

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>[ODK will display the photo taken during the Household Questionnaire linked to this Female Questionnaire]</p>	Yes.....1	No.....0		
B	<p>Your name:</p> <p>[Interviewer name from Household Questionnaire]</p> <p>Is this your name?</p>	Yes.....1	No.....0		
	<p>Enter your name below.</p> <p><i>Please record your name</i></p>	Interviewer's Name			
C	<p>Current date and time. [ODK will display on screen]</p> <p>Is this date and time correct?</p>	Yes.....1	No.....0	Skip to F if Yes	
D	Record the correct date and time.	Date	Month	Day	Year
		Time	Hours	Minutes	
E	<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 Province, District, Subdistrict, Village, Blok Sensus, 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		
	<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		
F	<p>Is the respondent present and available to be interviewed today?</p>	Yes.....1	No.....0	Skip to L if No	

Female Questionnaire			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
G	How well acquainted are you with the respondent?	Very well acquainted 1 Well acquainted 2 Not well acquainted 3 Not acquainted 4	
INFORMED CONSENT <i>Find the woman between the ages of 15-49 associated with this Female Questionnaire. The interview must have auditory privacy. Read the following greeting:</i>			
<p>Hello. My name is _____ and I am working for BKKBN in collaboration with the University of North Sumatra, Universitas Gadjah Mada, Hasanuddin University, and the Central Bureau of Statistics. We are conducting a local survey that asks women about various reproductive health issues. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. The survey usually takes between 15 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team.</p> <p>Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey?</p>			
H	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
	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"/>	
I	Interviewer's name: [Interviewer name from Household Questionnaire] <i>Mark your name as a witness to the consent process.</i>		
J	Respondent's 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>		
Section 1 – Respondent's Background, Marital Status, HH characteristics <i>Now I would like to ask about your background and socioeconomic conditions.</i>			
0	In what month and year were you born? The age in the household roster is [AGE].	Month: Year:	
1	How old were you at your last birthday?	Age:	
2	What is the highest level of school you attended?	Never Attended 0 Primary 1 Junior High School 2	

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Senior High School3 Academy4 University5 No response..... -99	
3	Are you currently married or living together with a man as if married? <i>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</i>	Yes, currently married 1 Yes, living with a man2 Not currently in union: Divorced / separated3 Not currently in union: Widowed4 No, never in union5 No response..... -99	Skip to 8 if No, never in union
4	Have you been married or lived with a man only once or more than once?	Only once 1 More than once2 No response..... -99	Skip to 5b if 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 No0	
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 No0	
	CHECK 3: Currently married/cohabitating?	Yes 1 No0	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 No0 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 elsewhere2 No response..... -99	

Section 2 – Reproduction, Pregnancy & Fertility Preferences

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

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
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 No0		
8a	When was your FIRST live birth? <i>Please record the date of the FIRST birth. Date should be found by calculating forward or backward from memorable events if needed. Enter Jan 2020 for no response.</i>	Month	Year	
9	When was your MOST RECENT live birth? <i>Please record the date of the MOST RECENT birth. The date should be found by calculating backwards from memorable events if needed. Enter Jan 2020 for no response.</i>	Month	Year	Skip to 11 if not in last year and/or Q8 is 1
10	When did you give birth before the most recent one? <i>Please record the date of the birth before the last. The date should be found by calculating backwards from memorable events if needed. Enter Jan 2020 for no response.</i>	Month	Year	
11	Is your last baby / child still alive?	Yes.....1 No0 Don't know -88 No Response..... -99		Skip to 13 if Yes
12	When did your last baby / child die? <i>Please record the date of the child's death. The date should be found by calculating backwards from memorable events if needed. Enter Jan 2020 for no response.</i>	Month	Year	
13	When did your last menstrual period start? <i>If you select days, weeks, months or years, you will enter a number for x on the next screen. Enter 0 days for today, not 0 weeks/months/years.</i>	Days ago: Weeks ago: Months ago: Years ago:		
		Menopausal / Hysterectomy5 Before last birth.....6 Never menstruated7 No response..... -99		

