



Female Questionnaire

| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|---|---|--|------------------|-----|-------|------|------|-------|---------|-------|--|
| IDENTIFICATION | | | | | | | | | | | |
| Please record the following identifying information prior to beginning the interview. | | | | | | | | | | | |
| A | <p>Are you in the correct household?</p> <p>This is the picture of the front of the home taken during the Household Questionnaire.</p> <p>[ODK will display the photo attached to the linked Household Questionnaire]</p> | Yes 1 No 0 | | | | | | | | | |
| B | <p>How many times have you visited this household to interview this female respondent?</p> | 1 st time 1 2 nd time 2 3 rd time 3 | | | | | | | | | |
| C | <p>Your name: [ODK will display the interviewer's name from the linked Household Questionnaire]</p> <p>Is this your name?</p> | Yes 1 No 0 | | | | | | | | | |
| | <p>Enter your name below.</p> <p><i>Please record your name</i></p> | Interviewer's Name | | | | | | | | | |
| D | <p>Current date and time: [ODK will display the device's preset date and time on the screen]</p> <p>Is this date and time correct?</p> | Yes 1 No 0 | Skip to F if Yes | | | | | | | | |
| E | <p>Record the correct date and time.</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">Time</td> <td style="text-align: center;">Hours</td> <td style="text-align: center;">Minutes</td> <td style="text-align: center;">AM/PM</td> </tr> </table> | Date | Day | Month | Year | Time | Hours | Minutes | AM/PM | |
| Date | Day | Month | Year | | | | | | | | |
| Time | Hours | Minutes | AM/PM | | | | | | | | |
| F | <p>The following information is from the Household Questionnaire. Please review to make sure you are interviewing the correct respondent.</p> <p>[ODK will display the geographic location information, Structure Number, and Household Number from the linked Household Questionnaire.]</p> <p>Is the above information correct?</p> <p><i>Go to the right household or update the Household Roster if needed.</i></p> | Yes 1 No 0 | | | | | | | | | |
| G | <p>How well acquainted are you with the respondent?</p> | Very well acquainted 1 Well acquainted 2 Not well acquainted 3 Not acquainted 4 | | | | | | | | | |
| H | <p>Has this woman participated in a PMA2020 survey before?</p> | Yes 1 No 0 Don't know -88 No response -99 | | | | | | | | | |

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| INFORMED CONSENT | | | |
| Find the woman between the ages of 15-49 associated with this Female Questionnaire. The interview must have auditory privacy. Read the following greeting: | | | |
| <p>Hello. My name is _____ and I am working for Makerere University School of Public Health in collaboration with Ministry of Health and Uganda Bureau of Statistics. 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.</p> <p>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.</p> <p>At this time, do you want to ask me anything about the survey?</p> | | | |
| 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 | Skip to L if No |
| K | Interviewer's name: [ODK will display the Interviewer's name from linked Household Questionnaire] <i>Mark your name as a witness to the consent process.</i> | | |
| L | Respondent's first name [ODK will display the Respondent's name from linked Household Roster] <i>You may correct the spelling here if it is not correct, but you must be interviewing the person whose name appears below.</i> | | |
| Section 1 – Respondent's Background, Marital Status, HH characteristics | | | |
| <i>Now I would like to ask about your background and socioeconomic conditions.</i> | | | |
| 0 | In what month and year were you born? The age in the household roster is [AGE]. | Month: Year: | |
| 1 | How old were you at your last birthday? <i>Must agree with FQ0.</i> | Age: | |
| 2 | What is the highest level of school you attended? | Never Attended/preschool 0 Primary 1-4 1 Primary 5-7 2 Secondary1-4 3 Secondary 5-6 4 Technical/Vocational..... 5 University/Technical 6 No response -99 | |
| 3 | Are you currently married or living together with a man as if married? <i>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</i> | 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 | Skip to 8 if No, never in union |
| 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 | Skip to 5b if Only once |
| 5a | Now I would like to ask about when you | Month: | |

