

PMA-Ethiopia Panel Cohort 1 (Baseline) Survey

Female Questionnaire

Ethiopia Female Questionnaire—Panel Baseline	
WARNING: You have opened a female respondent questionnaire that is not linked to a household roster.	
A. Are you in the correct household? <i>EA: \${EA} Structure #: \${structure} Household #: \${household}</i>	<input type="radio"/> Yes <input type="radio"/> No
RETURN TO INTERVIEW THE CORRECT HOUSEHOLD.	
Your Name	
C. Is this your name?	<input type="radio"/> Yes <input type="radio"/> No
D. Enter your name below. <i>Please record your name</i>	
Current Date-Time:	Day: Month: Year:
E. Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
F. Record the correct date and time.	Day: Month: Year:
	Location Detail - Not linked to a household roster.
Region:	<input type="radio"/> Afar <input type="radio"/> Ethiopia Somali <input type="radio"/> Benishangul Gumuz <input type="radio"/> Gambela <input type="radio"/> Hareri <input type="radio"/> Dire Dawa Astedadar <input type="radio"/> Tigray <input type="radio"/> Amhara <input type="radio"/> Oromiya <input type="radio"/> Snp <input type="radio"/> Addis Ababa

Zone:	ODK will populate a list of appropriate zones based on the selected region.
District:	ODK will populate a list of appropriate districts based on the selected zone.
Locality:	ODK will populate a list of appropriate localities based on the selected district. There may be only one choice.
Enumeration area	ODK will populate the appropriate EA.
Structure number	
Household number	
	Location Detail
The following information is from the Household Questionnaire. Please review to make sure you are interviewing the correct respondent	
Region:	
Zone:	
District:	
Locality:	
Enumeration area	
Structure number	
Household number	
G. Is the above information correct?	<input type="radio"/> Yes <input type="radio"/> No
Go to the right household or update the household Questionnaire if needed.	
I. CHECK: You should be attempting to interview \${firstname}. Is that correct? <i>If misspelled, select "Yes" here and update the name in question "P" If this is the wrong person, you have two options: (1) exit and ignore changes to this form. Open the correct form. Or (2) find and interview the person whose name appears above</i>	<input type="radio"/> Yes <input type="radio"/> No
J. Is the respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
K. How well acquainted are you with the respondent?	<input type="radio"/> Very well acquainted <input type="radio"/> Well acquainted <input type="radio"/> Not well acquainted <input type="radio"/> Not acquainted

<p>L. Is this participant selected for the cross-section, panel, or both?</p>	<p><input type="radio"/> Cross-section <input type="radio"/> Panel <input type="radio"/> Both</p>
<p>In the Household Questionnaire you noted that this woman is enrolled in the panel. If that is correct, please go back and correct response for L. Otherwise, please continue.</p>	
<p>In the Household Questionnaire you noted that this woman is selected for cross section. If that is correct, please go back and correct response for L. Otherwise, please continue.</p>	
<p>In the Household Questionnaire you noted that this woman was NOT selected for cross section. If that is correct, please go back and correct response for L. Otherwise, please continue.</p>	
<p>As a reminder this is a study about maternal and newborn health. We will be visiting you at four time points: now, 6 weeks postpartum, 6 months postpartum and 1 year postpartum. Do you still consent to be enrolled in this study?</p> <p>For women not yet enrolled, ask: Based on your answers to the previous questions, you are qualified to participate in our study. The survey is about maternal and neonatal health and is being conducted with the support of the Ministry of Health. The information you give us will help to inform the government to better plan health services. We would very much appreciate your participation in this survey, but whether or not you choose to participate is completely up to you. There is no penalty for not participating.</p> <p>The survey will take place over three study visits. These visits will take place at 6 weeks, 6 months, and one year after the delivery of your baby. We will return at each of the three visits and ask you questions about your health and the health of your baby. At each visit, we will ask similar questions, because we are trying to learn about how the health of you and your baby changes over time. Some of the questions will have to do with your health during and after pregnancy and what care you received and some of the questions will be about your baby's health and what care they received. Some of the questions may be sensitive but you do not have to answer any questions that you do not feel comfortable answering.</p> <p>The first visit will take approximately 45 to 60 minutes to complete. The second and third interview will take approximately 20 to 30 minutes to complete.</p> <p>There are minimal or no perceived risks or harm for participating in this survey. Keep in mind that you do not have to answer all of the questions and you may stop at any time.</p>	

<p>Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team. All research projects carry some risk that information about you may become known to people outside of the study. To protect against this, the phone and any applications with PMA Ethiopia data are password protected.</p> <p>If you agree to participate today, we will give you an identification card with a bar code scan. This card will only be used to identify you for this study. At the last in-person visit, we will take the card away and destroy it.</p> <p>There is no direct benefit to you from being in the study. You will receive 25 birr in phone credit at each visit as a thank you for your time. If you agree to participate today, we will assume that you agree to each of the three study visits but you have the right to stop participation in the study at any time.</p> <p>If you have any questions related to this study you may contact Drs. Solomon Shiferaw (251-911-406845) or Assefa Seme (251-911-228193). For any ethical issues, please call Dr. Solomon Abay, the IRB chairperson (011-251 941 222169) at the Addis Ababa University, College of Health Sciences. (Panel Only)</p>	
<p>N. May I begin the interview now? (Panel Only)</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Scan QR Code (Panel Only)</p>	
<p>Record the number on the ID card (Panel Only)</p>	
<p>O. Interviewer's name: \${your_name} <i>Mark your name as a witness to the consent process.</i></p>	<p><input type="radio"/></p>
<p>O. Interviewer's name Please record your name as a witness to the consent process. You previously entered "\${name_typed}."</p>	
<p>P. Respondent's first name <i>You may correct the spelling here if it is not correct, but you must be interviewing the person whose name appears below.</i></p>	
<p>Section 1 – Respondent's Background, Marital Status, and Household Characteristics</p> <p><i>Now I would like to ask about your background and socioeconomic conditions.</i></p>	
<p>FFQ001. In what month and year were you born? The age in the household roster is \${age}. <i>If respondent knows the year, but not month select the 'Does not know month' checkbox. Select the 'Do not know' checkbox for month and '2030' for year to indicate 'No Response'.</i></p>	

Month and Year	Month: Year:
Check here if respondent does not know month.	<input type="checkbox"/>
FFQ002. How old were you at your last birthday?	
FFQ003a. Are you currently married or living together with a man as if married? <i>Probe: If no, ask whether the respondent is divorced, separated, widowed, or never in union/never married</i>	<input type="radio"/> Yes, currently married <input type="radio"/> Yes, living with a man <input type="radio"/> Divorced / separated <input type="radio"/> Not currently in union: widow <input type="radio"/> No, never in union <input type="radio"/> No response
FFQ003b. Have you been married or lived with a man only once or more than once?	<input type="radio"/> Only once <input type="radio"/> More than once <input type="radio"/> No response
FFQ004a. In what month and year did you start living with your FIRST husband / partner? <i>If respondent knows the year, but not month select the 'Does not know month' checkbox. Select the 'Do not know' checkbox for month and '2030' for year to indicate 'No Response'.</i>	
Month and Year	Month: Year:
Check here if respondent does not know month.	<input type="checkbox"/>
FFQ004b. CHECK: Based on the response you entered in FFQ004a, the respondent was possibly 15 years old or younger at the time of her first marriage. Did you enter FFQ004a correctly?	<input type="radio"/> Yes <input type="radio"/> No
FFQ005a. 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? <i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i>	
Month and Year	Month: Year:
Check here if respondent does not know month.	<input type="checkbox"/>
CHECK: Based on the response you entered in FFQ005a, the respondent was possibly 15 years old or younger at the beginning of her marriage or cohabitation. Did you enter FFQ005a correctly?	<input type="radio"/> Yes <input type="radio"/> No
FFQ006. Does your husband / partner have other wives or does he live with other women as if married?	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
FFQ007. What is your religion?	<input type="radio"/> Protestant <input type="radio"/> Orthodox <input type="radio"/> Muslim <input type="radio"/> Catholic <input type="radio"/> Traditional <input type="radio"/> Wakefeta <input type="radio"/> Non-believers <input type="radio"/> Other <input type="radio"/> No response
FFQ008. What is the highest level of school you attended? <i>Only record formal schooling. Do not record bible or koranic school or short courses.</i>	<input type="radio"/> Never attended <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Technical & vocational <input type="radio"/> Higher <input type="radio"/> No response
FFQ009. Can you read or write in any language?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

Section 2 – Reproduction & Fertility Preferences

Now I would like to ask about all the births you have had during your life.

