YOU SELECT MINUTES OR HOURS YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.	Hours per day	
		Minutes per day	
		No time, someone else collects water3 No time, no one collects water.....4 Don't know.....-88 No response.....-99	
51	How much time each day do you spend collecting water in the WET season? ONLY RECORD RESPONDENT’S TIME, NOT ANYONE ELSE’S TIME. IF YOU SELECT MINUTES OR HOURS YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.	Hours per day	
		Minutes per day	
		No time, someone else collects water3 No time, no one collects water.....4 Don't know.....-88 No response.....-99	

Thank the respondent for her time.

THE RESPONDENT IS FINISHED, BUT THERE ARE STILL 2 MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE HOME

LOCATION

M	TAKE A GPS POINT NEAR THE ENTRANCE TO THE HOUSEHOLD. RECORD LOCATION WHEN THE ACCURACY IS SMALLER THAN 6 M.	<i>Instructions are given directly by the ODK software</i> RECORD LOCATION
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QUESTIONNAIRE RESULT

N	RECORD THE RESULT OF THE FEMALE RESPONDENT SURVEY	Completed1 Not at home2 Postponed.....3 Refused4
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Female Respondent Questionnaire

		Partly completed	5	
		Incapacitated	6	