

## PMA Kenya COVID-19 Questionnaire (2020)

001a. Your name: \${your_name} Is this your name?	<input type="radio"/> Yes <input type="radio"/> No
001b. Enter your name below. <i>Please record your name</i>	
002a. Current date and time: \${now_lab}. Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
002b. Record the correct date and time.	Day: Month: Year:
Now you will select an assignment	
Select an RE group	
Select an RE	
Select an EA assignment	
Select from among assigned respondents	
There is no information for this woman from the previous survey. Please choose another woman from the assignments list.	
You have not selected an assignment. <i>Make a selection on the previous screen.</i>	
	Respondent summary
Respondent first name: \${name_auto} Age: \${age_auto} Survey language: \${language_lab} Head of household first name: \${hh_head_name_auto}	
Location summary Level 1: \${level1_auto} Level 2: \${level2_auto} Level 3: \${level3_auto} Level 4: \${level4_auto} EA name: \${EA_auto} Structure: \${structure_auto} Household: \${household_auto}	
Phone number: \${phone_auto}	
Is this the correct respondent?	<input type="radio"/> Yes <input type="radio"/> No
Tap to call \${name_auto} at \${phone_auto}	
008. Call attempt number	
009. Did someone answer your call?	<input type="radio"/> Yes <input type="radio"/> No

010. Hello. My name is _____ calling from the International Center for Reproductive Health in Kenya. May I speak to \${name_auto}?	<input type="radio"/> Yes <input type="radio"/> No
011. Do you have the correct person on the phone?	<input type="radio"/> Yes <input type="radio"/> No
012. Record the result of the phone call.	<input type="radio"/> Reached correct participant <input type="radio"/> No answer <input type="radio"/> Wrong number <input type="radio"/> Phone switched off <input type="radio"/> Phone no longer working <input type="radio"/> Participant not available

**INFORMED CONSENT**

*Read the greeting on the next screen*

Hello. My name is . . . . . and I am working for the International Center for Reproductive Health in Kenya. I interviewed you about five months ago when I visited your household . . . . . (name of the EA) for a family planning survey. I would like to ask you some questions on the current COVID-19 (Corona Virus) pandemic. You have been selected to participate in this survey because you gave us consent to be followed up and your phone number after you were interviewed in the PMA Phase 1 Survey in November-December 2019. Your participation will involve a phone interview (NOT RECORDED), which will last about 20-30 minutes.

We will appreciate your participation in this survey. Information from this interview will be used by Ministry of Health specifically the COVID-19 response team to plan service improvements or further studies. Researchers may also use the data collected for analyses. However, your name will not be linked to your responses; your identity will remain completely confidential.

You are invited to participate in this study. Please know that this interview is completely voluntary. By participating, there is no direct benefit to you but there is a societal benefit in enabling government and non-government programs better plan health services, especially for COVID-19.

You will be reimbursed Kshs 200.00 for time spent to participate in the study.

You may refuse to answer any question or choose to stop the interview at any time. We will take all measures to protect confidentiality and privacy of your information such that if loss was to occur, the extent of such loss will be minimal.

Should you have any concerns or issues about the study, you may contact the study the Secretary/chair KNH-UoN ERC on Tel. No xxxxxxx Ext xxxxxx, or Principal

