



**mADDS –Female Respondent Questionnaire**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	S K I P								
<b>IDENTIFICATION</b>											
<b>Please record the following identifying information prior to beginning the interview.</b>											
A	Are you in the correct household? This is the picture of the front of the home taken during the household roster.  <i>ODK will display the photo taken as part of the Household Roster linked to this Female Respondent Questionnaire.</i>	Yes ..... 1 No..... 0									
B	How many times have you visited this household to interview this female respondent?	1 <sup>st</sup> time..... 1 2 <sup>nd</sup> time..... 2 3 <sup>rd</sup> time ..... 3									
C	Interviewer’s name: Is this your name?  If not, please record your name:  <i>ODK will display the name associated with the phone’s serial number</i>	Yes ..... 1 No..... 0									
D	<b>CURRENT DATE AND TIME DISPLAYED ON SCREEN.</b> Is this date and time correct?	Yes ..... 1 No..... 0	S k i p  t o  F i f Y e s								
E	Record the correct date and time.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">Time</td> <td style="text-align: center;">Hours</td> <td style="text-align: center;">Minutes</td> <td style="text-align: center;">AM/PM</td> </tr> </table>	Date	Day	Month	Year	Time	Hours	Minutes	AM/PM	
Date	Day	Month	Year								
Time	Hours	Minutes	AM/PM								
F	The following information is from the Household Roster. Please review to make sure you are interviewing the correct respondent.  <i>ODK will display the Region, District, Locality, Enumeration Area, Structure Number, and Household Number entered into the Household Roster linked to this Female Respondent Questionnaire.</i>										
G	Is the respondent present and available to be interviewed today?	Yes ..... 1 No..... 0	S k i p  t o  M								

Female Respondent Questionnaire

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

Female Respondent Questionnaire

0	In what month and year were you born? <b>CANNOT BE IN THE FUTURE.</b>	Month: _____ Year: _____	
1	How old were you at your last birthday? <b>MUST AGREE WITH THE ANSWER FILLED IN FQ0 AND HHR FORM. AGE MUST BE LESS THAN 130.</b>	Age	
2	What is the highest level of school you attended: primary, middle/JSS, secondary/SSS, or higher?	Never Attended .....0 Primary .....1 Middle/JSS .....2 Secondary/SSS .....3 Higher .....4	
3	Are you currently married or living together with a man as if married? <b>IF NO, ASK WHETHER THE RESPONDENT IS DIVORCED, SEPARATED, OR WIDOWED.</b>	Yes, living with a man ..... 2 Not currently in union: Divorced / separated ..... 3 Not currently in union: Widow ..... 4 No, never married ..... 5	S k i p t o 8 i f N o , n e v e r i n u n i o n
4	Have you been married or lived with a man only once or more than once?	Only once ..... 1 More than once ..... 2 No response .....-99	S k i p t o 5 a i f o n c e a n d 5 b

Female Respondent Questionnaire

				i f m o r e
5a	In what month and year did you start living with your husband / partner? <b>ENTER JAN 2020 FOR NO RESPONSE.</b>	Month:		
		Year:		
5b	Now I would like to ask about when you started living with your current husband / partner. In what month and year was that? <b>ENTER JAN 2020 FOR NO RESPONSE. MUST BE BEFORE FQ5A.</b>	Month:		
		Year:		
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	
	<b>CHECK 3:</b> Currently married?	Yes .....	1	S k i p t o 8 i f N o
		No.....	0	
7	Is your husband/partner living with you now or is he staying elsewhere?	Living with respondent .....	1	
		Staying elsewhere.....	2	
		No response.....	-99	
<b>Section 2 – Reproduction, Pregnancy &amp; Fertility Preferences</b>				
<b>Now I would like to ask about all the births you have had during your life.</b>				
8	How many times have you given birth? <b>ENTER -88 FOR DO NOT KNOW AND -99 FOR NO RESPONSE. 0 IS A POSSIBLE ANSWER. YOU MUST RECORD ONLY LIVE BIRTHS.</b>	Number of births		S k i p t o 1 3 i f 0
8A	When was your first birth? ? <b>PLEASE RECORD THE DATE OF THE FIRST LIVE BIRTH. DATE SHOULD BE FOUND BY CALCULATING FORWARD OR BACKWARD FROM MEMORABLE EVENTS IF NEEDED.</b>	Month		Y e a r