FFQ018. Now I would like to ask about all the pregnancies you have had during your life. Have you ever been pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ019. How many times have you given birth to a baby that was born alive? <i>No response: -99</i>	

FFQ020. When was your FIRST birth? <i>If respondent knows the year, but not month select the 'Does not know month' checkbox. Select the 'Do not know' checkbox for month and '2030' for year to indicate 'No Response'.</i>	
Month and Year	Month: Year:
Check here if respondent does not know month.	<input type="checkbox"/>

FFQ021. When was your MOST RECENT birth? <i>Please record the date of the MOST RECENT live birth. The date should be found by calculating backwards from memorable events if needed. Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i>	
---	--

<i>Use visual aid to record dates of most recent birth</i>	
Day, Month and Year	Day: Month: Year:
Check here if respondent does not know month.	<input type="checkbox"/>
FFQ022. Is the respondent enrolled in the panel study?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
If NO: Explain the panel survey to the woman and attempt to enroll her. Even if she is enrolled in the panel study, she may also be eligible for the cross-section	
FFQ025. Are you pregnant now?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/> No response
You have identified this woman as a panel respondent, but said she is not pregnant or recently postpartum. Please confirm and go back and correct	
FFQ026. When did your last menstrual period start? <i>Hint: Help the respondent to remember the approximate date by asking her usual menstrual cycle pattern and by using local languages which are equivalent to LMP</i> <i>Enter 0 days for today</i>	<input type="radio"/> Days ago <input type="radio"/> Weeks ago <input type="radio"/> Months ago <input type="radio"/> Years ago <input type="radio"/> Before last birth <input type="radio"/> Never menstruated <input type="radio"/> In menopause/ has had hysterectomy <input type="radio"/> No response
Enter in \${mens_period_lab}.	
FFQ027. Is the respondent enrolled in the panel study? <i>If NO: Explain the panel survey to the woman and attempt to enroll her. Even if she is enrolled in the panel study, she may also be eligible for the cross-section</i>	<input type="radio"/> Yes <input type="radio"/> No
FFQ028a. Did she agree to enroll in the panel survey?	<input type="radio"/> Yes <input type="radio"/> No
FFQ028b. If yes, go back to L and change response from 1 to 3. Administer consent in N	
FFQ029a. How many months pregnant are you?	
The most recent birth was: \${recent_birth_et_lab}	
Please record the number of completed months. <i>No response: -99; Do not know: -88</i>	

<p>FFQ029b. 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? <i>Remind the respondent that we are asking about her most recent pregnancy, or if currently pregnant about the current pregnancy</i></p>	<p><input type="radio"/> Then <input type="radio"/> Later <input type="radio"/> Not at all <input type="radio"/> No response</p>
<p>FFQ030. Have you ever delivered in a health facility before?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ031. Based on your previous delivery experience, would you recommend that your friends or family members deliver in a facility or at home?</p>	<p><input type="radio"/> Facility <input type="radio"/> Home <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ032. Where would you like to deliver your baby?</p>	<p><input type="radio"/> Her Home <input type="radio"/> Other home <input type="radio"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Government health post <input type="radio"/> Other public sector <input type="radio"/> Private hospital/clinic <input type="radio"/> Other private medical sector <input type="radio"/> NGO/Faith-based health facility <input type="radio"/> Other <input type="radio"/> Have not decided yet <input type="radio"/> No response</p>
<p>FFQ033. Who would you like to have help deliver your baby?</p>	<p><input type="radio"/> Doctor <input type="radio"/> Health officer <input type="radio"/> Nurse/Midwife <input type="radio"/> Any professional healthcare provider (can't distinguish) <input type="radio"/> HEW <input type="radio"/> Traditional birth attendant <input type="radio"/> Family member <input type="radio"/> No one <input type="radio"/> Have not decided yet <input type="radio"/> No response</p>
<p>FFQ034a. Thus far in your pregnancy, have you seen a health extension worker for antenatal care?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ034b. At any point in your pregnancy, did you see a health extension worker for antenatal care?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ035. Where did you see the HEW?</p>	<p><input type="checkbox"/> Home <input type="checkbox"/> Government health post <input type="checkbox"/> Other health facility</p>

	<input type="checkbox"/> Other <input type="checkbox"/> No response
FFQ036a. How many times have you received antenatal care during this pregnancy from a health extension worker, either at a health post or at home? <i>No response: -99; Do not know: -88</i>	
FFQ036b. How many times did you receive antenatal care during this pregnancy from a health extension worker, either at a health post or at home? <i>No response: -99; Do not know: -88</i>	
FFQ037. How many months pregnant were you when you first talked to a health extension worker about your pregnancy? <i>No response: -99; Do not know: -88</i>	
FFQ038a. Have you seen a professional healthcare provider, other than an HEW, for antenatal care during this pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ038b. Did you see a professional healthcare provider, other than an HEW, for antenatal care during this pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ039. Whom did you see, not including an HEW? Anyone else? <i>Select all that apply Probe to identify each type of person and record all mentioned.</i>	<input type="checkbox"/> Doctor <input type="checkbox"/> Health officer <input type="checkbox"/> Nurse/Midwife <input type="checkbox"/> Professional health provider, can't distinguish <input type="checkbox"/> Other <input type="checkbox"/> No response
FFQ040a. How many times have you received antenatal care during this pregnancy from a professional healthcare provider, other than an HEW? <i>No response: -99; Do not know: -88</i>	
FFQ040b. How many times did you receive antenatal care during this pregnancy from a professional healthcare provider, other than an HEW? <i>No response: -99; Do not know: -88</i>	
FFQ041. How many months pregnant were you when you first received antenatal from a professional healthcare provider other than an HEW for this pregnancy? <i>No response: -99; Do not know: -88</i>	
FFQ042. Where did you receive antenatal care for this pregnancy, not including from the HEW? Anywhere else? <i>Select all that apply Probe to identify the type of source and record all mentioned</i>	<input type="checkbox"/> Her Home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector

	<input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
FFQ043. As part of your antenatal care during this pregnancy were any of the following measured at least once: <i>Hint: This includes any ANC from any provider</i>	
A) Was your blood pressure measured?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) Was your weight taken?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Did you give a urine sample that was not for a pregnancy test?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
D) Did you give a blood sample?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
E) Did you give a stool sample?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ044. I don't want to know the results, but as part of your antenatal care were you: <i>This includes any ANC from any provider</i>	
A) Tested for syphilis?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) Did you receive the results of your test?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Did someone discuss the results with you after you were tested?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

<p>FFQ045. I don't want to know the results, but as part of your antenatal care were you: <i>This includes any ANC from any provider</i></p>	
<p>A) Tested for HIV?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>B) Did you receive the results of your test?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>C) Did someone discuss the results with you after you were tested?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ046a. During your antenatal care visit, did your provider discuss breastfeeding as a method to prevent pregnancy? <i>This includes any ANC from any provider</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ046b. During your antenatal care visit, did your provider talk with you about postpartum family planning? <i>This includes any ANC from any provider.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ047. Which family planning method or methods did you discuss with the provider? <i>Select all that apply</i> <i>Note: breastfeeding was included previously and is not part of this list</i></p>	<p><input type="checkbox"/> Female Sterilization <input type="checkbox"/> Male Sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male Condom <input type="checkbox"/> Female Condom <input type="checkbox"/> Std. Days/Cycle beads <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other traditional methods <input type="checkbox"/> No response</p>
<p>FFQ048. Are you planning to breastfeed?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure yet <input type="radio"/> No response</p>
<p>FFQ049. Are you planning to use breastfeeding to delay or avoid getting pregnant?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure yet <input type="radio"/> No response</p>

FFQ050. How long do you plan to breastfeed?	<input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> Not sure yet <input type="radio"/> No response
Enter in \${brfeeding_period_lab}.	
FFQ051. Do you plan to feed your baby anything other than breastmilk in the first six months? This includes things like water, juice, oil, or tea.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure yet <input type="radio"/> No response
FFQ052. Do you plan to use a method of family planning, other than breastfeeding, within a year of giving birth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ053a. When do you plan to start using the method?	<input type="radio"/> Immediately (at facility) <input type="radio"/> At first postpartum visit <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Not sure yet <input type="radio"/> No response
FFQ053b. Enter value in \${start_method_lab}	
FFQ054. What method do you plan to use? <i>Hint: this does not include LAM/breastfeeding</i>	<input type="radio"/> Female Sterilization <input type="radio"/> Male Sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male Condom <input type="radio"/> Female Condom <input type="radio"/> Std. Days/Cycle beads <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Not sure yet <input type="radio"/> No response
FFQ055. During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is convulsions (locked jaw) after birth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ056. During this pregnancy, how many times have you gotten a tetanus injection?	
CHECK: You entered that the respondent received \${tetanus_inj_times} tetanus injections in question FFQ056. Confirm that these were received only during this pregnancy.	