Investigator Prof. Peter Gichangi, at xxxxxxxx. Do you have any questions presently about the survey?	
013. Read the verbal consent text. Then, ask: May I begin the interview now?	<input type="radio"/> Yes <input type="radio"/> No
014. Please tell me your name	
015. Please tell me your age in years. <i>Enter -88 for do not know. Enter -99 for no response.</i>	
CHECK: The respondent said in a previous survey that she is \${age_auto}. Did the respondent say she is \${age} years old? If yes, then she is too young to participate in this survey.	<input type="radio"/> Yes <input type="radio"/> No
CHECK: The respondent said in a previous survey that she is \${age_auto}. Did the respondent say she is \${age} years old?	<input type="radio"/> Yes <input type="radio"/> No
016. 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"/> Post-Primary/Vocational <input type="radio"/> Secondary/'A' Level <input type="radio"/> College (Middle Level) <input type="radio"/> University <input type="radio"/> No response
<b>SECTION 1: BACKGROUND</b>	
<i>I would like to ask you some questions about your background and residence</i>	
017. Are you currently in \${region_lab}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
018. In which COUNTY are you staying now?	<input type="radio"/> BUNGOMA <input type="radio"/> KERICHO <input type="radio"/> KIAMBU <input type="radio"/> KILIFI <input type="radio"/> KITUI <input type="radio"/> NAIROBI <input type="radio"/> NANDI <input type="radio"/> NYAMIRA <input type="radio"/> SIAYA <input type="radio"/> KAKAMEGA <input type="radio"/> WEST POKOT <input type="radio"/> MOMBASA <input type="radio"/> KWALE <input type="radio"/> TANA RIVER <input type="radio"/> LAMU <input type="radio"/> TAITA-TAVETA

	<input type="radio"/> GARISSA <input type="radio"/> WAJIR <input type="radio"/> MANDERA <input type="radio"/> MARSABIT <input type="radio"/> ISIOLO <input type="radio"/> MERU <input type="radio"/> THARAKA-NITHI <input type="radio"/> EMBU <input type="radio"/> MACHAKOS <input type="radio"/> MAKUENI <input type="radio"/> NYANDARUA <input type="radio"/> NYERI <input type="radio"/> KIRINYAGA <input type="radio"/> MURANG'A <input type="radio"/> TURKANA <input type="radio"/> SAMBURU <input type="radio"/> TRANS-NZOIA <input type="radio"/> UASIN GISHU 2 <input type="radio"/> ELGEYO-MARAKWET <input type="radio"/> BARINGO <input type="radio"/> LAIKIPIA <input type="radio"/> NAKURU <input type="radio"/> NAROK <input type="radio"/> KAJIADO <input type="radio"/> BOMET <input type="radio"/> VIHIGA <input type="radio"/> BUSIA <input type="radio"/> KISUMU <input type="radio"/> HOMA BAY <input type="radio"/> MIGORI <input type="radio"/> KISII <input type="radio"/> Other <input type="radio"/> No response
<p>103. Do you have a dedicated place to wash your hands at your current residence?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>104. Do you have soap at this place to wash your hands?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>105. How many times did you wash your hands with soap yesterday?</p>	<input type="radio"/> Zero (0) <input type="radio"/> 1 to 3 <input type="radio"/> 4 to 10 <input type="radio"/> More than 10 <input type="radio"/> No response

## SECTION 2: AWARENESS OF COVID-19, and MEDIA EXPOSURE

The next series of questions are about COVID-19, also called Coronavirus.

<p>201. How much, if anything, have you heard or read about the recent Coronavirus (COVID-19) outbreak? <i>Read all options</i></p>	<p><input type="radio"/> A lot <input type="radio"/> Some <input type="radio"/> A little <input type="radio"/> Not at all <input type="radio"/> No response</p>
<p>202. How did you learn about Coronavirus (COVID-19)? <i>Do not read responses. Select all that apply</i></p>	<p><input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Poster / billboard <input type="checkbox"/> Town crier <input type="checkbox"/> Phone message <input type="checkbox"/> Family <input type="checkbox"/> Friends / neighbors <input type="checkbox"/> Community/religious leaders <input type="checkbox"/> Social media (Twitter, Facebook, WhatsApp) <input type="checkbox"/> Health personnel <input type="checkbox"/> Messages from government or authorities <input type="checkbox"/> School <input type="checkbox"/> None of the above <input type="checkbox"/> No response</p>
<p>203. Have you ever heard of an emergency number or call center for reporting suspected cases of coronavirus? <i>PROBE: If yes, ask if the respondent knows the number</i></p>	<p><input type="radio"/> Yes, knows the number <input type="radio"/> Yes, but does not know the number <input type="radio"/> No <input type="radio"/> No response</p>
<p>204. Which of these sources do you trust for accurate information about Coronavirus (COVID-19)? <i>Read all options Select all that apply</i></p>	<p><input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Poster / billboard <input type="checkbox"/> Town crier <input type="checkbox"/> Phone message <input type="checkbox"/> Family <input type="checkbox"/> Friends / neighbors <input type="checkbox"/> Community/religious leaders <input type="checkbox"/> Social media (Twitter, Facebook, WhatsApp) <input type="checkbox"/> Health personnel <input type="checkbox"/> Messages from government or authorities <input type="checkbox"/> School</p>