Female Respondent Questionnaire

9	<p>When was your most recent birth?  <b>PLEASE RECORD THE DATE OF THE LAST BIRTH.THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. MUST BE AFTER THE FIRST BIRTH (FQ8A). ENTER JAN 2020 FOR NO RESPONSE</b></p>	Month	Year	S k i p t o 1 1 i f n o t i n l a s t y e a r a n d / o r Q 8 i s 1
10	<p>When did you give birth before the most recent one?  <b>PLEASE RECORD THE DATE OF THE LAST BIRTH . THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. ENTER JAN 2020 FOR NO RESPONSE.</b></p>	Month	Year	
11	<p>Is your last baby / child still alive?</p>	<p>Yes ..... 1                  No ..... 0                  Don't know ..... -88</p>		S k i p t o 1 3 i f Y e s
12	<p>When did your last baby / child die?  <b>PLEASE RECORD THE DATE OF THE CHILD'S DEATH.</b></p>	Month	Year	

Female Respondent Questionnaire

	<b>THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. ENTER JAN 2020 FOR NO RESPONSE.</b>			
13	When did your last menstrual period start?  <b>IF YOU SELECT DAYS, WEEKS, MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.</b>	Days ago: Weeks ago: Months ago: Years ago: Menopausal / Hysterectomy..... 5 Before last birth ..... 6 Never menstruated..... 7 No response.....-99		
14	Are you pregnant now?	Yes ..... 1 No..... 0 Don't know ..... -88 No response..... -99		Skip to 16 if No
15	How many months pregnant are you? <b>PLEASE RECORD THE NUMBER OF COMPLETED MONTHS. ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE.</b>	Number of months		
	<b>CHECK 14:</b> Currently pregnant?	Yes ..... 1 No..... 0 Don't know ..... -88 No response..... -99		16 a if no 16 b if yes
16 a	<b>Now I have some questions about the future.</b> Would you like to have a/another child or would you prefer not to have any / anymore children?	Have a/another child ..... 1 No more/prefer no children ..... 2 Says she can't get pregnant..... 3 Undecided / Don't know ..... -88 No response..... -99		Skip to 17 a if 1 a

Female Respondent Questionnaire

			nd 18 for all other														
16 b	<p><b>Now I have some questions about the future.</b> 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>	Skip to 17b if 1 and 18 for all other														
17 a	<p>How long would you like to wait from now before the birth of a/another child?</p> <p><b>IF YOU SELECT MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.</b></p>	<table border="1"> <tr> <td>Months:</td> <td></td> </tr> <tr> <td>Years:</td> <td></td> </tr> <tr> <td>Soon / now .....</td> <td>3</td> </tr> <tr> <td>Other .....</td> <td>4</td> </tr> <tr> <td>Says she can't get pregnant.....</td> <td>5</td> </tr> <tr> <td>Don't know .....</td> <td>-88</td> </tr> <tr> <td>No response.....</td> <td>-99</td> </tr> </table>	Months:		Years:		Soon / now .....	3	Other .....	4	Says she can't get pregnant.....	5	Don't know .....	-88	No response.....	-99	
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17 b	<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><b>IF YOU SELECT MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.</b></p>	<table border="1"> <tr> <td>Months:</td> <td></td> </tr> <tr> <td>Years:</td> <td></td> </tr> <tr> <td>Soon / now .....</td> <td>3</td> </tr> <tr> <td>Other .....</td> <td>4</td> </tr> <tr> <td>Says she can't get pregnant.....</td> <td>5</td> </tr> <tr> <td>Don't know .....</td> <td>-88</td> </tr> </table>	Months:		Years:		Soon / now .....	3	Other .....	4	Says she can't get pregnant.....	5	Don't know .....	-88			
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Female Respondent Questionnaire

	<p><b>CHECK 8:</b> Number of births</p> <p><b>CHECK 14:</b> Currently pregnant?</p>	<p>Number of births</p>		<p>S k i p  t o 1 9  i f 0  b i r t h s  a n d  1 4 : N o : S k i p  t o 1 8 a  i f 1 4 : n o  a n d  1 8 b  i f 1 4 : y e s</p>
		<p>Yes ..... 1 No..... 0</p>		
<p>18 a</p>	<p><b>Now I would like to ask a question about your last birth.</b> At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / anymore children at all?</p>	<p>Then ..... 1 Later ..... 2 Not at all ..... 3 No response.....-99</p>		
<p>18 b</p>	<p><b>Now I would like to ask a question about your current pregnancy.</b></p>	<p>Then ..... 1 Later ..... 2</p>		