<p>FFQ057. During this pregnancy have you consumed any multivitamins that contain iron, iron tablets, iron syrup, or folic acid/iron co-packs? <i>A photo of iron tablets/syrup will appear on the screen</i> [iron_tablets_syrup.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ058. During this pregnancy, have you consumed any drug for intestinal worms? <i>A photo of intestinal worms tablets will appear on the screen</i> [albendazole.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ059a. Have you experienced any of the following problems during this pregnancy:</p>	
<p>A) Severe headache with blurred vision?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>B) High blood pressure?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>C) Edema (swelling) face/feet/body?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>D) Convulsion/fits?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>E) Vaginal bleeding before delivery?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>F) High fever?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>G) Abnormal vaginal discharge (foul smelling/dark)?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>H) Lower abdominal pain?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>

I) Worsening vision, particularly at night?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ059b. Did you experience any of the following problems during this pregnancy:	
A) Severe headache with blurred vision?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) High blood pressure?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Edema (swelling) face/feet/body?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
D) Convulsion/fits?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
E) Vaginal bleeding before delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
F) High fever?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
G) Abnormal vaginal discharge (foul smelling/dark)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
H) Lower abdominal pain?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
I) Worsening vision, particularly at night?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

FFQ060A. Did you seek treatment at a health facility for Severe headache with blurred vision?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ060B. Did you seek treatment at a health facility for High blood pressure?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ060C. Did you seek treatment at a health facility for Edema face/feet/body?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ060D. Did you seek treatment at a health facility for Convulsion/fits?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ060E. Did you seek treatment at a health facility for Vaginal bleeding before delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ060F. Did you seek treatment at a health facility for High fever?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ060G. Did you seek treatment at a health facility for Abnormal vaginal discharge (foul smelling/dark)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ060H. Did you seek treatment at a health facility for Lower abdominal pain?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ060I. Did you seek treatment at a health facility for Difficulty seeing at night?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ061. During your antenatal care visit(s) was there any discussion about the following:	
A) Place of delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) Delivery by a skilled attendant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Arrangement for transport for delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
D) Where to go if experience of pregnancy danger signs?	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
E) Severe headaches with blurred vision as a danger sign in pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
F) High blood pressure as a danger sign in pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
G) Edema/swelling of the face/feet/body as a danger sign in pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
H) Convulsions/fits as a danger sign in pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
I) Bleeding before delivery as a danger sign in pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ062. Did you receive any tablets that should be taken to prevent bleeding after delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ063. As part of your antenatal care visits, did a healthcare worker or HEW talk with you about your nutrition or diet?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ064. What information or messages did you receive during your pregnancy about nutrition or diet? <i>Probe: From either a health provider at a facility or an HEW?</i> <i>Select all that apply. Read all responses aloud.</i>	<input type="checkbox"/> Eat more (quantity) <input type="checkbox"/> Eat a variety of foods / foods rich with iron (quality) <input type="checkbox"/> Take iron-containing tablets (IFAS) <input type="checkbox"/> Take preventive malaria treatment <input type="checkbox"/> Take deworming tablet <input type="checkbox"/> How much weight to gain <input type="checkbox"/> Regularly exercise <input type="checkbox"/> How to manage nausea/vomiting <input type="checkbox"/> Reduce salt intake <input type="checkbox"/> Do not eat raw meat

	<input type="checkbox"/> None of the above <input type="checkbox"/> No response
FFQ065. During this pregnancy, did you participate in a 1 to 5 meeting to discuss pregnancy-related issues with your team or team leader?	<input type="radio"/> Yes <input type="radio"/> No, member but did not participate <input type="radio"/> No, not member <input type="radio"/> No response
FFQ066. Do you know how to contact the HEW if you go into labor?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No HEW <input type="radio"/> No response
FFQ067a. Has your partner encouraged you to go to the clinic for antenatal care?	<input type="radio"/> Yes, encouraged <input type="radio"/> No, did not encourage <input type="radio"/> No, actively discouraged <input type="radio"/> No partner <input type="radio"/> Do not know <input type="radio"/> No response
FFQ067b. Did your partner encourage you to go to the clinic for antenatal care?	<input type="radio"/> Yes <input type="radio"/> No, did not encourage <input type="radio"/> No, actively discouraged <input type="radio"/> No partner <input type="radio"/> Do not know <input type="radio"/> No response
FFQ068. Have you and your partner discussed where you are planning to deliver?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> Partner not involved <input type="radio"/> No response
FFQ069. While you were pregnant, did you and your partner discuss where you planned to deliver?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> Partner not involved <input type="radio"/> No response
FFQ070. Did you go to a maternity waiting home before going into labor? <i>This is a room or home where women go to live before they deliver. It is not the waiting room in the health center</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ071. How many months pregnant were you when the [pregnancy ended/baby was born]?	
FFQ072. How many children were in this pregnancy? (eg twin or triplet?)	<input type="radio"/> Single <input type="radio"/> Twin <input type="radio"/> Triplet + <input type="radio"/> No response
I will now ask you some questions about the baby that was born. If there was more than one child, we will start with the first child born.	

ODK will repeat questions FFQ073-078 for each child born in this pregnancy

Each Child Info

ERROR: Too many groups added. <i>Remove this group by pressing your finger down on the small circle below and selecting 'remove group' from the menu that appears.</i>	
#####	<input type="radio"/>

FFQ073. What was the outcome of this pregnancy for the \${order_en} baby born?	<input type="radio"/> Live birth <input type="radio"/> Still birth <input type="radio"/> No response
--	--

FFQ074. Did the baby cry or show any signs of life?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
---	--

CHECK: The outcome of this pregnancy is live birth. Go back and correct FFQ073.	
---	--

FFQ075. What was the name given to the baby that was just born? <i>Write 'Baby' if no name given</i>	
---	--

FFQ076. Is \${baby_name} a boy or a girl?	<input type="radio"/> Boy <input type="radio"/> Girl <input type="radio"/> No response
---	--

FFQ077. Is \${baby_name} still alive?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
---------------------------------------	--

FFQ078. IF DEAD: Exactly how many days or weeks old was \${baby_name} when (he/she) died? <i>If less than 1 week, select days.</i>	<input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Do not know <input type="radio"/> No response
---	---

FFQ078b. Enter the number of \${when_died_lab}	
--	--

FFQ079. Where did you give birth? <i>Probe to identify the type of facility.</i>	<input type="radio"/> Her Home <input type="radio"/> Other home <input type="radio"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Government health post <input type="radio"/> Other public sector <input type="radio"/> Private hospital/clinic <input type="radio"/> Other private medical sector <input type="radio"/> NGO/Faith-based health facility <input type="radio"/> Other <input type="radio"/> No response
---	--

<p>FFQ080. What are the reasons you did not go to a health facility for delivery? Any other reason? Select all that apply</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Not necessary <input type="checkbox"/> Not understand that service is needed <input type="checkbox"/> Not customary <input type="checkbox"/> Cost too much <input type="checkbox"/> Lack of money <input type="checkbox"/> Too far <input type="checkbox"/> Transport problem <input type="checkbox"/> No one to accompany <input type="checkbox"/> No provider available <input type="checkbox"/> Baby came too fast <input type="checkbox"/> Providers mistreat women <input type="checkbox"/> Provider not competent <input type="checkbox"/> Sent home previously <input type="checkbox"/> Concern about privacy <input type="checkbox"/> Family did not allow <input type="checkbox"/> Better care at home <input type="checkbox"/> Not know how to go <input type="checkbox"/> Not know where to go <input type="checkbox"/> For fear <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>FFQ081. Who assisted with the delivery? <i>If Respondent says 'No one assisted,' probe to determine whether any adults were present at the delivery. If Respondent says more than one person, ask who was the primary attendant.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> No one assisted <input type="radio"/> Doctor <input type="radio"/> Health officer <input type="radio"/> Nurse/Midwife <input type="radio"/> Skilled attendant can't distinguish <input type="radio"/> Health extension worker <input type="radio"/> Health development army <input type="radio"/> Traditional birth attendant <input type="radio"/> Family member <input type="radio"/> Other <input type="radio"/> No response
<p>FFQ082. Was your delivery by caesarean, that is, did they cut your belly open to take the baby out?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ083. Was the baby weighed at birth?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ084. Did you experience any of the following problems during the delivery:</p>	
<p>A) Severe bleeding?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
B) Leaking/rupture of membrane and no labor pain for >24 hours?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Leaking/rupture of membrane before 9 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
D) Malpresentation (the feet/hand came out first) or malposition (baby lied transversely during pregnancy)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
E) Prolonged labor (>12 hours)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
F) Convulsions/fits	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ085. Where did you seek treatment for the complications you experienced during delivery? <i>Select all that apply.</i>	<input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
FFQ086. Did you experience any of the following problems within the first 24 hours after the delivery:	
A) Retained placenta? (more than 30 minutes)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) High fever with foul/smelly discharge or lower abdominal pain?	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
C) Severe/heavy bleeding?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
D) Convulsions/fits	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ087A. Where did you seek treatment for Retained placenta? (more than 30 minutes)	<input type="radio"/> Her home <input type="radio"/> Other home <input type="radio"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Government health post <input type="radio"/> Other public sector <input type="radio"/> Private hospital/clinic <input type="radio"/> Other private medical sector <input type="radio"/> NGO/Faith-based health facility <input type="radio"/> Traditional healer/medicine <input type="radio"/> Pharmacy <input type="radio"/> Other <input type="radio"/> Nowhere, no treatment sought <input type="radio"/> No response
FFQ087B. Where did you seek treatment for High fever with foul/smelly discharge or lower abdominal pain?	<input type="radio"/> Her home <input type="radio"/> Other home <input type="radio"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Government health post <input type="radio"/> Other public sector <input type="radio"/> Private hospital/clinic <input type="radio"/> Other private medical sector <input type="radio"/> NGO/Faith-based health facility <input type="radio"/> Traditional healer/medicine <input type="radio"/> Pharmacy <input type="radio"/> Other <input type="radio"/> Nowhere, no treatment sought <input type="radio"/> No response
FFQ087C. Where did you seek treatment for Severe/heavy bleeding?	<input type="radio"/> Her home <input type="radio"/> Other home <input type="radio"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Government health post <input type="radio"/> Other public sector <input type="radio"/> Private hospital/clinic <input type="radio"/> Other private medical sector <input type="radio"/> NGO/Faith-based health facility

