

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
IDENTIFICATION											
A	<p>Are you in the correct household?</p> <p>This is the picture of the front of the home taken during the Household Questionnaire.</p> <p>IF NOT, RETURN TO INTERVIEW THE CORRECT HOUSEHOLD.</p> <p>[ODK will display the photo attached to the linked Household Questionnaire]</p>	Yes 1 No 0									
B	<p>How many times have you visited this household to interview this female respondent?</p>	1 st time 1 2 nd time 2 3 rd time 3									
C	<p>Your name: [Interviewer name from Household Questionnaire]</p> <p>Is this your name?</p> <p>Enter your name below. <i>Please record your name</i></p>	Yes 1 No 0 Interviewer's Name									
D	<p>Current date and time: Is this date and time correct?</p> <p>[ODK will display on screen]</p>	Yes 1 No 0	Skip to F if Yes								
E	<p>Record the correct date and time.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Date</td> <td style="width: 25%;">Month</td> <td style="width: 25%;">Day</td> <td style="width: 25%;">Year</td> </tr> <tr> <td>Time</td> <td>Hours</td> <td>Minutes</td> <td>AM/PM</td> </tr> </table>	Date	Month	Day	Year	Time	Hours	Minutes	AM/PM	
Date	Month	Day	Year								
Time	Hours	Minutes	AM/PM								
F	<p>The following information is from the Household Questionnaire. Please review to make sure you are interviewing the correct respondent.</p> <p>[ODK will display the Administrative Subdivisions, Enumeration Area, Structure Number, and Household Number entered into the Household Questionnaire linked to this Female Questionnaire.]</p> <p>Is the above information correct?</p>	Yes 1 No 0									
G	<p>CHECK: You should be attempting to interview [Respondent's Name]. Is that correct?</p> <p><i>If misspelled, select "yes" here and update the name in question "L."</i></p> <p><i>If this is the wrong person, you have two options:</i></p> <p><i>(1) exit and ignore changes to this form. Open the correct form.</i></p> <p><i>Or</i></p> <p><i>(2) find and interview the person whose name appears above.</i></p>	Yes 1 No 0									
G	<p>Is the respondent present and available to be interviewed today?</p>	Yes 1 No 0	Skip to L if No								
H	<p>How well acquainted are you with the respondent?</p>	Very well acquainted 1 Well acquainted 2 Not well acquainted 3 Not acquainted 4									

Female Questionnaire

INFORMED CONSENT
Find the woman between the ages of 15-49 associated with this Female Questionnaire. The interview must have auditory privacy. Read the following greeting:

Hello. My name is _____ and I am working for [COUNTRY PARTNER] in collaboration with [OTHER PARTNERS]. We are conducting a local survey that asks women about various reproductive health issues. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. The survey usually takes between 15 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

I	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes 1 No 0	Skip to L if No
J	Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i>	GATHER SIGNATURE: Check box: <input type="checkbox"/>	
K	Interviewer's name: [Interviewer name from Household Questionnaire] <i>Mark your name as a witness to the consent process.</i>		
L	Respondent's name [ODK will display the Respondent's name from linked Household Roster] <i>You may correct the spelling here if it is not correct, but you must be interviewing the person whose name appears below.</i>		

Section 1 – Respondent's Background, Marital Status, HH characteristics

Now I would like to ask about your background and socioeconomic conditions.

0	In what month and year were you born? The age in the household roster is [AGE].	Month:	Year:	
1	How old were you at your last birthday? <i>Must be more than 14. Must agree with FQ0.</i>	Age:		
2	What is the highest level of school you attended? [ODK will populate country-specific list of the various levels of education that are available in that country]	Never Attended 0 LEVEL 1 1 LEVEL 2 2 LEVEL 3 3 LEVEL 4 4 LEVEL 5 5 No response -99		
3	Are you currently married or living together with a man as if married? <i>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</i>	No, never in union 0 Yes, currently married 1 Yes, living with a man 2 Not currently in union: Divorced / separated 3 Not currently in union: Widow 4 No response -99	Skip to 8 if No, never in union	