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
14	Are you pregnant now?	Yes..... 1 No0 Unsure -88 No response..... -99		Skip to 16 if No or Unsure
15	How many months pregnant are you? The most recent birth was: [Date of most recent birth] <i>Please record the number of completed months. Enter -88 for do not know, -99 for no response.</i>	Number of months		
	CHECK 14: Currently pregnant?	Yes..... 1 No0		16a if no 16b if yes
16a	Now I have some questions about the future. Would you like to have a/another child or would you prefer not to have any / any more children?	Have a/another child 1 No more/prefer no children2 Says she can't get pregnant3 Undecided / Don't know -88 No response..... -99		Skip to 17a if 1 and 18 for all other
16b	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	Have a/another child 1 No more/prefer no children2 Says she can't get pregnant3 Undecided / Don't know -88 No response..... -99		Skip to 17b if 1 and 18 for all other
17a	How long would you like to wait from now before the birth of a/another child? <i>If you select months or years, you will enter a number for x on the next screen.</i>	Months: Years: Soon / now3 Says she can't get pregnant4 Other5 Don't know -88 No response..... -99		
17b	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.</i>	Months: Years: Soon / now3 Says she can't get pregnant4 Other5 Don't know -88 No response..... -99		
	CHECK 8: Number of births CHECK 14: Currently pregnant?	Number of births Yes..... 1 No.....0		Skip to 19 if 0 births and 14: No. Skip to 18a if 14: no and 18b if 14: yes

Female Questionnaire			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
18a	<p>Now I would like to ask a question about your last live birth.</p> <p>At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / any more children at all?</p>	Then..... 1 Later..... 2 Not at all..... 3 No response..... -99	
18b	<p>Now I would like to ask a question about your current pregnancy.</p> <p>At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / any more children at all?</p>	Then..... 1 Later..... 2 Not at all..... 3 No response..... -99	
<p>Section 3 – Contraception</p> <p>Now I would like to talk about family planning—the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p><i>An image will appear on the screen for some methods. Show the image to the respondent after the probe, but not before she tells you whether she has heard of the method.</i></p>			
19	<p>Have you ever heard of Female Sterilization?</p> <p>PROBE: Women can have an operation to avoid having any more children.</p>	Yes..... 1 No 0 No Response..... -99	
19	<p>Have you ever heard of male sterilization?</p> <p>PROBE: Men can have an operation to avoid having any more children.</p>	Yes..... 1 No 0 No Response..... -99	
19	<p>Have you ever heard of the contraceptive implant?</p> <p>PROBE: Women can have one or several small rods placed in her upper arm by a doctor or nurse, which can prevent pregnancy for one or more years.</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p>	Yes..... 1 No 0 No Response..... -99	
19	<p>Have you ever heard of the IUD?</p> <p>PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p>	Yes..... 1 No 0 No Response..... -99	

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
19	<p>Have you ever heard of injectables?</p> <p>PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p>	<p>Yes..... 1 No 0 No Response..... -99</p>	
19	<p>Have you ever heard of the (birth control) pill?</p> <p>PROBE: Women can take a pill every day to avoid becoming pregnant.</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p>	<p>Yes..... 1 No 0 No Response..... -99</p>	
19	<p>Have you ever heard of emergency contraception?</p> <p>PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within five days to prevent pregnancy.</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p>	<p>Yes..... 1 No 0 No Response..... -99</p>	
19	<p>Have you ever heard of condoms?</p> <p>PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p>	<p>Yes..... 1 No 0 No Response..... -99</p>	
19	<p>Have you ever heard of female condoms?</p> <p>PROBE: Women can put a sheath in their vagina before sexual intercourse.</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p>	<p>Yes..... 1 No 0 No Response..... -99</p>	
19	<p>Have you ever heard of the intravag/ diaphragm?</p> <p>PROBE: Women can place a thin flexible disk in their vagina before sexual intercourse.</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p>	<p>Yes..... 1 No 0 No Response..... -99</p>	
19	<p>Have you ever heard of the standard days method or Cycle Beads?</p>	<p>Yes..... 1 No 0 No Response..... -99</p>	