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| | <p>started living with your FIRST husband / partner. In what month and year was that?</p> <p><i>Enter Jan 2020 for no response.</i></p> <p>CHECK: Based on the response you entered in FQ5a, the respondent was possibly 15 years old or younger at the time of her first marriage.</p> <p>Did you enter FQ5a correctly?</p> | Year: | | |
| 5b | <p>In what month and year did you start living with your CURRENT or MOST RECENT husband / partner?</p> <p><i>Enter Jan 2020 for no response.</i></p> <p>CHECK: Based on the response you entered in FQ5b, the respondent was possibly 15 years old or younger at the time of her current or most recent marriage.</p> <p>Did you enter FQ5b correctly?</p> | Month: | | |
| | CHECK 3: Currently married/cohabitating? | Yes 1 No 0 | | Skip to 8 if No |
| 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 | | |
| 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 | | | | |
| <i>Now I would like to ask about all the births you have had during your life.</i> | | | | |
| 8 | <p>How many times have you given birth?</p> <p><i>Enter -88 for do not know and -99 for no response. 0 is a possible answer.</i></p> | Number of births | | Skip to 13 if 0, skip to 9 if 1. |
| | <p>Were all of those live births?</p> <p><i>If no, go back and change FQ8 to record only live birth events.</i></p> | Yes 1 No 0 | | |
| 8a | <p>When was your FIRST birth?</p> <p><i>Please record the date of the FIRST live birth. Date should be found by calculating forward or backward from memorable events if needed. Enter Jan 2020 for no response.</i></p> | Month | Year | |
| 9 | <p>When was your MOST RECENT birth?</p> <p><i>Please record the date of the MOST RECENT live birth. The date should be found by calculating backwards from memorable events if needed. Enter Jan 2020 for no response.</i></p> | Month | Year | Skip to 11 if not in last year and/or Q8 is 1 |

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| 10 | When did you give birth before the most recent one? <i>Please record the date of the birth before the last. The date should be found by calculating backwards from memorable events if needed. Enter Jan 2020 for no response.</i> | Month | Year | |
| 11 | Is your last baby / child still alive? | Yes 1 No 0 Don't know -88 | | Skip to 13 if Yes |
| 12 | When did your last baby / child die? <i>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</i> | Month | Year | |
| 13 | When did your last menstrual period start? <i>If you select days, weeks, months or years, you will enter a number for x on the next screen. Enter 0 days for today, not 0 weeks/months/years.</i> | Days ago: Weeks ago: Months ago: Years ago: Menopausal / Hysterectomy 1 Before last birth 2 Never menstruated 3 No response -99 | | |
| 14 | Are you pregnant now? | Yes 1 No 0 Unsure 2 | | Skip to 16 if No |
| 15 | How many months pregnant are you? <i>Please record the number of completed months. Enter -88 for do not know, -99 for no response. The most recent birth was: [Date of FQ9]</i> | Number of months | | |
| | CHECK 14: Currently pregnant? | Yes 1 No 0 | | 16a if no 16b if yes |
| 16a | Now I have some questions about the future. Would you like to have a/another child or would you prefer not to have any / any more children? | Have a/another child 1 No more/prefer no children 2 Says she can't get pregnant 3 Undecided / Don't know -88 No response -99 | | Skip to 17a if 1 and 18 for all other |
| 16b | 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? | Have a/another child 1 No more/prefer no children 2 Says she can't get pregnant 3 Undecided / Don't know -88 No response -99 | | Skip to 17b if 1 and 18 for all other |
| 17a | How long would you like to wait from now before the birth of a/another child? <i>If you select months or years, you will enter a number for x on the next screen.</i> | Months: Years: Soon / now 1 Says she can't get pregnant 2 Other 3 Don't know -88 No response -99 | | |

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| 17b | <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p> <p><i>If you select months or years, you will enter a number for x on the next screen.</i></p> | Months: _____ Years: _____ Soon / now 1 Says she can't get pregnant..... 2 Other 3 Don't know..... -88 No response -99 | |
| | | Number of births CHECK 8: Number of births CHECK 14: Currently pregnant? Yes.....1 No.....0 Unsure.....-88 No response-99 | Skip to 19 if Q8=0&Q14=N Skip to 18a if Q14=N and 18b if Q14=Y |
| 18a | <p>Now I would like to ask a question about your last live birth.</p> <p>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 / any more children at all?</p> | Then 1 Later 2 Not at all 3 No response -99 | |
| 18b | <p>Now I would like to ask a question about your current pregnancy.</p> <p>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 / any more children at all?</p> | Then 1 Later 2 Not at all 3 No response -99 | |
| <p>Section 3 – Contraception</p> <p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p><i>On the next several screens, there is an image and 1-2 sentence descriptions of each contraceptive method. You will review these with the respondent before asking about her contraceptive use.</i></p> | | | |
| 19a | <p>FEMALE STERILIZATION is when a woman has an operation to avoid having any more children.</p> <p>Have you ever used Female Sterilization?</p> | Yes..... 1 No..... 0 NR..... -99 | |
| 19b | <p>MALE STERILIZATION is when a man has an operation to avoid having any more children.</p> <p>Have you ever had a partner who used male sterilization?</p> | Yes..... 1 No..... 0 NR..... -99 | |
| 19c | <p>PILL - Women can take a pill every day to avoid becoming pregnant.</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p> <p>Have you ever used a pill every day to delay or avoid pregnancy?</p> | Yes..... 1 No..... 0 NR..... -99 | |
| 19d | <p>IUD – Women can have a loop or coil placed inside them by a doctor or a nurse.</p> | Yes..... 1 No..... 0 NR..... -99 | |