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4	Have you been married or lived with a man only once or more than once?	Only once 1 More than once..... 2 No response -99	Skip to 5b if Only once
5a	In what month and year did you start living with your FIRST husband / partner? <i>Enter Jan 2020 for no response.</i>	Month: _____ Year: _____	
	[If ≤15 years old at marriage date, ODK will display:] CHECK: Based on the response you entered in FQ5a, the respondent was possibly 15 years old or younger at the time of her first marriage. Did you enter FQ5a correctly?	Yes 1 No 0	
5b	Now I would like to ask about when you started living with your CURRENT or MOST RECENT husband / partner. In what month and year was that? <i>Enter Jan 2020 for no response.</i>	Month: _____ Year: _____	
	[If ≤15 years old at marriage date ODK will display:] CHECK: Based on the response you entered in FQ5b, the respondent was possibly 15 years old or younger at the time of her first marriage. Did you enter FQ5b correctly?	Yes 1 No 0	
	CHECK 3: Currently married/cohabitating?	Yes 1 No 0	Skip to 8 if No
6	Does your husband / partner have other wives or does he live with other women as if married?	Yes 1 No 0 Don't know -88 No response -99	
7	Is your husband / partner living with you now or is he staying elsewhere?	Living with respondent..... 1 Staying elsewhere 2 No response -99	
Section 2 – Reproduction, Pregnancy & Fertility Preferences			
<i>Now I would like to ask about all the births you have had during your life.</i>			
8	How many times have you given birth? <i>Enter -99 for no response. 0 is a possible answer.</i>	Number of births: _____	Skip to 13 if 0, skip to 9 if 1.
	Were all of those live births? <i>If no, go back and change FQ8 to record only live birth events.</i>	Yes 1 No 0	
8a	When was your FIRST birth? <i>Please record the date of the FIRST live birth. Date should be found by calculating forward or backward from memorable events if needed. Enter Jan 2020 for no response.</i>	Month: _____ Year: _____	

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9	<p>When was your MOST RECENT live birth?</p> <p><i>Please record the date of the MOST RECENT live birth. The date should be found by calculating backwards from memorable events if needed. Enter Jan 2020 for no response.</i></p>	Month:	Year:	Skip to 11 if not in last year and/or Q8 is 1
10	<p>When did you give birth before the most recent one?</p> <p><i>Please record the date of the birth before the last. The date should be found by calculating backwards from memorable events if needed. Enter Jan 2020 for no response.</i></p>	Month:	Year:	
11	<p>Is your last baby / child still alive?</p>	Yes 1 No 0 Don't know -88		Skip to 13 if Yes
12	<p>When did your last baby / child die?</p> <p><i>Please record the date of the child's death. The date should be found by calculating backwards from memorable events if needed. Enter Jan 2020 for no response.</i></p>	Month:	Year:	
13	<p>When did your last menstrual period start?</p> <p><i>If you select days, weeks, months or years, you will enter a number for x on the next screen. Enter 0 days for today, not 0 weeks/months/years.</i></p>	Days ago: Weeks ago: Months ago: Years ago: Menopausal / Hysterectomy 1 Before last birth 2 Never menstruated 3 No response -99		
14	<p>Are you pregnant now?</p>	Yes 1 No 0 Unsure 2 No response -99		Skip to 16 if No or Unsure
15	<p>How many months pregnant are you? The most recent birth was: [Date of most recent birth]</p> <p><i>Please record the number of completed months. Enter -88 for do not know, -99 for no response.</i></p>	Number of months: _____		
	<p>CHECK 14: Currently pregnant?</p>	Yes 1 No 0		16a if no 16b if yes
16a	<p>Now I have some questions about the future. Would you like to have a/another child or would you prefer not to have any / any more children?</p>	Have a/another child..... 1 No more/prefer no children..... 2 Says she can't get pregnant..... 3 Undecided / Don't know..... -88 No response -99		Skip to 17a if 1 and 18 for all other