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>PROBE: A Woman can use a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she and her partner use a condom or do not have sexual intercourse</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p>		
19	<p>Have you ever heard of the Lactational Amenorrhea Method or LAM?</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p>	<p>Yes..... 1 No 0 No Response..... -99</p>	
19	<p>Have you ever heard of the rhythm method?</p> <p>PROBE: Women can avoid pregnancy by not having sexual intercourse on the days of the month they think they can get pregnant.</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p>	<p>Yes..... 1 No 0 No Response..... -99</p>	
19	<p>Have you ever heard of the withdrawal method?</p> <p>PROBE: Men can be careful and pull out before climax.</p>	<p>Yes..... 1 No 0 No Response..... -99</p>	
19	<p>Have you ever heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>Yes..... 1 No 0 No Response..... -99</p>	
19b	<p>Have you ever done anything or tried in any way to delay or avoid getting pregnant?</p>	<p>Yes..... 1 No 0 No Response..... -99</p>	Skip to 25 if not Yes
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>	Age	
20b	<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>	Number	

Female Questionnaire																																																										
NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP																																																						
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>	Female Sterilization 1 Male Sterilization 2 Implant 3 IUD 4 Injectables – 3 month 5 Injectables – 1 month 6 Pill 7 Emergency Contraception 8 Male Condom 9 Female Condom 10 Intravag/Diaphragm 11 Foam/Jelly 12 Std Days/Cycle Beads 13 LAM 14 Rhythm Method 30 Withdrawal 31 Other traditional method 39																																																								
	CHECK 14: Currently pregnant?	Yes 1 No 0		Skip to 25 if yes																																																						
22	Are you or 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	<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="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>Female Sterilization</td><td>1</td><td>0</td></tr> <tr><td>Male Sterilization</td><td>1</td><td>0</td></tr> <tr><td>Implant</td><td>1</td><td>0</td></tr> <tr><td>IUD</td><td>1</td><td>0</td></tr> <tr><td>Injectables – 1 month</td><td>1</td><td>0</td></tr> <tr><td>Injectables – 3 months</td><td>1</td><td>0</td></tr> <tr><td>Pill</td><td>1</td><td>0</td></tr> <tr><td>Emergency Contraception</td><td>1</td><td>0</td></tr> <tr><td>Male Condom</td><td>1</td><td>0</td></tr> <tr><td>Female Condom</td><td>1</td><td>0</td></tr> <tr><td>Intravag/Diaphragm</td><td>1</td><td>0</td></tr> <tr><td>Std Days/Cycle Beads</td><td>1</td><td>0</td></tr> <tr><td>LAM</td><td>1</td><td>0</td></tr> <tr><td>Rhythm method</td><td>1</td><td>0</td></tr> <tr><td>Withdrawal</td><td>1</td><td>0</td></tr> <tr><td>Other traditional method</td><td>1</td><td>0</td></tr> <tr><td>No response</td><td>-99</td><td></td></tr> </tbody> </table>		Y	N	Female Sterilization	1	0	Male Sterilization	1	0	Implant	1	0	IUD	1	0	Injectables – 1 month	1	0	Injectables – 3 months	1	0	Pill	1	0	Emergency Contraception	1	0	Male Condom	1	0	Female Condom	1	0	Intravag/Diaphragm	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			Skip based on most effective method only Skip to 29 if main method is not Male Sterilization or Female sterilization
	Y	N																																																								
Female Sterilization	1	0																																																								
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No response	-99																																																									
24	Did the provider tell you or your partner that this method was permanent?	Yes 1 No 0 No Response -99		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																																																								
	CHECK 14: Currently pregnant?	Yes 1 No 0		26a if no 26b if yes																																																						
26a	You said that you are not currently using a contraceptive method. Do you think you will	Yes 1 No 0																																																								