	<input type="checkbox"/> None of the above <input type="checkbox"/> No response
205. Do you trust the call center number for accurate information?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
206. Have you tried to call the emergency number or call center?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p><b>SECTION 3: COVID-19 RISK PERCEPTION</b></p> <p><i>Now I would like to ask about your views about Coronavirus (COVID-19). Your answers will be kept completely confidential.</i></p>	
301. If someone in your family caught Coronavirus (COVID-19), would you want to keep it a secret?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
302. How concerned are you about the spread of Coronavirus (COVID-19) in your community? <i>Read all options</i>	<input type="radio"/> Very concerned <input type="radio"/> Concerned <input type="radio"/> A little concerned <input type="radio"/> Not concerned <input type="radio"/> No response
303. Approximately how many people in your community do you think are or have been infected with Coronavirus (COVID-19)? <i>Read all options</i>	<input type="radio"/> Most people <input type="radio"/> Some people <input type="radio"/> Few people <input type="radio"/> No one is infected <input type="radio"/> Do not know <input type="radio"/> No response
304. Have any of your close relatives or friends had or have Coronavirus (COVID-19)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
305. How concerned are you about getting infected yourself? <i>Read all options</i>	<input type="radio"/> Very concerned <input type="radio"/> Concerned <input type="radio"/> A little concerned <input type="radio"/> Not concerned <input type="radio"/> I am currently / was infected with COVID-19 <input type="radio"/> No response

## SECTION 4: COVID-19 SYMPTOMS AND TRANSMISSION

Now I would like to ask about your knowledge of COVID-19 symptoms and transmission.

<p>401. What are common symptoms of Coronavirus (COVID-19) infection? <i>Do not read responses. Select all that apply</i></p>	<input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath/difficulty breathing <input type="checkbox"/> Chest pain <input type="checkbox"/> Sore throat <input type="checkbox"/> Runny or stuffy nose <input type="checkbox"/> Muscle or body aches <input type="checkbox"/> Headaches <input type="checkbox"/> Fatigue (tiredness) <input type="checkbox"/> Diarrhea <input type="checkbox"/> Loss of taste <input type="checkbox"/> Loss of smell <input type="checkbox"/> Rash <input type="checkbox"/> Dizziness <input type="checkbox"/> Sneezing <input type="checkbox"/> Other <input type="checkbox"/> Do not know any symptoms <input type="checkbox"/> No response
<p>402. Which of the following statements are true about the Coronavirus (COVID-19) infection? <i>Read all options</i></p>	
<p>Some people cannot be infected with Coronavirus (COVID-19)</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>Most people experience mild or no symptoms</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>Most people develop serious illness requiring hospitalization</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>People can be infected and not have symptoms</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

Only people with symptoms are contagious	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
You can become infected by shaking hands with someone who is infected	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
You can become infected by close contact with infected people even if you are not touching	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
People of all ages can become infected	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Coronavirus (COVID-19) is mostly a risk to rich people	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