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16b	<p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	<p>Have a/another child..... 1 No more/prefer no children..... 2 Says she can't get pregnant..... 3 Undecided / Don't know..... -88 No response -99</p>	<p>Skip to 17b if 1 and 18 for all other</p>
17a	<p>How long would you like to wait from now before the birth of a/another child?</p> <p><i>If you select months or years, you will enter a number for x on the next screen.</i></p> <p><i>Select "Years" if more than 36 months.</i></p>	<p>Months: Years: Soon / now..... 1 Other..... 2 Says she can't get pregnant..... 3 Don't know..... -88 No response -99</p>	
17b	<p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p> <p><i>If you select months or years, you will enter a number for x on the next screen.</i></p> <p><i>Select "Years" if more than 36 months.</i></p>	<p>Months: Years: Soon / now..... 1 Says she can't get pregnant..... 2 Other..... 3 Don't know..... -88 No response -99</p>	
	<p>CHECK 8: Number of births CHECK 14: Currently pregnant?</p>	<p>Number of births: _____ Yes..... 1 No..... 0</p>	<p>Skip to 19 if 0 births and 14: No. Skip to 18a if 14: no and 18b if 14: yes</p>
18a	<p>Now I would like to ask a question about your last live birth.</p> <p>At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / any more children at all?</p>	<p>Then 1 Later 2 Not at all 3 No response -99</p>	
18b	<p>Now I would like to ask a question about your current pregnancy.</p> <p>At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / any more children at all?</p>	<p>Then 1 Later 2 Not at all 3 No response -99</p>	
Section 3 – Contraception			
<i>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.</i>			
19	<p>Have you ever used anything or tried in any way to delay or avoid getting pregnant?</p>	<p>Yes..... 1 No 0</p>	<p>Skip to 25 if No</p>
20	<p>How old were you when you first used a method to delay or avoid getting pregnant?</p> <p>The respondent said she was [age from FQ1] years old at her last birthday.</p> <p><i>Enter the age in years. Enter -88 if respondent does not know. Enter -99 if there is no response. Cannot be younger than 9.</i></p>	<p>Age: _____</p>	

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20a	<p>How many living children did you have at that time, if any?</p> <p>Note: the respondent said that she gave birth [number of live births] times in FQ8.</p> <p><i>Enter -99 for no response</i></p>	<p>Number of living children: _____</p>																																																							
21	<p>Which method did you first use to delay or avoid getting pregnant?</p> <p><i>Do not read the method choices. Be sure to scroll to bottom to see all choices.</i></p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Ye s</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>Female Sterilization</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Male Sterilization</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Implant</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>IUD</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Injectables</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Pill</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Emergency Contraception</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Male Condom</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Female Condom</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Diaphragm</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Foam/Jelly</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Std. Days/Cycle beads</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>LAM</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Rhythm method</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Withdrawal</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Other traditional method.....</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>No response.....</td><td style="text-align: center;">-99</td><td></td></tr> </tbody> </table>		Ye s	No	Female Sterilization	1	0	Male Sterilization	1	0	Implant	1	0	IUD	1	0	Injectables	1	0	Pill	1	0	Emergency Contraception	1	0	Male Condom	1	0	Female Condom	1	0	Diaphragm	1	0	Foam/Jelly	1	0	Std. Days/Cycle beads	1	0	LAM	1	0	Rhythm method	1	0	Withdrawal	1	0	Other traditional method.....	1	0	No response.....	-99		
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22	<p>Are you currently doing something or using any method to delay or avoid getting pregnant?</p>	<p>Yes 1</p> <p>No 0</p>	<p>Skip to 25 if No</p>																																																						
23	<p>Which method or methods are you using?</p> <p>Probe: Anything else?</p> <p><i>Select all methods mentioned. Be sure to scroll to bottom to see all choices.</i></p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>Female Sterilization.....</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Male Sterilization.....</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Implant.....</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>IUD.....</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Injectables.....</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Pill.....</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Emergency Contraception...</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Male Condom.....</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Female Condom.....</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Diaphragm.....</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Foam/Jelly.....</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Std. Days/Cycle beads.....</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>LAM.....</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Rhythm method.....</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Withdrawal.....</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>Other traditional method.....</td><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td>No response.....</td><td style="text-align: center;">-99</td><td></td></tr> </tbody> </table>		Yes	No	Female Sterilization.....	1	0	Male Sterilization.....	1	0	Implant.....	1	0	IUD.....	1	0	Injectables.....	1	0	Pill.....	1	0	Emergency Contraception...	1	0	Male Condom.....	1	0	Female Condom.....	1	0	Diaphragm.....	1	0	Foam/Jelly.....	1	0	Std. Days/Cycle beads.....	1	0	LAM.....	1	0	Rhythm method.....	1	0	Withdrawal.....	1	0	Other traditional method.....	1	0	No response.....	-99		<p>Skip based on most effective method only</p> <p>Skip to 29 if main method is not Male Sterilization or Female sterilization</p>
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24	<p>Did the provider tell you or your partner that this method was permanent?</p>	<p>Yes 1</p> <p>No 0</p> <p>No response.....-99</p>	<p>Skip to 29</p>																																																						
25	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>Yes 1</p> <p>No 0</p> <p>No response.....-99</p>																																																							
	<p>CHECK 14: Currently pregnant?</p>	<p>Yes 1</p>	<p>26a if no 26b if</p>																																																						