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| | <IMAGE OF METHOD WILL APPEAR ON SCREEN> Have you ever used an IUD? | | |
| 19e | INJECTABLES – Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. <IMAGE OF METHOD WILL APPEAR ON SCREEN> Have you ever used injectables? | Yes..... 1 No..... 0 NR..... -99 | |
| 19f | IMPLANTS – Women can have one or several small rods placed in her upper arm by a doctor or nurse, which can prevent pregnancy for one or more years. <IMAGE OF METHOD WILL APPEAR ON SCREEN> Have you ever used a contraceptive implant? | Yes..... 1 No..... 0 NR..... -99 | |
| 19g | CONDOM – Men can put a rubber sheath on their penis before sexual intercourse. <IMAGE OF METHOD WILL APPEAR ON SCREEN> Have you ever had a partner who used a condom? | Yes..... 1 No..... 0 NR..... -99 | |
| 19h | FEMALE CONDOM – Women can put a sheath in their vagina before sexual intercourse. <IMAGE OF METHOD WILL APPEAR ON SCREEN> Have you ever used a female condom? | Yes..... 1 No..... 0 NR..... -99 | |
| 19i | DIAPHRAGM – Women can place a thin flexible disk in their vagina before sexual intercourse. <IMAGE OF METHOD WILL APPEAR ON SCREEN> Have you ever used a diaphragm? | Yes..... 1 No..... 0 NR..... -99 | |
| 19j | FOAM OR JELLY – Women can place a suppository, jelly, or cream in their vagina before sexual intercourse to prevent pregnancy. <IMAGE OF METHOD WILL APPEAR ON SCREEN> Have you ever used a foam or jelly? | Yes..... 1 No..... 0 NR..... -99 | |
| 19k | RHYTHM METHOD – Women can avoid pregnancy by not having sexual intercourse on the days of the month they are most likely to get pregnant. <IMAGE OF METHOD WILL APPEAR ON SCREEN> Have you ever used the rhythm or calendar method? | Yes..... 1 No..... 0 NR..... -99 | |
| 19l | WITHDRAWAL – Men can be careful and pull out before climax. Have you ever had a partner who pulled out before climax? | Yes..... 1 No..... 0 NR..... -99 | |
| 19m | STANDARD DAYS METHOD (SDM)/CYCLE BEADS. Women can delay or avoid pregnancy by using beads or a calendar to keep track of the days of the month when they are most likely to get pregnant and not having sexual intercourse on those days. | Yes..... 1 No..... 0 NR..... -99 | |

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| | <IMAGE OF METHOD WILL APPEAR ON SCREEN> Have you ever used SDM or Cycle Beads? | | |
| 19n | LACTATIONAL AMENORRHEA METHOD (LAM) - Women can avoid pregnancy by only giving a newborn baby breast milk and by breastfeeding often, both day and night, for up to 6 months after childbirth, or until her monthly bleeding returns. <IMAGE OF METHOD WILL APPEAR ON SCREEN> Have you ever used LAM? | Yes..... 1 No..... 0 NR..... -99 | |
| 19o | EMERGENCY CONTRACEPTION – As an emergency measure, have you ever taken a special pill at any time within five days after unprotected sexual intercourse to prevent pregnancy? <IMAGE OF METHOD WILL APPEAR ON SCREEN> Have you ever used emergency contraception? | Yes..... 1 No..... 0 NR..... -99 | |
| 19p | OTHER (TRADITIONAL) METHODS – Have you ever used anything else or tried in any other way to delay or avoid getting pregnant? | Yes..... 1 No..... 0 NR..... -99 | |
| | CHECK: Ever use of contraception | If any 19a-p = 1, then YES If all 19a-p = 0, then NO If all 19a-p = -99, then No Response | Skip to 25 if No |
| 20 | How old were you when you first used a method to delay or avoid getting pregnant? The respondent said she was [age from FQ1] years old at her last birthday. <i>Enter the age in years. Enter -88 if respondent does not know. Enter -99 if there is no response. Cannot have been younger than 9.</i> | Age | |
| 20a | How many living children did you have at that time, if any? Note: the respondent said that she gave birth [number of live births] times in FQ8. <i>Enter -99 for no response</i> | Number | |
| 21 | Which method did you first use to delay or avoid getting pregnant? <i>Do not read the method choices. Scroll to bottom to see all choices.</i> | Female Sterilization 1 Male Sterilization 2 Implant 3 IUD 4 Injectables 5 Pill 6 Emergency Contraception 7 Male Condom 8 Female Condom 9 Diaphragm 10 Foam/Jelly 11 Std. Days/Cycle beads 12 LAM 13 Rhythm method 14 Withdrawal 15 Other traditional method 16 No response -99 | |
| | CHECK 14: Currently pregnant? | Yes 1 No 0 | Skip to 25 if yes |