	<input type="radio"/> Traditional healer/medicine <input type="radio"/> Pharmacy <input type="radio"/> Other <input type="radio"/> Nowhere, no treatment sought <input type="radio"/> No response
FFQ087D. Where did you seek treatment for Convulsions/fits?	<input type="radio"/> Her home <input type="radio"/> Other home <input type="radio"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Government health post <input type="radio"/> Other public sector <input type="radio"/> Private hospital/clinic <input type="radio"/> Other private medical sector <input type="radio"/> NGO/Faith-based health facility <input type="radio"/> Traditional healer/medicine <input type="radio"/> Pharmacy <input type="radio"/> Other <input type="radio"/> Nowhere, no treatment sought <input type="radio"/> No response
FFQ088. Did you receive an injection in your thigh immediately after you delivered to prevent excess bleeding?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ089. How long were you in labor before you left your home to seek care? <i>You will enter a number for x on the next screen.</i>	<input type="radio"/> Minutes <input type="radio"/> Hours <input type="radio"/> Before labor started <input type="radio"/> Do not know <input type="radio"/> No response
Enter duration in $\${\text{how_long_labour_lab}}$	
FFQ090. Did you receive blood transfusion for this delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not remember <input type="radio"/> No response
The next set of questions asks specifically about your experiences during labor, delivery and immediate postpartum care (FFQ091-FQ104).	
FFQ091. Did the doctors, nurses, or other staff at the facility treat you with respect?	<input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response
FFQ092. Did the doctors, nurses, and other staff at the facility treat you in a friendly manner?	<input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time

	<input type="radio"/> Do not remember <input type="radio"/> No response
FFQ093. Did the doctors or nurses explain to you why they were doing examinations or procedures on you?	<input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response
FFQ094. Did the doctors, nurses or other staff at the facility ask your permission/consent before doing procedures or examinations on you?	<input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response
FFQ095. Did the doctors or nurses explain to you why they were giving you any medicine?	<input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Did not get any medicine <input type="radio"/> Do not remember <input type="radio"/> No response
FFQ096. Did you feel you could ask the doctors, nurses or other staff at the facility any questions you had?	<input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response
FFQ097. During the delivery, do you feel like you were able to be in the position that you preferred?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not remember <input type="radio"/> No response
FFQ098. Did you feel like the doctors or nurses at the facility involved you in decisions about your care?	<input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Did not have to make any decisions <input type="radio"/> Do not remember <input type="radio"/> No response
FFQ099. When you needed help, did you feel the doctors, nurses or other staff at the facility paid attention?	<input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response

<p>FFQ100. Did the doctors or nurses at the facility talk to you about how you were feeling?</p>	<p> <input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response </p>
<p>FFQ101. Did you feel the doctors, nurses or other staff at the facility took the best care of you?</p>	<p> <input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response </p>
<p>FFQ102. During examinations in the labor room, were you covered up with a cloth or blanket or screened with a curtain so that you did not feel exposed?</p>	<p> <input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response </p>
<p>FFQ103. Did the doctors, nurses, or other healthcare providers call you by your preferred name?</p>	<p> <input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response </p>
<p>FFQ104. Were you allowed to have someone you wanted (outside of staff at the facility, such as family or friends) stay with you during labor?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not remember <input type="radio"/> No response </p>
<p>FFQ105. Did anyone check on YOUR health after delivery, while you were still in the facility, other than a family member? For example did someone ask you questions about your health or examine you?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not remember <input type="radio"/> No response </p>
<p>FFQ106. Who checked on your health?</p>	<p> <input type="radio"/> Doctor <input type="radio"/> Health officer <input type="radio"/> Nurse/Midwife <input type="radio"/> Skilled attendant, can't distinguish <input type="radio"/> Health extension worker <input type="radio"/> Other <input type="radio"/> No response </p>
<p>FFQ107. How long after delivery did the first check take place?</p>	<p> <input type="radio"/> Minutes <input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Do not remember <input type="radio"/> No response </p>
<p>Enter duration in \${first_check_post_lab}</p>	

<p>FFQ108. Before you left the facility after delivery, did a provider talk with you about using a family planning method?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ109. Before you left the facility after delivery, did you receive a method of family planning or a referral for a method?</p>	<p><input type="radio"/> Yes, received method <input type="radio"/> Yes, received referral <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ110. What method of family planning did you receive immediately after delivery?</p>	<p><input type="radio"/> Female Sterilization <input type="radio"/> Male Sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male Condom <input type="radio"/> Female Condom <input type="radio"/> Std. Days/Cycle beads <input type="radio"/> No response</p>
<p>Now we are going to ask you a few questions specific to the baby that was just born.</p>	
<p>FFQ111a. Was the cord tied before it was cut?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ111b. What was used to cut the cord?</p>	<p><input type="radio"/> Surgical blade <input type="radio"/> Razor blade <input type="radio"/> Bamboo strips <input type="radio"/> Scissor <input type="radio"/> Others <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ112. Was the instrument boiled before cutting the cord?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> New blade/ no need to boil <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ113. Was anything applied to the cord after cutting it?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ114. What was applied to the cord after cutting the cord? <i>Select all that apply.</i></p>	<p><input type="checkbox"/> Chlorhexidine <input type="checkbox"/> Other antiseptic/Savlon <input type="checkbox"/> Antibiotics (Powder/Ointment) <input type="checkbox"/> Spirit/Alcohol</p>

	<input type="checkbox"/> Gentian violet (GV) <input type="checkbox"/> Butter <input type="checkbox"/> Mustard oil with garlic <input type="checkbox"/> Chewed rice <input type="checkbox"/> Turmeric juice/powder <input type="checkbox"/> Ginger juice <input type="checkbox"/> Petroleum jelly <input type="checkbox"/> Body/Hair lotion <input type="checkbox"/> Cattle dung <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response				
FFQ115. Was there any bleeding after the cord was cut and/or tied?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response				
FFQ116. What did they do for the bleeding cord?	<input type="radio"/> Pressure <input type="radio"/> Sponge bath (water and soap) <input type="radio"/> Alcohol <input type="radio"/> Chlorhexidine <input type="radio"/> Injection was given <input type="radio"/> Unknown substance applied <input type="radio"/> Nothing was applied				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> ERROR: Too many groups added. <i>Remove this group by pressing your finger down on the small circle below and selecting 'remove group' from the menu that appears.</i> </td> <td style="width: 50px;"></td> </tr> <tr> <td style="padding: 5px;"> ##### </td> <td style="text-align: center; vertical-align: middle;"> <input type="radio"/> </td> </tr> </table>		ERROR: Too many groups added. <i>Remove this group by pressing your finger down on the small circle below and selecting 'remove group' from the menu that appears.</i>		#####	<input type="radio"/>
ERROR: Too many groups added. <i>Remove this group by pressing your finger down on the small circle below and selecting 'remove group' from the menu that appears.</i>					
#####	<input type="radio"/>				
FFQ117. Did \${child_name} cry/breathe normally immediately after birth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response				
FFQ118. Was anything done to help \${child_name} cry or breathe immediately after birth? <i>Do not suggest any answers. Ask: Anything else? Select all that apply.</i>	<input type="checkbox"/> Dried the baby <input type="checkbox"/> Wrapped the baby <input type="checkbox"/> Rubbed the back for stimulation <input type="checkbox"/> Rubbed the feet for stimulation <input type="checkbox"/> Use of ambu-bag <input type="checkbox"/> Heated the cord <input type="checkbox"/> Slapped the baby <input type="checkbox"/> Hold the baby upside down <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response				
FFQ119. Who took initiative to resuscitate or to help the baby cry?	<input type="radio"/> Doctor <input type="radio"/> Health officer				