Female Questionnaire				
NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
	use a contraceptive method to delay or avoid getting pregnant at any time in the future?	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 No0 No Response..... -99		
	CHECK 19: ever used contraceptives?	Yes.....1 No0		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 No0 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>	Female Sterilization1 Male Sterilization2 Implant3 IUD4 Injectables – 3 month.....5 Injectables – 1 month.....6 Pill7 Emergency Contraception8 Male Condom9 Female Condom10 Intravag/Diaphragm11 Foam/Jelly12 Std Days/Cycle Beads13 LAM14 Rhythm Method30 Withdrawal31 Other traditional method39		
29	When did you begin using your [MOST RECENT / CURRENT METHOD]? <i>Calculate backwards from memorable events if needed.</i> <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 No0		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.</i> <i>Must be after FQ29.</i> <i>Enter Jan 2020 for no response.</i>	Month	Year	
31	Why did you stop using your (MOST RECENT METHOD)?	Infrequent sex / husband away1 Became pregnant while using.....2 Wanted to become pregnant3		

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Husband / partner disapproved4 Wanted more effective method5 No method available6 Health concerns7 Fear of side effects8 Lack of access / too far9 Costs too much10 Inconvenient to use11 Fatalistic12 Difficult to get pregnant / Menopausal13 Interferes with body's processes ... 14 Other15 Don't know-88 No response-99	
32	You first started using (CURRENT/MOST RECENT METHOD) in (DATE FROM FQ29). Where did you get it at that time? <i>Scroll to bottom to see all choices.</i>	Public Sector: Government Hospital 11 Government Health Center 12 Government Sub Health Center ... 13 FP Fieldworker 14 FP Mobile Unit 15 Village Health Post 16 Delivery Post..... 17 FP Cadre 18 Integrated health post 19 Private Medical Sector: Private Hospital..... 21 Maternity Hospital 22 Maternity Home 23 Private Clinic..... 24 General Practitioner 25 Obstetrician..... 26 Midwife..... 27 Nurse 28 Village Midwife..... 29 Pharmacy/Drug Store 30 Other Source: Friends/Relative 41 Shop 42 Other..... 96 Don't Know-88 No Response-99	
33	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 No0 No Response..... -99	Skip to 35 if No
34	Were you told what to do if you experienced side effects or problems?	Yes..... 1 No0 No Response..... -99	
35	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	Yes..... 1 No0 No Response..... -99	

Female Questionnaire			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	use?		
36	During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?	Yes..... 1 No0 No Response..... -99	Skip to 38 if yes
37	Why didn't you obtain the method you wanted?	Method out of stock that day..... 1 Method not available at all2 Provider not trained to provide the method3 Provider recommended a different method4 Not eligible for method5 Decided not to adopt a method.....6 Too costly7 Other8 No response-99	
38	During that visit, who made the final decision about what method you got?	You alone..... 1 Provider2 Partner3 You and provider4 You and partner5 Other6 No Response..... -99	
	CHECK 32: Where did you obtain your [MOST RECENT / CURRENT METHOD]?	Public Sector: Government Hospital..... . 11 Government Health Center 12 Government Sub Health Center 13 FP Fieldworker..... . 14 FP Mobile Unit 15 Village Health Post 16 Delivery Post..... . 17 FP Cadre 18 Integrated health post..... . 19 Private Medical Sector: Private Hospital..... . 21 Maternity Hospital 22 Maternity Home 23 Private Clinic..... . 24 General Practitioner..... . 25 Obstetrician..... . 26 Midwife..... . 27 Nurse 28 Village Midwife..... . 29 Pharmacy/Drug Store 30 Other Source: Friends/Relative 41 Shop 42 Other..... . 96 Don't Know-88 No Response-99	Skip to 44 if 32 is 31
39	Would you return to this provider?	Yes..... 1 No0 No Response..... -99	
40	Would you refer your relative or friend to this provider / facility?	Yes..... 1 No0	