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| 22 | Are you/your partner currently doing something or using any method to delay or avoid getting pregnant? | Yes | 1 | | Skip to 25 if No |
| | | No | 0 | | |
| 23 | Which method or methods are you using? Probe: Anything else? <i>Select all methods mentioned. Be sure to SCROLL TO THE BOTTOM to see all choices</i> | Female Sterilization | Y | N | Skip based on most effective method only Skip to 29 if main method is not Male Sterilization or Female sterilization |
| | | Male Sterilization | 1 | 0 | |
| | | Implant | 1 | 0 | |
| | | IUD | 1 | 0 | |
| | | Injectables | 1 | 0 | |
| | | Pill..... | 1 | 0 | |
| | | Emergency Contraception .. | 1 | 0 | |
| | | Male Condom | 1 | 0 | |
| | | Female Condom | 1 | 0 | |
| | | Diaphragm | 1 | 0 | |
| | | Foam/Jelly | 1 | 0 | |
| | | Std. Days/Cycle beads | 1 | 0 | |
| | | LAM | 1 | 0 | |
| | | Rhythm method | 1 | 0 | |
| | | Withdrawal..... | 1 | 0 | |
| | | Other traditional method | 1 | 0 | |
| | | No response | -99 | 0 | |
| 24 | Did the provider tell you or your partner that this method was permanent? | Yes | 1 | | Skip to 29 |
| | | No | 0 | | |
| | | No response..... | -99 | | |
| 25 | Do you know of a place where you can obtain a method of family planning? | Yes | 1 | | |
| | | No | 0 | | |
| | | No response..... | -99 | | |
| | CHECK 14: Currently pregnant? | Yes | 1 | | 26a if no 26b if yes |
| | | No | 0 | | |
| | | Unsure..... | -88 | | |
| | | No response | -99 | | |
| 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 | | |
| | | No | 0 | | |
| | | 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 | | |
| | | No | 0 | | |
| | | No response..... | -99 | | |
| | CHECK 19: ever used contraceptives? | Yes | 1 | | Skip to 43 if No |
| | | No | 0 | | |
| 27 | In the last 12 months, have you ever done something or used a method to delay or avoid getting pregnant? | Yes | 1 | | Skip to 43 if No |
| | | No | 0 | | |
| | | No response..... | -99 | | |
| 28 | Which method did you use most recently? Probe: Anything else? <i>Select most effective method (highest method on list). Scroll to bottom to see all choices.</i> | Female sterilization | 1 | | |
| | | Male sterilization | 2 | | |
| | | Implant | 3 | | |
| | | IUD | 4 | | |
| | | Injectables | 5 | | |
| | | Pill..... | 7 | | |
| | | Emergency Contraception | 8 | | |
| | | Male Condom | 9 | | |
| | | Female Condom | 10 | | |
| | | Diaphragm | 11 | | |
| | | Foam/Jelly | 12 | | |
| | | Std. Days/Cycle beads | 13 | | |
| | | LAM | 14 | | |
| | | Rhythm method | 30 | | |