	<input type="radio"/> Nurse/Midwife <input type="radio"/> Skilled attendant, can't distinguish <input type="radio"/> Health extension worker <input type="radio"/> Health development army <input type="radio"/> Traditional birth attendant <input type="radio"/> Family member <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ120. Did the baby receive eye ointment following delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ121. Did someone place the baby naked on your chest against your skin, immediately after delivery of the baby?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ122. After delivery, was \${child_name} wrapped with a cloth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ123. How many minutes after delivery of \${child_name} was he/she wrapped?	
FFQ124. When was \${child_name} given a bath for the first time?	<input type="radio"/> Immediately after birth <input type="radio"/> Within 24 hours <input type="radio"/> Second day <input type="radio"/> Third day <input type="radio"/> Days 4-6 <input type="radio"/> Day 7 and later <input type="radio"/> Not given <input type="radio"/> Do not know <input type="radio"/> No response
FFQ125. How long after birth did you first put \${child_name} to the breast? <i>Enter a number for Minutes, Hours, or Days on the next screen.</i> <i>If less than 1 hour, record minutes. If less than 24 hours, record hours; otherwise, record days. If immediately, record "0" minutes</i>	<input type="radio"/> Minutes <input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Not yet <input type="radio"/> Do not know <input type="radio"/> No response
FFQ126. Number of minutes, hours, or days baby first put to breast <i>If Immediately, record "0" minutes</i>	
FFQ127. Did anyone check on \${child_name}'s health after delivery, while you were still in the facility, other than a family member? For example, did someone	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not remember <input type="radio"/> No response

ask you questions about \${child_name}'s health or examine him/her?	
FFQ128. Who checked on \${child_name}'s health?	<input type="radio"/> Doctor <input type="radio"/> Health officer <input type="radio"/> Nurse/Midwife <input type="radio"/> Skilled attendant, can't distinguish <input type="radio"/> Health extension worker <input type="radio"/> Other <input type="radio"/> No response
FFQ129. How long after delivery did the first check take place?	<input type="radio"/> Minutes <input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Do not remember <input type="radio"/> No response
Enter \${how_child_chk_lab}:	
FFQ130. Yesterday during the day or night, did \${child_name} receive any of the following?	
Breast milk?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Vitamin, mineral supplements or medicine?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Plain water?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Sweetened, flavored water or fruit juice or tea or infusion?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Oral rehydration solution (ORS)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Infant formula?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Tinned, powered or fresh milk?	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
Herbal tonic/drinks	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Any other liquids?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Anything else?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ131. Has \${child_name} ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ132. Has \${child_name} ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ133. Do you have a card where \${child_name} vaccinations are written down? <i>If yes: May I see it please?</i>	<input type="radio"/> Yes, seen <input type="radio"/> Yes, not seen <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ134. (1) Copy date from the card for each vaccine (2) If any of the date record/s is/are missing or not legible, -88 for the day and month and 2022 for the year for specific missing or illegible records One vaccine per screen	
	BCG
Day	
Month	
Year	
BCG Error. The entry for days was invalid. Go back and correct. Valid range: 1 - 30 You entered: \${vaccine_bcg_day}	
BCG Error. The entry for months was invalid. Go back and correct. Valid range: 1 - 13 You entered: \${vaccine_bcg_month}	

<p>BCG Error. The entry for years was invalid. Go back and correct. Valid range: \${vaccine_year_min_et} - \${vaccine_year_max_et} You entered: \${vaccine_bcg_year}</p>	
	Polio 0
Day	
Month	
Year	
<p>Polio0 Error. The entry for days was invalid. Go back and correct. Valid range: 1 - 30 You entered: \${vaccine_polio0_day}</p>	
<p>Polio0 Error. The entry for months was invalid. Go back and correct. Valid range: 1 - 13 You entered: \${vaccine_polio0_month}</p>	
<p>Polio0 Error. The entry for years was invalid. Go back and correct. Valid range: \${vaccine_year_min_et} - \${vaccine_year_max_et} You entered: \${vaccine_polio0_year}</p>	
	Polio 1
Day	
Month	
Year	
<p>Polio1 Error. The entry for days was invalid. Go back and correct. Valid range: 1 - 30 You entered: \${vaccine_polio1_day}</p>	
<p>Polio1 Error. The entry for months was invalid. Go back and correct. Valid range: 1 - 13 You entered: \${vaccine_polio1_month}</p>	
<p>Polio1 Error. The entry for years was invalid. Go back and correct. Valid range: \${vaccine_year_min_et} - \${vaccine_year_max_et} You entered: \${vaccine_polio1_year}</p>	
<p>FFQ135. What illness, if any, has \${child_name} suffered from since birth? <i>Select all that apply.</i> <i>Do not read aloud.</i></p>	<p><input type="checkbox"/> Poor feeding or unable to suck <input type="checkbox"/> Diarrhea <input type="checkbox"/> Pus in the umbilicus <input type="checkbox"/> Redness of the umbilicus <input type="checkbox"/> Red eye/passage of pus from eyes</p>

	<input type="checkbox"/> Hypothermia (temp 95.5-97.5 F) <input type="checkbox"/> Jaundice <input type="checkbox"/> Convulsion <input type="checkbox"/> Skin rash/skin lesion <input type="checkbox"/> Baby does not cry/breathe <input type="checkbox"/> Fever (temp more than 101 F) <input type="checkbox"/> Unconscious <input type="checkbox"/> Fast breathing <input type="checkbox"/> Sore throat/Tonsillitis <input type="checkbox"/> Difficulty in breathing <input type="checkbox"/> Chest in drawing <input type="checkbox"/> Does not pass urine <input type="checkbox"/> Does not pass stool <input type="checkbox"/> Cold/cough <input type="checkbox"/> Vomiting <input type="checkbox"/> Reduced alertness (lethargy) <input type="checkbox"/> No illness <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Poor feeding or unable to suck?</p>	<input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Diarrhea?</p>	<input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Pus in the umbilicus?</p>	<input type="checkbox"/> Her home <input type="checkbox"/> Other home

	<input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Redness of the umbilicus?</p>	<input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Red eye/passage of pus from eyes?</p>	<input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Hypothermia (temp 95.5-97.5 F)?</p>	<input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility

	<input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Jaundice?</p>	<input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Convulsion?</p>	<input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Skin rash/skin lesion?</p>	<input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response

<p>FFQ136. Where did you seek treatment for Baby doesn't cry/breathe?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Fever (temp more than 101 F)?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Unconscious?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Fast breathing?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic

	<input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for "Sore throat/Tonsillitis</p>	<input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Difficulty in breathing?</p>	<input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Chest in drawing?</p>	<input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response

<p>FFQ136. Where did you seek treatment for Doesn't pass urine?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Doesn't pass stool?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Cold/cough?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Vomiting?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic

	<input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Reduced alertness (lethargy)?</p>	<input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ137. Has any health extension worker visited you since delivery?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ138. How many days after birth did the health extension worker visit you? <i>If less than 24 hours, write 0 days No response: -99; Do not know: -88</i></p>	
<p>FFQ139. Did you go visit a health extension worker since delivery, either for yourself or for the baby?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ140. How many days after birth did you go visit the health extension worker? <i>If less than 24 hours, write 0 days No response: -99; Do not know: -88</i></p>	
<p>FFQ141. Did you go visit another professional healthcare provider other than an HEW since delivery, either for yourself or for the baby?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ142. How many days after birth did you go visit the other professional healthcare provider? <i>If less than 24 hours, write 0 days No response: -99; Do not know: -88</i></p>	
<p>FFQ143. Whom did you see, not including an HEW? Anyone else? <i>Select all that apply</i> <i>Probe to identify each type of person and record all mentioned.</i></p>	<input type="checkbox"/> Doctor <input type="checkbox"/> Health officer <input type="checkbox"/> Nurse/Midwife <input type="checkbox"/> Professional healthcare provider, can't distinguish

	<input type="checkbox"/> Traditional healer <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>FFQ144. At your visit after delivery (either by a HEW or other professional healthcare provider) did the provider discuss:</p>	
A) Family planning?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) Exclusive breastfeeding?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Immunization?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
D) Infant feeding?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
E) Infant growth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
F) Other infant development issues?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>Sometimes a woman can have problems in holding urine and/or feces after delivering a baby. She may feel shy to talk about this problem in public. Now, with your kind permission I would like to ask you some questions regarding this. Your responses to these questions are private and will not be shared with anyone.</p>	
FIST01. Do you have problem in controlling urine, that is does your urine leak continuously, even when you are not urinating/ trying to urinate?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FIST02. Do you have problem in controlling feces, that is do you currently experience feces passing through the birth canal that you cannot stop, even when you are not defecating?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

FIST03. Currently, does your clothing get wet with your urine during sleep every night?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FIST04. Did this problem (leakage of urine and/or feces) start after you delivered this baby?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FIST05. How many days after the delivery did this problem start?	<input type="radio"/> Within 2 weeks of delivery <input type="radio"/> Between 3 - 4 weeks of delivery <input type="radio"/> Between 5 - 6 weeks of delivery <input type="radio"/> Over 6 weeks <input type="radio"/> No response
Based on your answers, you may have a health condition that requires further attention. Health workers at the nearest health post or health center can screen you and provide more information on treatment options.	
FFQ145. Are you currently breastfeeding?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ146. Are you using breastfeeding as a family planning method to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ147. How long do you plan to breastfeed?	<input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> Do not know <input type="radio"/> No response
Enter the value in \${how_long_brfeed_lab}.	
FFQ148a. You said you are currently pregnant How many other pregnancies have you had since September 2017? <i>For each pregnancy in the last two years, add a group Use New Year as a reference, Max # pregnancies are 4</i>	
FFQ148b. How many pregnancies have you had since September 2017? <i>If the respondent is recently postpartum, i.e. had a birth in the last 8 weeks please record all other pregnancies that she has had in the last two years. Do not include the pregnancy that she has already told you about in FFQ071</i>	
Remember to record all other pregnancies (other than the index pregnancy) that the respondent has had in the last 2 years	
FFQ151. 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?	<input type="radio"/> Then <input type="radio"/> Later <input type="radio"/> Not at all <input type="radio"/> No response