403. Which of the following actions can reduce the risk of being infected? <i>Read all options</i>	
Washing hands with soap and water frequently	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Washing hands with hand sanitizer frequently	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Avoiding any close contact (2 meters) with people when you go out	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Staying in your home	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Getting vaccinated	<input type="radio"/> Yes <input type="radio"/> No



	<input type="radio"/> Do not know <input type="radio"/> No response
Traditional practices	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Wearing something that covers your mouth and nose when you go out (a mask)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Avoiding shaking hands with others	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Coughing/sneezing into your elbow or tissue	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Prayer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
404. Have you taken any action to prevent becoming infected?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
405. What have you done? <i>Read all options Select all that apply</i>	<input type="checkbox"/> Washing hands with soap and water frequently <input type="checkbox"/> Washing hands with hand sanitizer frequently <input type="checkbox"/> Avoiding any close contact (2 meters) with people when you go out <input type="checkbox"/> Staying in your home <input type="checkbox"/> Getting vaccinated <input type="checkbox"/> Traditional practices <input type="checkbox"/> Wearing something that covers your mouth and nose when you go out (a mask) <input type="checkbox"/> Avoiding shaking hands with others <input type="checkbox"/> Coughing/sneezing into your elbow or tissue <input type="checkbox"/> Prayer

	<input type="checkbox"/> Other <input type="checkbox"/> No response
406. Are you able to avoid contact with people outside of your household?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
407. What are some reasons why you might not be able to avoid contact with people outside of your household? <i>Read all options Select all that apply</i>	<input type="checkbox"/> My work or way of earning money requires me to leave the house <input type="checkbox"/> I need to visit the market <input type="checkbox"/> I need to visit the water source / well <input type="checkbox"/> My studies require me to leave the household <input type="checkbox"/> I need to attend funerals in the community <input type="checkbox"/> I need to attend religious services <input type="checkbox"/> I need to visit my family/relatives <input type="checkbox"/> To seek out health care <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p><b>SECTION 5: SOCIAL CONSEQUENCES OF COVID-19</b></p> <p><i>We understand that COVID-19 is affecting many people's lives. We're interested in learning more about how you are being affected.</i></p>	
501. Since Coronavirus (COVID-19) restrictions began, how much of a loss of income has your household experienced? <i>Read all options</i>	<input type="radio"/> None <input type="radio"/> Complete <input type="radio"/> Partial <input type="radio"/> No response
502. Since Coronavirus (COVID-19) restrictions began, how much of a loss of income have you experienced? <i>Read all options</i>	<input type="radio"/> Large <input type="radio"/> Moderate <input type="radio"/> Small <input type="radio"/> Has no income <input type="radio"/> No response
503. Are you worried about the impact of Coronavirus (COVID-19) on your household's finances in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
504. Since the Coronavirus (COVID-19) restrictions began, did you or any household member go a whole day and night without eating anything because there was not enough food?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
505. Is this more common now compared to before the Coronavirus (COVID-19) restrictions began?	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
506. Since the Coronavirus (COVID-19) restrictions began, how often has this happened?	<input type="radio"/> Rarely (1-2 times) <input type="radio"/> Sometimes (3-10 times) <input type="radio"/> Often (more than 10 times) <input type="radio"/> Do not know <input type="radio"/> No response
507. Are you currently married or living together with a man as if married? <i>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</i>	<input type="radio"/> Yes, currently married <input type="radio"/> Yes, living with a man <input type="radio"/> Not currently in union: Divorced / separated <input type="radio"/> Not currently in union: Widow <input type="radio"/> No, never in union <input type="radio"/> No response
508. Since the Coronavirus (COVID-19) restrictions began, who usually makes decisions about making household purchases for daily needs: you, your husband/partner, you and your husband/partner jointly, or someone else?	<input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response
509. Are you currently economically reliant on your husband/partner for basic needs?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
510. Are you more economically reliant on your husband/partner now than before the Coronavirus (COVID-19) restrictions began?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p><b>SECTION 6: COVID-19 AND FAMILY PLANNING</b></p> <p><i>Now I would like to ask you about pregnancy and family planning.</i></p>	
601. Are you currently pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/> No response
602. Have you needed to visit a health facility since the Coronavirus (COVID-19) restrictions began, including for family planning?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
603. What was the reason why you needed to visit a health facility? <i>Read all options Select all that apply</i>	<input type="checkbox"/> Family planning services <input type="checkbox"/> ANC <input type="checkbox"/> Delivery <input type="checkbox"/> PNC <input type="checkbox"/> Child's health <input type="checkbox"/> Immunization