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| | | Withdrawal..... | 31 | |
| | | Other traditional method | 32 | |
| | | No response | -99 | |
| 29 | <p>When did you begin using your [MOST RECENT / CURRENT METHOD]?</p> <p>Calculate backwards from memorable events if needed</p> <p>Age at first use: [Age from FQ20] Most Recent Birth: [mm-yyyy] Current Marriage: [mm-yyyy]</p> <p><i>Must be at least the age she started using a contraceptive method.</i></p> <p><i>Must be before today. Respondent must have been at least 10 years old.</i></p> <p><i>Enter Jan 2020 for no response</i></p> | Month | Year | |
| | CHECK 22: Currently using contraceptives? | Yes | 1 | Skip to 32 if Yes |
| | | No | 0 | |
| 30 | <p>When did you stop using your [MOST RECENT METHOD]?</p> <p><i>Please record the date.</i></p> <p><i>The date should be found by calculating backwards from memorable events if needed. Must be after FQ29.</i></p> <p><i>Enter Jan 2020 for no response.</i></p> | Month | Year | |
| 31 | <p>Why did you stop using your (MOST RECENT METHOD)?</p> | Infrequent sex / husband away | 1 | |
| | | Became pregnant while using | 2 | |
| | | Wanted to become pregnant | 3 | |
| | | Husband / partner disapproved | 4 | |
| | | Wanted more effective 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 | |
| | | Interferes with body's natural processes | 14 | |
| | | Other | 15 | |
| | | Don't know..... | -88 | |
| | | No response | -99 | |
| 32 | <p>Where did you obtain your [MOST RECENT / CURRENT METHOD] when you started using it?</p> <p><i>Scroll to bottom to see all choices.</i></p> | Public sector: Govt hospital | 11 | |
| | | Govt health center | 12 | |
| | | Public family planning clinic | 13 | |
| | | Public outreach | 14 | |
| | | Public fieldworker/VHT | 15 | |
| | | Private sector: | | |

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| | | Private hospital/clinic21 Pharmacy22 Private doctor23 Private outreach24 Private fieldworker/VHT.....25 Maternity home26 Other source: Shop31 Church32 Friend/relative33 Other96 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 | Skip to 35 if No |
| 34 | How much did you pay? <i>Enter all prices in Ugandan Shillings. Enter -88 if respondent does not know, -99 for no response.</i> | 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 | Skip to 37 if No |
| 36 | Were you told what to do if you experienced side effects or problems? | Yes 1 No 0 | |
| 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 | Skip to 40 if yes |
| 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 all..... 2 Provider not trained to provide the method 3 Provider recommended a different method 4 Not eligible for method 5 Decided not to adopt a method 6 Too costly 7 Other 8 No response-99 | |
| 40 | During that visit, who made the final decision about what method you got? | You alone 1 Provider 2 Partner..... 3 You and provider 4 You and partner..... 5 Other 6 No response -99 | |
| | CHECK 32: Where did you obtain your [MOST RECENT / CURRENT METHOD]? | Public sector: Govt hospital11 Govt health center12 Public family planning clinic13 | Skip to 44 if 32 is |

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| | | Public outreach14 Public fieldworker/VHT15 Private sector: Private hospital/clinic.....21 Pharmacy22 Private doctor23 Private outreach24 Private fieldworker/VHT.....25 Maternity home26 Other source: Shop31 Church32 Friend/relative33 Other96 Don't know-88 No response-99 | 14-15 |
| 41 | Would you return to this provider? Provider: [Type of Provider from FQ32] | Yes 1 No 0 No response-99 | |
| 42 | Would you refer your relative or friend to this provider / facility? Provider: [Type of Provider from FQ32] | Yes 1 No 0 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/none..... 2 Says she can't get pregnant..... 3 Undecided / Don't know-88 No response-99 No more/none..... 1 Less than 2 years 2 2 or more years 3 Yes, using contraceptive 1 No, not using contraceptive 0 Yes 1 No 0 | Ask 43 to non users (current or ever) who do not want a/another child or not before 2 years |