<p>Now think back to your most recent pregnancy (current pregnancy if currently pregnant).</p>	
<p>FFQ169. In terms of becoming a mother (first time or again), you feel that your pregnancy happened at the..... <i>Read the response options.</i></p>	<p><input type="radio"/> Right time <input type="radio"/> Ok, but not quite right time <input type="radio"/> Wrong time <input type="radio"/> No response</p>
<p>FFQ170a. Just before you became pregnant..... <i>Read the response options.</i></p>	<p><input type="radio"/> You intended to get pregnant <input type="radio"/> Your intentions kept changing <input type="radio"/> You did not intend to get pregnant <input type="radio"/> No response</p>
<p>FFQ170b. Just before you became pregnant.... <i>Read the response options.</i></p>	<p><input type="radio"/> You wanted to have a baby <input type="radio"/> You had mixed feelings about having a baby <input type="radio"/> You did not want to have a baby <input type="radio"/> No response</p>
<p>FFQ171. Before you became pregnant.... <i>Read the response options.</i></p>	<p><input type="radio"/> You and your partner had agreed for you to get pregnant <input type="radio"/> You and your partner had discussed having children together, but hadn't agreed for you to get pregnant <input type="radio"/> You and your partner never discussed having children together <input type="radio"/> No response</p>
<p>FFQ172. When you found out you were pregnant, how did you feel? <i>Read the response options</i></p>	<p><input type="radio"/> Very happy <input type="radio"/> Sort of happy <input type="radio"/> Mixed happy and unhappy <input type="radio"/> Sort of unhappy <input type="radio"/> Very unhappy <input type="radio"/> No response</p>
<p>FFQ173. When your partner found out you were pregnant, how did he feel? <i>Read the response options</i></p>	<p><input type="radio"/> Very happy <input type="radio"/> Sort of happy <input type="radio"/> Mixed happy and unhappy <input type="radio"/> Sort of unhappy <input type="radio"/> Very unhappy <input type="radio"/> Have not told partner <input type="radio"/> No partner <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ174. Before you became pregnant, did you do any of the following in preparation for pregnancy? <i>Read the response options Select multiple</i></p>	<p><input type="checkbox"/> Took folic acid/vitamins <input type="checkbox"/> Ate more healthily <input type="checkbox"/> Sought medical/health advice <input type="checkbox"/> Saved money for healthcare <input type="checkbox"/> You did not do any of the above before your pregnancy <input type="checkbox"/> No response</p>

Now I have some questions about the future	
FFQ175a. Would you like to have a/another child or would you prefer not to have any / any more children?	<input type="radio"/> Have a/another child <input type="radio"/> No more/ prefer no children <input type="radio"/> Says she can't get pregnant <input type="radio"/> Undecided/Don't know <input type="radio"/> No response
FFQ175b. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	<input type="radio"/> Have a/another child <input type="radio"/> No more/ prefer no children <input type="radio"/> Undecided/Don't know <input type="radio"/> No response
FFQ176a. 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. Select "Years" if more than 36 months. Please check that you correctly entered the value for months/years.</i>	<input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> Soon / Now <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
Enter in \${birth_gap_lab}	
FFQ176b. After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? <i>If you select months or years, you will enter a number for x on the next screen. Select "Years" if more than 36 months. Please check that you correctly entered the value for months/years.</i>	<input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> Soon / Now <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
Enter in \${current_birth_gap_lab}	
FFQ177. If you got pregnant now, how would you feel?	<input type="radio"/> Very happy <input type="radio"/> Sort of happy <input type="radio"/> Mixed happy and unhappy <input type="radio"/> Sort of unhappy <input type="radio"/> Very unhappy <input type="radio"/> No response
<p>Section 3.1 – Contraception</p> <p><i>Note: Only the Panel participants who are also enrolled in HQFQ 2019 Cross-sectional Survey are asked this section.</i></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>An image will appear on the screen for some methods. If the respondent says that she has not heard of the method or if she hesitates to answer, read the probe aloud and show her the image, if available.</i></p>	
FFQ179a. Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

<p>FFQ179b. Which method or methods are you using? <i>Probe: Anything else? Select all methods mentioned. Be sure to scroll to bottom to see all choices.</i></p>	<p><input type="checkbox"/> Female Sterilization <input type="checkbox"/> Male Sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male Condom <input type="checkbox"/> Female Condom <input type="checkbox"/> Std. Days/Cycle beads <input type="checkbox"/> LAM <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other traditional methods <input type="checkbox"/> No response</p>
<p>FFQ180. Since what months and years have you been using \${current_recent_method_lab} without stopping? <i>Calculate backwards from memorable events if needed.</i></p>	
<p>##### <i>Most Recent Birth: \${recent_birth_et_lab}.</i></p>	
<p>##### <i>Current Marriage: \${current_marriage_date_et_lab}.</i></p>	
<p>##### <i>Must be before today. Respondent must be at least 10 years old. Select 'Do not know' for month and '2030' for year to indicate 'No Response'. For RE: Mark start date and all months until now as current use on the visual aid</i></p>	
<p>Month and Year</p>	<p>Month: Year:</p>
<p>Check here if respondent does not know month.</p>	<p><input type="checkbox"/></p>
<p>FFQ181. Did you or your partner use any other methods between September 2017 and when you started using \${current_method_lab_cs}? <i>Interviewer notes: [Since September 2017; use New Year as a reference]. Probe to see if she has used the same method at a previous time.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>CS1. Have you or your partner done anything or used a method to delay or avoid getting pregnant in the last 2 years (since September 2017)? <i>Interviewer note: [Since September 2017; use New Year as a reference]</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>

Please swipe forward and select "ADD GROUP" to Start and Stop Dates for this method.

Contraceptive Methods

<p>ERROR: Too many groups added. <i>Remove this group by pressing your finger down on the small circle below and selecting 'remove group' from the menu that appears.</i></p>	
#####	<input type="radio"/>

<p>CS2. Which method did you use just before \${current_method_lab_cs}?</p> <p><i>Do not include the current method of use. Only select the current method if the woman used it continuously, stopped and restarted during the two year period.</i></p>	
---	--

<p>CS2. Which method did you use?</p> <p><i>Do not include the current method of use. Only select the current method if the woman used it continuously, stopped and restarted during the two year period.</i></p>	
---	--

#####	<input type="radio"/> Female Sterilization <input type="radio"/> Male Sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male Condom <input type="radio"/> Female Condom <input type="radio"/> Std. Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> No response
-------	---

<p>FFQ182. When did you stop using your \${cs2_method_lab}?</p> <p><i>If respondent knows the year, but not month select the 'Does not know month' checkbox. Select the 'Do not know' checkbox for month and '2030' for year to indicate 'No Response'</i></p>	
--	--

Month and Year	<p>Month:</p> <p>Year:</p>
----------------	----------------------------

Check here if respondent does not know month.	<input type="checkbox"/>
---	--------------------------

<p>FFQ183. When did you start using \${cs2_method_lab}?</p> <p><i>Please indicate the year and month you started using it. Calculate backwards from memorable events if needed.</i></p>	
<p>#####</p> <p>Most Recent Birth: \${recent_birth_et_lab}.</p>	
<p>#####</p> <p>Current Marriage: \${current_marriage_date_et_lab}.</p>	
<p>#####</p> <p><i>If respondent knows the year, but not month select the 'Does not know month' checkbox. Select the 'Do not know' checkbox for month and '2030' for year to indicate 'No Response'.</i></p>	
<p>Month and Year</p>	<p>Month: Year:</p>
<p>Check here if respondent does not know month.</p>	<input type="checkbox"/>
<p>FFQ184. You said you did not know when you started using \${cs2_method_lab}.</p> <p>Can you remember about how long you used \${cs2_method_lab} for?</p> <p><i>Number of months:</i></p>	
<p>FFQ185. Before \${cs2_method_lab}, did you or your partner use anything else to delay or avoid getting pregnant since September 2017?</p> <p><i>ODK will keep repeating these questions until the start and stop dates for a given method are both before September 2017 OR until response is "NONE"</i></p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>There are other method used. Move forward and select "Add Group"</p>	
<p>There are no other method used. Move forward and select "Do Not Add"</p>	
<p>If there are any more methods to add, move forward and select "Add Group". Otherwise, select "Do not Add."</p>	
<p>Warning: The respondent indicated that she or her partner did something or used a method to delay or avoid getting pregnant in the last 2 years (since September 2017). But you did not add a "Contraceptive Methods" group. Please go back to CS1 and check your response.</p>	
<p>SUMMARY</p>	