Female Questionnaire

		No 0	yes
26a	You said that you are not currently using a contraceptive method. Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?	Yes 1 No 0 No response.....-99	
26b	Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?	Yes 1 No 0 No response.....-99	
	CHECK 19: ever used contraceptives?	Yes 1 No 0	Skip to 43 if No
27	In the last 12 months, have you ever done something or used a method to delay or avoid getting pregnant?	Yes 1 No 0 No response.....-99	Skip to 43 if No
28	Which method did you use most recently? Probe: Anything else? <i>Select most effective method (highest method on list). Scroll to bottom to see all choices.</i>	Implant.....1 IUD.....2 Injectables.....3 Pill.....4 Emergency Contraception.....5 Male Condom.....6 Female Condom.....7 Diaphragm.....8 Foam/Jelly.....9 Std. Days/Cycle beads.....10 LAM.....11 Rhythm method.....12 Withdrawal.....13 Other traditional method.....14 No response.....-99	
29	When did you begin using your [MOST RECENT / CURRENT METHOD]? <i>Calculate backwards from memorable events if needed.</i> Age at first use: [Age from FQ20] Most Recent Birth: [mm-yyyy] Current Marriage: [mm-yyyy] <i>Must be at least the ages she started using a contraceptive method (FQ20).</i> <i>Must be before today. Respondent must be at least 10 years old.</i> <i>Enter Jan 2020 for no response.</i>	Month:	Year:
	CHECK 22: Currently using contraceptives?	Yes 1 No 0	Skip to 32 if Yes
30	When did you stop using your [MOST RECENT METHOD]? <i>Please record the date.</i> <i>The date should be found by calculating backwards from memorable events if needed. Must be after FQ29.</i> <i>Enter Jan 2020 for no response.</i>	Month:	Year:

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31	Why did you stop using your (MOST RECENT METHOD)?	Infrequent sex / husband away..... 1 Became pregnant while using 2 Wanted to become pregnant 3 Husband / partner disapproved 4 Wanted more effective method..... 5 No method available..... 6 Health concerns..... 7 Fear of side effects 8 Lack of access / too far..... 9 Costs too much..... 10 Inconvenient to use 11 Fatalistic 12 Difficult to get pregnant / menopausal 13 Interferes with body's processes ... 14 Other..... 15 Don't know.....-88 No response-99	
32	Where did you obtain your [MOST RECENT / CURRENT METHOD] when you started using it? <i>Scroll to bottom to see all choices.</i>	PUBLIC SECTOR: Govt hospital1 Gove health center.....2 Family planning clinic.....3 Outreach (public sector)4 Fieldworker/VHT5 PRIVATE MEDICAL SECTOR: Private hospital/clinic..... 6 Pharmacy.....7 Private doctor..8 Outreach (private sector).....9 Fieldworker/VHT.10 Maternity home..11 OTHER SOURCE: Shop12 Church.13 Friend/Relative...14 Other..... 15 Don't know..... -88 No response.....-99	
33	In the last 12 months, have you paid any fees for family planning services (including the most current method)?	Yes 1 No 0	Skip to 35 if No
34	How much did you pay? <i>Enter all prices in [local currency]. Enter -88 if respondent does not know, -99 for no response.</i>	Fee: _____	
35	When you obtained your [MOST RECENT / CURRENT METHOD], were you told by the provider about side effects or problems you might have with a method to delay or avoid getting pregnant?	Yes 1 No 0 No response -99	Skip to 37 if No
36	Were you told what to do if you experienced side effects or problems?	Yes 1 No 0 No response -99	
37	At that time, were you told by the family planning provider about methods of family planning other than the [MOST RECENT/CURRENT METHOD] that you could use?	Yes 1 No 0 No response -99	