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| 43 | <p>You have said that you do not want [(a/another) child soon]/[any (more) children], but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method?</p> <p>Probe: Any other reason?</p> <p>Hint: RECORD ALL REASONS MENTIONED</p> <p><i>Cannot select "Do Not Know" or "No response" with other options.</i></p> <p><i>Cannot select "Not married" if FQ3 is "Yes, currently married".</i></p> <p><i>Scroll to the bottom to see all choices. Check to acknowledge you considered all options. .</i></p> | <p>Not married.....</p> <p>Infrequent sex/not having sex</p> <p>Menopausal/Hysterectomy</p> <p>Subfecund / infecund.....</p> <p>Not menstruated since last birth</p> <p>Breastfeeding</p> <p>Husband away for multiple days</p> <p>Up to God / fatalistic</p> <p>Respondent opposed</p> <p>Husband / partner opposed</p> <p>Others opposed</p> <p>Religious prohibition</p> <p>Knows no method.....</p> <p>Knows no source</p> <p>Fear of side effects</p> <p>Health concerns</p> <p>Lack of access / too far</p> <p>Costs too much</p> <p>Preferred method not available</p> <p>No method available.....</p> <p>Inconvenient to use</p> <p>Interferes with body's processes</p> <p>Other</p> <p>Don't know.....</p> <p>No response</p> | | | | | | | | | | | | | |
| 44 | <p>In the last 12 months, were you visited by a health worker who talked to you about family planning?</p> | <p>Yes 1</p> <p>No..... 0</p> <p>No response.....-99</p> | | | | | | | | | | | | | |
| 45 | <p>In the last 12 months, have you visited a health facility for care for yourself? <i>For any health services</i></p> | <p>Yes 1</p> <p>No..... 0</p> <p>No response.....-99</p> | Skip to 47 if no | | | | | | | | | | | | |
| 46 | <p>Did any staff member at the health facility speak to you about family planning methods?</p> | <p>Yes 1</p> <p>No..... 0</p> <p>No response.....-99</p> | | | | | | | | | | | | | |
| 47 | <p>In the last few months have you:</p> <p>Heard about family planning on the radio?</p> <p>Seen anything about family planning on the television?</p> <p>Read about family planning in a newspaper or magazine?</p> | <table border="1"> <thead> <tr> <th></th> <th><u>Yes</u></th> <th><u>No</u></th> </tr> </thead> <tbody> <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> </tbody> </table> | | <u>Yes</u> | <u>No</u> | | 1 | 0 | | 1 | 0 | | 1 | 0 | |
| | <u>Yes</u> | <u>No</u> | | | | | | | | | | | | | |
| | 1 | 0 | | | | | | | | | | | | | |
| | 1 | 0 | | | | | | | | | | | | | |
| | 1 | 0 | | | | | | | | | | | | | |
| | <p>OBSERVE: CHECK FOR THE PRESENCE OF OTHERS.</p> <p>BEFORE CONTINUING MAKE EVER EFFORT TO ENSURE PRIVACY.</p> <p><i>Verbally prepare the respondent for sexual activity questions.</i></p> | | | | | | | | | | | | | | |

Female Questionnaire

| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | SKIP |
|--|--|--|--------------|---------------|--------------|-----------------|
| 48 | <p>How old were you when you first had sexual intercourse?</p> <p>The respondent said she was [age from FQ1] years old at her last birthday.</p> <p>[If pregnant: The respondent is pregnant]</p> <p>[If FQ8>0: She has had X live births]</p> <p><i>Enter the age in years.</i> <i>Enter 0 if she never had sex.</i> <i>Enter -88 if respondent does not know.</i> <i>Enter -99 for no response.</i></p> <p>HAS NEVER HAD SEX. ENTER -99 FOR NO RESPONSE. ENTER -88 FOR DO NOT KNOW</p> | Age | | | | Skip to 50 if 0 |
| | <p>If age at first sex <10 years:</p> <p>CHECK: You have entered that the respondent was X years old when she first had sexual intercourse. Is this what she said?</p> <p>IF NO, GO BACK AND CORRECT FQ48.</p> | Yes 1 No..... 0 | | | | |
| 49 | <p>When was the last time you had sexual intercourse?</p> <p>[If pregnant: Respondent is X months pregnant. If FQ15=0, answer must be in days or weeks up to 4 weeks or 30 days]</p> <p><i>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 days, weeks or months.</i></p> <p><i>Enter 0 days for today.</i></p> <p><i>You will enter a number for X on the next screen.</i></p> | DAYS AGO | WEEKS AGO | MONTHS AGO | YEARS AGO | |
| <p>Thank the respondent for her time</p> <p><i>The respondent is finished, but there are still 2 more questions for you to complete outside the home.</i></p> | | | | | | |
| LOCATION | | | | | | |
| M | <p>Location</p> <p><i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.</i></p> <p><i>GPS coordinates can only be collected when outside.</i></p> | RECORD LOCATION | | | | |
| QUESTIONNAIRE RESULT | | | | | | |
| N | RECORD THE RESULT OF THE FEMALE RESPONDENT SURVEY | Completed 1 Not at home 2 Postponed 3 Refused 4 Partly completed..... 5 Incapacitated 6 | | | | |