Please review with the respondent that all information is correct.	
Current pregnancy start: \${current_preg_start_et_lab}	
Most recent birth: \${recent_birth_start_et_lab} - \${recent_birth_et_lab}	
First birth: \${first_birth_start_et_lab} - \${first_birth_et_lab}	
No previous births	
Current method: \${current_method_lab_cs}. Start date: \${start_mtd_date_et_lab}.	
\${full_summary_et}	
Method 1: \${cs_summary_mtd_name1}. Start Date: \${cs_summary_mtd_start1}. Stop Date: \${cs_summary_mtd_stop1}.	
Method 2: \${cs_summary_mtd_name2}. Start Date: \${cs_summary_mtd_start2}. Stop Date: \${cs_summary_mtd_stop2}.	
Method 3: \${cs_summary_mtd_name3}. Start Date: \${cs_summary_mtd_start3}. Stop Date: \${cs_summary_mtd_stop3}.	
Method 4: \${cs_summary_mtd_name4}. Start Date: \${cs_summary_mtd_start4}. Stop Date: \${cs_summary_mtd_stop4}.	
Method 5: \${cs_summary_mtd_name5}. Start Date: \${cs_summary_mtd_start5}. Stop Date: \${cs_summary_mtd_stop5}.	
No current or past method use	

Now I would like to ask you some questions about why you stopped using your recent family planning methods. We still start with the one that you used most recently.
RE: Use visual aid to show different methods and dates. Start with the most recently used method and work backwards. FFQ215 is repeated for all previous methods listed in CS2

<p>ERROR: Too many groups added. <i>Remove this group by pressing your finger down on the small circle below and selecting 'remove group' from the menu that appears.</i></p>	
#####	<input type="radio"/>

FFQ215. Did you stop using \${cs2_method_name} because of any of the following reasons?

- Became pregnant while using
- Infrequent sex/husband away

<p>RECORD ALL REASONS MENTIONED. Cannot select "Do Not Know" or "No response" with other options.</p>	<input type="checkbox"/> Wanted to become pregnant <input type="checkbox"/> Side effects you experienced <input type="checkbox"/> Side effects you were worried about but did not experience <input type="checkbox"/> Husband did not approve <input type="checkbox"/> Other person did not approve <input type="checkbox"/> Wanted more effective method <input type="checkbox"/> No method available <input type="checkbox"/> Lack of access / too far <input type="checkbox"/> Costs too much <input type="checkbox"/> Inconvenient to use <input type="checkbox"/> Fatalistic <input type="checkbox"/> Difficult to get pregnant/menopausal <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>RE: For contraceptive use history, this method (number \${MSR_pos} entered) was marked as 'No response'. Therefore FFQ215 will be skipped for this method. Please proceed to the next screen.</p>	
<p>FFQ217. Have you ever done anything or tried in any way to delay or avoid getting pregnant?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>Section 3.2 – Contraception</p> <p><i>Note: Only the Panel participants who are NOT enrolled in HQFQ 2019 Cross-sectional Survey are asked this section.</i></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>FFQ235. Are you currently using a method of family planning?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ236. Which method or methods are you using? <i>Probe: Anything else? Select all methods mentioned. Be sure to scroll to bottom to see all choices.</i></p>	<input type="checkbox"/> Female Sterilization <input type="checkbox"/> Male Sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill

	<input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male Condom <input type="checkbox"/> Female Condom <input type="checkbox"/> Std. Days/Cycle beads <input type="checkbox"/> LAM <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other traditional methods <input type="checkbox"/> No response
FFQ237. When did you start using \${current_method_lab_pn}?	<input type="radio"/> Days ago: <input type="radio"/> Weeks ago: <input type="radio"/> No response
Enter \${when_start_method_lab}	
FFQ238. Before you were pregnant, did you or your partner do anything or use a method to delay or avoid getting pregnant in the last 2 years (since September 2017)? <i>Interviewer note: [Since September 2017; use New Year as a reference]</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
Please swipe forward and select "ADD GROUP" to Start and Stop Dates for this method.	

Contraceptive Methods

ERROR: Too many groups added. <i>Remove this group by pressing your finger down on the small circle below and selecting 'remove group' from the menu that appears.</i>	
#####	<input type="radio"/>

FFQ239. Which method did you use? <i>If you were using more than one method at the same time, please let us know all of the methods you used. Scroll to bottom to see all choices.</i>	<input type="radio"/> Male Sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male Condom <input type="radio"/> Female Condom <input type="radio"/> Std. Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> No response
---	--

FFQ240. When did you stop using your \${non_method_name}? <i>Please record the date. Must be before today. The date should be found by calculating backwards from memorable events. If respondent knows the year, but not month select the 'Does not know</i>	
---	--

<p>month' checkbox. Select the 'Do not know' checkbox for month and '2030' for year to indicate 'No Response'.</p>	
<p>Month and Year</p>	<p>Month: Year:</p>
<p>Check here if respondent does not know month.</p>	<p><input type="checkbox"/></p>
<p>FFQ241. When did you start using \${non_method_name}? Please indicate the year and month you started using it. Calculate backwards from memorable events if needed. Most Recent Birth: \${recent_birth_et_lab}. Current Marriage: \${current_marriage_date_lab}. If respondent knows the year, but not month select the 'Does not know month' checkbox. Select the 'Do not know' checkbox for month and '2030' for year to indicate 'No Response'.</p>	
<p>Month and Year</p>	<p>Month: Year:</p>
<p>Check here if respondent does not know month.</p>	<p><input type="checkbox"/></p>
<p>FFQ242. You said you did not know when you started using \${non_method_name}. Can you remember about how long you used \${non_method_name} for? Number of months</p>	
<p>FFQ243a. Before \${non_method_name}, did you or your partner use anything else to delay or avoid getting pregnant since September 2017?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ243b. Did you stop using \${non_method_name} because of any of the following reasons?</p>	<p><input type="checkbox"/> Became pregnant while using <input type="checkbox"/> Infrequent sex/husband/partner away <input type="checkbox"/> Wanted to become pregnant <input type="checkbox"/> Side effects you experienced <input type="checkbox"/> Side effects you were worried about, but did not experience <input type="checkbox"/> Husband did not approve <input type="checkbox"/> Other person did not approve <input type="checkbox"/> Wanted more effective method <input type="checkbox"/> No method available <input type="checkbox"/> Lack of access / too far <input type="checkbox"/> Costs too much <input type="checkbox"/> Inconvenient to use <input type="checkbox"/> Fatalistic</p>

	<input type="checkbox"/> Difficult to get pregnant/menopausal <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No response
There are other method used. Move forward and select "Add Group"	
There are no other method used. Move forward and select "Do Not Add"	
If there are any more methods to add, move forward and select "Add Group". Otherwise, select "Do not Add."	

Warning: The respondent indicated that she or her partner did something or used a method to delay or avoid getting pregnant in the last 2 years (since September 2017). But you did not add a Contraceptive Methods" group. Please go back to FFQ238 and check your response."

SUMMARY Please review with the respondent that all information is correct.	
Current pregnancy start: \${current_preg_start_et_lab}	
Most recent birth: \${recent_birth_start_et_lab} - \${recent_birth_et_lab}	
First birth: \${first_birth_start_et_lab} - \${first_birth_et_lab}	
No previous births	
Current method: \${current_method_lab_pn}. Start date: \${when_start_method_val} \${when_start_method_units_lab} ago	
\${pn_full_summary_et}	
Method 1: \${pn_summary_mtd_name1}. Start Date: \${pn_summary_mtd_start1}. Stop Date: \${pn_summary_mtd_stop1}.	
Method 2: \${pn_summary_mtd_name2}. Start Date: \${pn_summary_mtd_start2}. Stop Date: \${pn_summary_mtd_stop2}.	
Method 3: \${pn_summary_mtd_name3}. Start Date: \${pn_summary_mtd_start3}. Stop Date: \${pn_summary_mtd_stop3}.	
Method 4: \${pn_summary_mtd_name4}. Start Date: \${pn_summary_mtd_start4}. Stop Date: \${pn_summary_mtd_stop4}.	

Method 5: \${pn_summary_mtd_name5}. Start Date: \${pn_summary_mtd_start5}. Stop Date: \${pn_summary_mtd_stop5}.	
No current or past method use	

Section 3.3 – Contraception

Note: All Panel participants are asked questions from this section, except otherwise noted on each individual question.

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.