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38	During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?	Yes 1 No 0 No response -99	Skip to 40 if yes
39	Why didn't you obtain the method you wanted?	Method out of stock that day 1 Method not available at all..... 2 Provider not trained to provide the method..... 3 Provider recommended a different method..... 4 Not eligible for method..... 5 Decided not to adopt a method 6 Too costly 7 Other..... 8 No response -99	
40	During that visit, who made the final decision about what method you got?	You alone 1 Provider 2 Partner..... 3 You and provider 4 You and partner..... 5 Other..... 6 No response -99	
	CHECK 32: Where did you obtain your [MOST RECENT / CURRENT METHOD]? [ODK will populate a list of country-specific providers organized by either public, private or other source]	PUBLIC SECTOR: Govt hospital1 Govt health center.....2 Family planning clinic.....3 Outreach (public sector)4 Fieldworker/VHT5 PRIVATE MEDICAL SECTOR: Private hospital/clinic..... 6 Pharmacy.....7 Private doctor..8 Outreach (private sector).....9 Fieldworker/VHT.10 Maternity home..11 OTHER SOURCE: Shop 12 Church.13 Friend/Relative... 14 Other..... 15 Don't know..... -88 No response..... -99	Skip to 44 if 32 is 14-15
41	Would you return to this provider? Provider: [Type of Provider from FQ32]	Yes 1 No 0 No response -99	
42	Would you refer your relative or friend to this provider / facility?	Yes 1 No 0 No response -99	

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	<p>CHECK 16: Desire for future child?</p> <p>CHECK 17: 2 or more years before next child?</p> <p>CHECK 22: Currently using contraceptive method?</p> <p>CHECK 19: Ever use a method?</p>	<p>Have a/another child..... 1 No more/none 2 Says she can't get pregnant 3 Undecided / Don't know -88</p> <p>No more/none 1 Less than 2 years 2 2 or more years 3</p> <p>Yes, using contraceptive 1 No, not using contraceptive 0</p> <p>Yes 1 No 0</p>	<p>Ask 43 to non-users (current or ever) who do not want a/another child or not before 2 years.</p>												
43	<p>You said that you do not want any / anymore children and that you are not using a method to avoid pregnancy.</p> <p>Can you tell me the reason why you are not using a method to prevent pregnancy?</p> <p>PROBE: Any other reason?</p> <p><i>RECORD ALL REASONS MENTIONED.</i></p> <p><i>Cannot select "Do Not Know" or "No response" with other options.</i></p> <p><i>Cannot select "Not married" if FQ3 is "Yes, currently married".</i></p> <p><i>Scroll to the bottom to see all choices.</i></p>	<p>Not married..... 1 Infrequent sex / husband away 2 Menopausal/Hysterectomy 3 Subfecund / infecund..... 4 Not menstruated since last birth 5 Breastfeeding 6 Up to God / fatalistic 7 Respondent opposed 8 Husband / partner opposed 9 Others opposed 10 Religious prohibition 11 Knows no method..... 12 Knows no source 13 Fear of side effects 14 Health concerns 15 Lack of access / too far 16 Costs too much 17 Preferred method not available 18 No method available..... 19 Inconvenient to use 20 Interferes with body's processes 21 Other 22 Don't know..... -88 No response -99</p>													
44	<p>In the last 12 months, were you visited by a [community health worker] who talked to you about family planning?</p>	<p>Yes 1 No 0 No response -99</p>													
45	<p>In the last 12 months, have you visited a health facility for care for yourself or your children?</p> <p><i>For any health services</i></p>	<p>Yes 1 No 0 No response -99</p>	<p>Skip to 47 if no</p>												
46	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>Yes 1 No 0 No response -99</p>													
47	<p>In the last few months have you:</p> <p>Heard about family planning on the radio?.....</p> <p>Seen anything about family planning on the television?.....</p> <p>Read about family planning in a newspaper or magazine?.....</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Yes</u></td> <td style="text-align: center;"><u>No</u></td> </tr> <tr> <td>Heard about family planning on the radio?.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Seen anything about family planning on the television?.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Read about family planning in a newspaper or magazine?.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </table>		<u>Yes</u>	<u>No</u>	Heard about family planning on the radio?.....	1	0	Seen anything about family planning on the television?.....	1	0	Read about family planning in a newspaper or magazine?.....	1	0	
	<u>Yes</u>	<u>No</u>													
Heard about family planning on the radio?.....	1	0													
Seen anything about family planning on the television?.....	1	0													
Read about family planning in a newspaper or magazine?.....	1	0													
	<p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p>														