Female Respondent Questionnaire

	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / anymore children at all?	Not at all ..... 3 No response.....-99														
<b>Section 3 – Contraception</b>																
<b>Now I would like to ask about the times you or your partner may have used a method to avoid getting pregnant.</b>																
19	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	Yes ..... 1 No ..... 0 No response ..... -99	Skip to 25 if No													
20	How old were you when you first used a method to delay or avoid getting pregnant?  <b>ENTER THE AGE IN YEARS. ENTER 0 IF SHE NEVER USED A METHOD. ENTER -88 IF RESPONDENT DOES NOT KNOW. ENTER -99 IF THERE IS NO RESPONSE. CANNOT BE YOUNGER THAN 9.</b>	Age														
20a	How many living children did you have at that time, if any? <b>ENTER -99 FOR NO RESPONSE.</b>	Number														
21	Which method did you first use to delay or avoid getting pregnant?  <b>DO NOT READ THE METHOD CHOICES. SCROLL TO BOTTOM TO SEE ALL CHOICES.</b>	<u>Modern methods</u> Female sterilization ..... 1 Male sterilization..... 2 Implants..... 3 IUD ..... 4 Injectables ..... 5 Pill..... 7 Emergency Contraception..... 8 Male condom ..... 9 Female condom..... 10 Standard Days/Cycle Beads..... 13 Lactational Amen. Method (LAM).. 14 Other modern method..... 19  <u>Non-modern methods</u> Rhythm method ..... 30 Withdrawal ..... 31 Other traditional method..... 39  No response..... -99														
	<b>CHECK 14:</b> Currently pregnant?	Yes ..... 1 No ..... 0 Don't know..... -88 No response ..... -99	Skip to 25 if yes													
22	Are you / your partner currently doing something or using any method to delay or avoid getting pregnant?	Yes ..... 1 No ..... 0 No response ..... -99	Skip to 25 if No													
23	Which method or methods are you using?  PROBE: Anything else?  <b>SELECT ALL METHODS MENTIONED.</b>	Female sterilization ..... a Male sterilization..... b IUD ..... c Injectables ..... d	<table border="1"> <tr> <td></td> <td><u>Y</u></td> <td><u>N</u></td> <td rowspan="4">Skip based on most effective method</td> </tr> <tr> <td></td> <td>1</td> <td>0</td> </tr> <tr> <td></td> <td>1</td> <td>0</td> </tr> <tr> <td></td> <td>1</td> <td>0</td> </tr> </table>		<u>Y</u>	<u>N</u>	Skip based on most effective method		1	0		1	0		1	0
	<u>Y</u>	<u>N</u>	Skip based on most effective method													
	1	0														
	1	0														
	1	0														

Female Respondent Questionnaire

	<b>SCROLL TO BOTTOM TO SEE ALL CHOICES.</b>	Implants..... e Pill..... f Condom..... g Female condom..... h Emergency Contraception..... i Standard Days/Cycle Beads..... l Lactational Amen. Method (LAM).. m Other modern method..... n Rhythm method..... o Withdrawal..... p Other traditional method..... q No response.....-99	1 1 1 1 1 1 1 1 1 1 1 1	0 0 0 0 0 0 0 0 0 0 0 0	od only  Skip to 29 if main meth od is 3-17
24	Did the provider tell you / your partner that this method was permanent?	Yes ..... 1 No..... 0			Skip to 29
25	Do you know of a place where you can obtain a method of family planning?	Yes ..... 1 No..... 0 No response .....-99			
	<b>CHECK 14:</b> Currently pregnant?	Yes ..... 1 No..... 0 Don't know.....-88 No response .....-99			26a if no 26b if 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			
	<b>CHECK 19:</b> ever used contraceptives?	Yes ..... 1 No..... 0 No response .....-99			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			Skip to 43 if No
28	Which method did you use most recently?  PROBE: Anything else?  <b>SELECT MOST EFFECTIVE METHOD (HIGHEST METHOD IN LIST).</b>  <b>BE SURE TO SCROLL TO BOTTOM TO SEE ALL CHOICES.</b>	<u>Modern methods</u> Female sterilization ..... 1 Male sterilization..... 2 Implants..... 3 IUD ..... 4 Injectables ..... 5 Pill..... 7 Emergency Contraception..... 8 Male condom..... 9 Female condom..... 10 Standard Days/Cycle Beads..... 13 Lactational Amen. Method (LAM).. 14 Other modern method..... 19  <u>Non-modern methods</u> Rhythm method ..... 30 Withdrawal ..... 31 Other traditional method..... 39  No response.....-99			