FFQ244a. In the month that you became pregnant..... <i>Read the response options</i>	<input type="radio"/> You/you and your partner were not using contraception <input type="radio"/> You/you and your partner were using contraception, but not on every occasion <input type="radio"/> You/you and your partner always used contraception, but knew that the method had failed (i.e. broke, moved, came off, came out, not worked etc) at least once <input type="radio"/> You/you and your partner always used contraception <input type="radio"/> No response
FFQ244b. Have you ever done something or used a method to delay or avoid getting pregnant? <i>(Note: Only asked the Panel women NOT enrolled in cross-section)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ245. Do you plan to use a contraceptive method to delay or avoid getting pregnant in the next year? <i>(Note: Only asked the Panel women NOT enrolled in cross-section)</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ246. During your postpartum care, did you feel pressured to use a method?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ247. Who did you feel pressured by? <i>READ ALL OPTIONS, SELECT ALL THAT APPLY</i>	<input type="checkbox"/> Doctor <input type="checkbox"/> Health officer <input type="checkbox"/> Nurse/Midwife <input type="checkbox"/> Professional healthcare provider, can't distinguish <input type="checkbox"/> Health extension worker <input type="checkbox"/> Health development army <input type="checkbox"/> Traditional birth attendant <input type="checkbox"/> Partner <input type="checkbox"/> Family member

	<input type="checkbox"/> Friends/community <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
FFQ248. During your postpartum care, did any of the health service providers force you to accept or insisted that you should accept to use a SPECIFIC method?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ249. Which method did you feel pressured to use? <i>Select all that apply</i>	<input type="checkbox"/> Female Sterilization <input type="checkbox"/> Male Sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male Condom <input type="checkbox"/> Female Condom <input type="checkbox"/> Std. Days/Cycle beads <input type="checkbox"/> LAM <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other traditional methods <input type="checkbox"/> No response
<p>Section 5 – Partner</p> <p><i>Now I would like to ask you some questions about your husband/partner.</i></p>	
FFQ250. Before you started using \${current_recent_method_lab}, had you discussed the decision to delay or avoid pregnancy with your husband/partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ251. How does your husband/partner feel about family planning?	<input type="radio"/> He disapproves of it <input type="radio"/> He does not care <input type="radio"/> He is ok with it <input type="radio"/> Do not know <input type="radio"/> No response
FFQ252. Does/did your husband/partner know that you are/were using \${current_recent_method_lab}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ253. Did you talk with your partner about using your \${current_recent_method_lab} before you started using, after you started using, or you have not talked about it?	<input type="radio"/> Before <input type="radio"/> After <input type="radio"/> No discussion <input type="radio"/> No response
FFQ254. Why have you not discussed your family planning use with your husband/partner? <i>Select all that apply—do not read options aloud</i>	<input type="checkbox"/> It does not concern him <input type="checkbox"/> There might be negative consequences

	<input type="checkbox"/> He does not know about FP <input type="checkbox"/> Other <input type="checkbox"/> No response
FFQ255. In the past 12 months, has your husband/partner:	
A. Told you not to use any family planning	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
B. Said he would leave you if you didn't get pregnant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
C. Told you he would have a baby with someone else if you didn't get pregnant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
D. Took away your family planning or kept you from going to the clinic to get family planning	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
E. Hurt you physically because you did not agree to get pregnant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

Section 6 - Empowerment/Norms

Now I'm going to ask you a series of statements about family planning. For each, please tell me how strongly you agree or disagree with the statement. Some will seem similar but we would like you to consider each one as different.

We can pause at any time. If you do not feel comfortable answering any of the statements, let me know and I will move onto the next statement.

<p>Now I'm going to ask you a series of statements about pregnancy and childbearing. For each, please tell me how strongly you agree or disagree with the statement. Some will seem similar but we would like you to consider each one as different.</p> <p>We can pause at any time. If you do not feel comfortable answering any of the statements, let me know and I will move onto the next statement.</p>	
FFQ265. I could not delay having children or else I would have been considered infertile	<input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response

<p>FFQ266. I would have felt pressured if it took a long time for me to get pregnant after marriage</p>	<p><input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response</p>
<p>FFQ267. I will have no one to take care of me when I am old if I do not produce enough children</p>	<p><input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response</p>
<p>FFQ268. I wanted to complete my education before I have/had a child</p>	<p><input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response</p>
<p>FFQ269. If I rest between pregnancies, I can take better care of my family</p>	<p><input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response</p>
<p>Now, I'd like to ask a few questions about your community.</p>	
<p>FFQ270. Do most, some, few, or no people in your community encourage women to deliver at a facility?</p>	<p><input type="radio"/> Most people <input type="radio"/> Some people <input type="radio"/> Few people <input type="radio"/> No people <input type="radio"/> Do not Know <input type="radio"/> No response</p>
<p>FFQ271. Do most, some, few, or no people in your community think it is acceptable to deliver with a traditional birth attendant?</p>	<p><input type="radio"/> Most people <input type="radio"/> Some people <input type="radio"/> Few people <input type="radio"/> No people <input type="radio"/> Do not Know <input type="radio"/> No response</p>
<p>FFQ272. Do most, some, few, or no people in your community encourage going to antenatal care?</p>	<p><input type="radio"/> Most people <input type="radio"/> Some people <input type="radio"/> Few people <input type="radio"/> No people <input type="radio"/> Do not Know <input type="radio"/> No response</p>
<p>FFQ273. Do most, some, few, or no people in your community encourage women to seek postnatal care?</p>	<p><input type="radio"/> Most people <input type="radio"/> Some people <input type="radio"/> Few people</p>

- No people
- Do not Know
- No response

Section 7. Sexual Activity

Now I'm going to ask you a few sensitive questions about sexual activity. You do not have to answer these questions if you do not want to. We can pause at any time. If you do not feel comfortable answering any of the questions, let me know and I will either move onto the next statement or skip this section entirely.

CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.

FFQ280. Have you resumed sexual activity since the birth of your most recent child?

- Yes
- No
- No response

FFQ282. Sometimes conflict can occur in relationships. At any time during your pregnancy, did your husband/partner do any of the following things to you:

A. Push you, shake you, or throw something at you?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
B. Slap you?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
C. Twist your arm or pull your hair?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
D. Punch you with his fist or with something that could hurt you?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
E. Kick you, drag you, or beat you up?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
F. Try to choke you or burn you on purpose?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
G. Threaten or attack you with a knife, gun, or other weapon?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

H. Physically force you to have sexual intercourse with him when you did not want to?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
I. Physically force you to perform any other sexual acts you did not want to?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
J. Used threats or pressure to make you have sex when you didn't want to, but did not use physical force?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
We understand that this interview may have raised some difficult issues. How are you feeling after we've asked these questions? Would you like to speak with a trained care provider further? We can connect you to the local health center for follow-up care.	
END OF SURVEY Thank the respondent for her time and update the ID card <i>Before you leave, update the ID card with the respondent's name, baby's name (if given), the outcome of the birth (live birth, still birth, miscarriage), whether there were multiple births, and whether the baby is still alive.</i>	
FOLLOW UP INTERVIEW DATES <i>Check dates within ODK and update the woman</i>	
FU6W. Date of six-weeks interview <i>If pregnant: Enter no more than 3 months past estimated due date \${estimated_delivery_date_et}. If</i>	Day: Month: Year:
FU6Wb. Did the respondent refuse future follow-up?	<input type="radio"/> Yes <input type="radio"/> No
FU6M. Date of six-month interview <i>The 6-month follow-up should occur 2 weeks before or 2 weeks after \${birth_plus_6m_et}. Enter Jan 1, 2030 if woman refuses to schedule upcoming interview.</i>	Day: Month: Year:
FU6Mb. Did the respondent refuse future follow-up?	<input type="radio"/> Yes <input type="radio"/> No
FU1Y. Date of one-year interview <i>The 1-Year follow-up should occur 2 weeks before or 2 weeks after \${birth_plus_1y_et}. Enter Jan 1, 2030 if woman refuses to schedule upcoming interview.</i>	Day: Month: Year:
Q. Did the interview take place at the respondent's home or her family home?	<input type="radio"/> Respondent's home <input type="radio"/> Her family home
R. Do you intend to move to your parent's or relative's home right before or after delivery of this pregnancy?	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
S. Do you intend to remain in your family's house for one year post-partum?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
T. Do they live in the same kebele to your home?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
U. Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m. GPS coordinates can only be collected when outside.</i>	
V. Did you have to step away from the respondent's home to take the GPS reading?	<input type="radio"/> Yes <input type="radio"/> No
QUESTIONNAIRE RESULT	
W. How many times have you visited this household to interview this female respondent?	<input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time
X. What language was this interview conducted in?	<input type="radio"/> English <input type="radio"/> Amharic <input type="radio"/> Afan Oromo <input type="radio"/> Tigrigna <input type="radio"/> Sidamigna <input type="radio"/> Wolayitigna <input type="radio"/> Afar <input type="radio"/> Somali <input type="radio"/> Kefigna <input type="radio"/> Other
Y. Was a translator used for this interview?	<input type="radio"/> Yes <input type="radio"/> No
Z. Questionnaire result <i>Record the result of the Female Questionnaire</i>	<input type="radio"/> Completed <input type="radio"/> Not at home <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Incapacitated <input type="radio"/> Respondent death <input type="radio"/> Respondent moved <input type="radio"/> Household moved