Female Questionnaire

48	<p>How old were you when you first had sexual intercourse?</p> <p><i>Enter the age in years.</i></p> <p><i>The respondent said she was [age from FQ1] years old at her last birthday.</i></p> <p><i>[She has had x live births.] Enter 0 if she never had sex. Enter -88 if respondent does not know. Enter -99 for no response.</i></p>	Age: _____				Skip to 50 if 0
<p>[If age at first sex <10 years:]</p> <p>You have entered that the respondent was X years old when she first had sexual intercourse. Is this what she said?</p> <p><i>Go back and correct FQ48 if it is not correct.</i></p>		Yes 1 No 0				
49	<p>When was the last time you had sexual intercourse?</p> <p><i>If less than 12 months ago, answer must be recorded in months, weeks, or days.</i></p> <p><i>Enter 0 days for today.</i></p> <p><i>You will enter a number for X on the next screen.</i></p>	DAYS AGO: ____	WEEKS AGO: ____	MONTHS AGO: ____	YEARS AGO: ____	
Section 4 – Water						
<i>Now I would like to ask about your water practices.</i>						
50	<p>On a typical day in the DRY season, how much time do you spend collecting water?</p> <p><i>Only record respondent's time; not anyone else's time.</i></p> <p><i>If you select minutes or hours you will enter a number for x on the next screen.</i></p>	Number of hours/minutes per day (Either 1-24 hours, or 1-180 minutes.) X hours per day 11 X minutes per day 22 No time, someone else collects water 33 No time, no one collects water 44 Don't know -88 No response -99				
51	<p>On a typical day in the WET season, how much time do you spend collecting water?</p> <p><i>Only record respondent's time; not anyone else's time.</i></p> <p><i>If you select minutes or hours you will enter a number for x on the next screen.</i></p>	Number of hours/minutes per day (Either 1-24 hours, or 1-180 minutes.) X hours per day 11 X minutes per day 22 No time, someone else collects water 33 No time, no one collects water 44 Don't know -88 No response -99				

Female Questionnaire

Thank the respondent for her time			
<i>The respondent is finished, but there are still 2 more questions for you to complete outside the home.</i>			
LOCATION			
M	<p>Location</p> <p><i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.</i></p> <p><i>GPS coordinates can only be collected when outside.</i></p>	RECORD LOCATION	
QUESTIONNAIRE RESULT			
N	<p>Questionnaire result</p> <p><i>Record the result of the Female Questionnaire</i></p>	<p>Completed 1</p> <p>Not at home 2</p> <p>Postponed 3</p> <p>Refused 4</p> <p>Partly completed 5</p> <p>Incapacitated 6</p>	