Female Respondent Questionnaire

29	<p>When did you begin using (MOST RECENT / CURRENT METHOD)?  <b>PLEASE RECORD THE DATE.</b>  <b>THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. MUST BE THE SAME OR AFTER YOU STARTED USING A METHOD (FQ20). MUST BE BEFORE TODAY. RESPONDENT MUST BE AT LEAST 10 YEARS OLD WHEN STARTING TO USE.</b></p> <p><b>ENTER JAN 2020 FOR NO RESPONSE.</b></p>	<p>Month</p>	<p>Year</p>
	<p><b>CHECK 22:</b> Currently using contraceptives?</p>	<p>Yes ..... 1                  No ..... 0</p>	<p>Skip to 32 if Yes</p>
30	<p>When did you stop using (MOST RECENT METHOD)?  <b>PLEASE RECORD THE DATE.</b>  <b>THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. MUST BE AFTER FQ29.</b></p> <p><b>ENTER JAN 2020 FOR NO RESPONSE.</b></p>	<p>Month</p>	<p>Year</p>
31	<p>Why did you stop using (MOST RECENT METHOD)?</p>	<p>Infrequent sex / husband away ..... 1                  Became pregnant while using ..... 2                  Wanted to become pregnant ..... 3                  Husband / partner disapproved ..... 4                  Want to use better method ..... 5                  No method available..... 6                  Health concerns ..... 7                  Fear of side effects ..... 8                  Lack of access / too far ..... 9                  Costs too much ..... 10                  Inconvenient to use ..... 11                  Fatalistic ..... 12                  Difficult to get pregnant / menopausal13                  Results disorder of natural body processes14                  Other ..... 15                  Don't know.....-88                  No response.....-99</p>	
32	<p>Where did you obtain (MOST RECENT / CURRENT METHOD) when you started using it?</p> <p><b>SCROLL TO BOTTOM TO SEE ALL CHOICES.</b></p>	<p>Public sector                  Govt. Hospital/polyclinic ..... 11                  Govt. Health center..... 12                  Govt. Health post..... 14                  Mobile clinic (public)..... 15</p> <p>NGO                  NGO health facility.....21                  Community volunteer.....22                  Family planning clinic .....25</p> <p>Private medical sector</p>	

Female Respondent Questionnaire

		Private hospital/clinic .....31 Pharmacy .....33  Other source Shop/market .....42 Friend / relative.....43  Other.....96  No response.....-99	
33	In the last 12 months, have you paid any fees for family planning services (including the most recent/current method)?	Yes ..... 1 No..... 0 No response.....-99	Skip to 35 if No
34	How much did you pay?  <b>ENTER ALL PRICES IN BIRR. ENTER -88 IF RESPONDENT DOES NOT KNOW. ENTER -99 FOR NO RESPONSE.</b>	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	
38	During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?	Yes ..... 1 No..... 0 No response.....-99	Skip to 40 if yes
39	If not, why not?  (Why didn't you obtain the method you wanted?)	Method out of stock that day ..... 1 Method not available at all..... 2 Provider not trained to provide the method3 Provider recommended a different method4 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	
	<b>CHECK 32:</b> Where did you obtain your (MOST RECENT / CURRENT METHOD)?	Public sector Govt. Hospital/polyclinic ..... 11 Govt. Health center.....12 Govt. Health post..... 14	Skip to 44 if 32 is 14-

Female Respondent Questionnaire

		Mobile clinic (public).....15 NGO NGO health facility.....21 Community volunteer.....22 Family planning clinic .....25  <u>Private medical sector</u> Private hospital/clinic .....31 Pharmacy .....33 Other source Shop/market .....42 Friend / relative.....43  Other.....96 Don't know .....-88 No response.....-99	17
41	Would you return to this provider?	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	
	<b>CHECK 16:</b> Desire for future child?  <b>CHECK 17:</b> 2 or more years before next child?  <b>CHECK 22:</b> Currently using contraceptive method?  <b>CHECK 19:</b> Ever use a method?	Have a/another child ..... 1 No more/none.....2 Says she can't get pregnant..... 3 Undecided / Don't know .....-88  No more/none..... 1 Less than 2 years ..... 2 2 or more years ..... 3  Yes, using contraceptive ..... 1 No, not using contraceptive..... 0  Yes ..... 1 No.....0	Ask 43 to non users (current or ever) who do not want a/another child or not before 2 years
43	<p><b>You said that you do not want any / anymore children and that you are not using a method to avoid pregnancy.</b></p> <p>Can you tell me the main reason why you are not using a method to prevent pregnancy?</p> <p><b>CANNOT SELECT 'DO NOT KNOW' OR 'NO RESPONSE' WITH OTHER OPTIONS. CANNOT SELECT 'NOT MARRIED' IF FQ3 IS 'YES CURRENTLY MARRIED'. SCROLL TO THE BOTTOM TO SEE ALL CHOICES.</b></p>	Not married..... a Infrequent sex/not having sex ..... b Menopausal/Hysterectomy..... c Subfecund / infecund..... d Not menstruated since last birth..... e Breastfeeding ..... f Husband away for multiples days....g Up to God / fatalistic ..... h Respondent opposed ..... i Husband / partner opposed..... j Others opposed..... k Religious prohibition ..... l Knows no method..... m Knows no source..... n Fear of side effects..... o Health concerns ..... p Lack of access / too far ..... q Costs too much ..... r	