	<input type="checkbox"/> Pick up of regular medications <input type="checkbox"/> HIV <input type="checkbox"/> Emergency services <input type="checkbox"/> General health services <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>604. Have you experienced any of the following difficulties in accessing healthcare services since the Coronavirus (COVID-19) restrictions began?  <i>Read all options Select all that apply</i></p>	<input type="checkbox"/> Healthcare facility or doctor's office closed, appointment not possible <input type="checkbox"/> Partner does not approve <input type="checkbox"/> No transportation to access healthcare services <input type="checkbox"/> Unable to access services because of government restrictions on movement <input type="checkbox"/> Unable to afford healthcare services <input type="checkbox"/> Fear of being infected with COVID-19 at healthcare facilities <input type="checkbox"/> Did not attempt to access healthcare services or did not experience difficulties accessing care <input type="checkbox"/> No response
<p>605. Did you successfully access the health services you needed?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>606a. Now I have some questions about the future. Would you like to have a child or would you prefer not to have any children?</p>	<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
<p>606b. Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	<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
<p>607a. How long would you like to wait from now before the birth of a 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></p>	<input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> Says she can't get pregnant <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response

<p>607b. 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></p>	<p><input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> Says she can't get pregnant <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>607c. Enter the number of \${waitchild_lab} you would like to wait:</p>	
<p>608. Have you changed your mind about wanting to get pregnant due to concerns about Coronavirus (COVID-19)?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>609. If you got pregnant now, how would you feel? <i>Read all 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>610. Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>611. You said that you do not want any more children and that you are not using a method to avoid pregnancy. Can you tell me the reason why you are not using a method to prevent pregnancy? <i>Read all options Select all that apply</i></p>	<p><input type="checkbox"/> Healthcare facility or doctor's office closed, appointment not possible <input type="checkbox"/> Partner does not approve <input type="checkbox"/> No transportation to access services <input type="checkbox"/> Preferred contraceptive method unavailable <input type="checkbox"/> Unable to access services because of government restrictions on movement <input type="checkbox"/> Unable to afford FP services <input type="checkbox"/> Fear of being infected with COVID-19 at healthcare facilities <input type="checkbox"/> Other <input type="checkbox"/> No response</p>
<p>612. Which method or methods are you using? PROBE: Anything else? <i>Select all methods mentioned. SCROLL TO THE 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</p>

	<input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> Diaphragm <input type="checkbox"/> Foam/Jelly <input type="checkbox"/> Standard 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
Check here to acknowledge you considered all options.	<input type="radio"/>
613. Have you used emergency contraception since the Coronavirus (COVID-19) restrictions began?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<b>SECTION 7: Follow-up Consent</b>	
701. Thank you for the time you have kindly granted us. We look forward to speaking with you again. Do you have a better number we can reach you at in case we would like to follow-up with you in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
702. What is the updated number? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
703. Can you repeat the number again? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
<b>Questionnaire result</b>  <i>Thank the respondent for her time.</i>  <i>The respondent is finished, but there are still more questions for you to complete.</i>	
098. In what language was this interview conducted?	<input type="radio"/> English <input type="radio"/> Kiswahili <input type="radio"/> Other
099. Questionnaire Result <i>Record the result of the questionnaire.</i>	<input type="radio"/> Completed <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Other