Female Respondent Questionnaire

		Preferred method not available ..... s No method available..... t Inconvenient to use ..... u Interferes with body's processes..... v Other .....w Don't know.....-88 No response.....-99													
44	In the last 12 months, were you visited by a health worker who talked to you about family planning?	Yes ..... 1 No..... 0 No response.....-99													
45	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	Yes ..... 1 No..... 0 No response.....-99	Skip to 47 if no												
46	Did any staff member at the health facility speak to you about family planning methods?	Yes ..... 1 No..... 0 No response.....-99													
47	In the last few months have you: Heard about family planning on the radio?.. Seen anything about family planning on the television? ..... Read about family planning in a newspaper or magazine? ..... <b>ENTER -99 FOR NO RESPONSE.</b>	<table border="1"> <tr> <td></td> <td><b>Yes</b></td> <td><b>No</b></td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> </table>		<b>Yes</b>	<b>No</b>	.....	1	0	.....	1	0	.....	1	0	
	<b>Yes</b>	<b>No</b>													
.....	1	0													
.....	1	0													
.....	1	0													
48	How old were you when you first had sexual intercourse?  <b>ENTER THE AGE IN YEARS. IF UNKNOWN, ENTER -88. ENTER -99 FOR NO RESPONSE. ZERO IS A POSSIBLE ANSWER IF NEVER HAD SEX.</b>	Age	Skip to 50 if 0												
49	When was the <u>last</u> time you had sexual intercourse?  <b>IF 12 MONTHS (ONE YEAR) OR MORE AGO, ANSWER MUST BE RECORDED IN YEARS. IF LESS THAN 12 MONTHS AGO, ANSWER MUST BE RECORDED IN MONTHS, WEEKS, OR DAYS. YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN. ENTER -99 FOR NO RESPONSE.</b>	DAYS AGO (1)	WEEKS AGO (2)												
		MONTHS AGO (3)	YEARS AGO (4)												
<b>Section 4 – Water</b>															
<b>Now I would like to ask you a couple of questions about your water practices.</b>															
50	How much time each day do you spend collecting water in the DRY season?  <b>ONLY RECORD RESPONDENT'S TIME, NOT ANYONE ELSE'S TIME. IF YOU SELECT MINUTES OR HOURS YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.</b>	Hours per day Minutes per day  No time, someone else collects water3 No time, no one collects water..... 4 Don't know.....-88 No response.....-99													
51	How much time each day do you spend collecting water in the WET season?	Hours per day Minutes per day No time, someone else collects water3													

Female Respondent Questionnaire

	<b>ONLY RECORD RESPONDENT'S TIME, NOT ANYONE ELSE'S TIME. IF YOU SELECT MINUTES OR HOURS YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.</b>	No time, no one collects water.....4 Don't know.....88 No response.....99	
<p>Thank the respondent for her time.</p> <p><b>THE RESPONDENT IS FINISHED, BUT THERE ARE STILL 2 MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE HOME</b></p>			
<b>LOCATION</b>			
M	<p><b>TAKE A GPS POINT NEAR THE ENTRANCE TO THE HOUSEHOLD.</b></p> <p><b>RECORD LOCATION WHEN THE ACCURACY IS SMALLER THAN 6 M.</b></p>	<p><i>Instructions are given directly by the ODK software</i></p> <p>RECORD LOCATION</p>	
<b>QUESTIONNAIRE RESULT</b>			
N	<b>RECORD THE RESULT OF THE FEMALE RESPONDENT SURVEY</b>	<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>	