Female Questionnaire				
NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
		No Response..... -99		
41	In the last 12 months, have you paid any fees for family planning services (including the most current method)?	Yes..... 1 No0 No Response..... -99		Skip to FQIns1 if No
42	How much did you pay? <i>Enter all prices in Indonesian rupiah. Enter -88 if respondent does not know, Enter -99 for no response.</i>	Enter Fee:		
FQIns1	When did you last obtain the [CURRENT/MOST RECENT METHOD]? Provider: [ODK will display response to FQ_I-1]	Month	Year	Skip to FQ43 if visit was >12 months ago
FQIns2	Where did you last obtain your [CURRENT/MOST RECENT METHOD]?	Public Sector: Government Hospital 11 Government Health Center 12 Government Sub Health Center ... 13 FP Fieldworker..... 14 FP Mobile Unit 15 Village Health Post 16 Delivery Post..... 17 FP Cadre 18 Integrated health post..... 19 Private Medical Sector: Private Hospital..... 21 Maternity Hospital 22 Maternity Home 23 Private Clinic..... 24 General Practitioner..... 25 Obstetrician..... 26 Midwife..... 27 Nurse 28 Village Midwife..... 29 Pharmacy/Drug Store 30 Other Source: Friends/Relative 41 Shop 42 Other..... 96 Don't Know -88 No Response -99		
FQIns3	At that visit, did you pay for any of the family planning services that you received?	Yes..... 1 No0 No Response..... -99		Skip to FQIns5 if No
FQIns4	How much did you pay?	Enter Amount: _____		
FQIns5	Were your services covered by insurance?	Yes..... 1 No..... 0 No Response..... -99		Skip to FQ43 if no
FQIns6	Which insurance program covered those services?	BPJS..... 1 Jamskesda..... 2		

Female Questionnaire

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		Private Insurance.....	3	
		Other.....	4	
		None of the above.....	-77	
		No Response.....	-99	
	CHECK 16: Desire for future child?	Have a/another child	1	Ask 43 to non users (current) who do not want a /another child or not before 2 yrs.
		No more/none	2	
		Says she can't get pregnant	3	
		Undecided / Don't know	-88	
	CHECK 17: 2 or more years before next child?	No more/none	1	
		Less than 2 years	2	
		2 or more years.....	3	
	CHECK 22: Currently using contraceptive method?	Yes, using contraceptive.....	1	
		No, not using contraceptive	0	
43	<p>You said that you do not want any / any more 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>	Not married	1	
		Infrequent sex / husband away	2	
		Menopausal/Hysterectomy	3	
		Subfecund / infecund	4	
		Not menstruated since last birth	5	
		Breastfeeding.....	6	
		Husband away for multiple days	7	
		Up to God / fatalistic	8	
		Respondent opposed	9	
		Husband / partner opposed	10	
		Others opposed	11	
		Religious prohibition	12	
		Knows no method	13	
		Knows no source	14	
		Fear of side effects	15	
		Health concerns	16	
		Lack of access / too far	17	
		Costs too much.....	18	
		Preferred method not available.....	19	
		No method available	20	
		Inconvenient to use.....	21	
		Interferes with body's processes ...	22	
		Other	23	
		Don't know	-88	
		No response	-99	
44	In the last 12 months, were you visited by a village health volunteer who talked to you about family planning?	Yes.....	1	
		No	0	
45	In the last 12 months, have you visited a health facility for care for yourself or your children? <i>For any health services</i>	Yes.....	1	Skip to 47 if no
		No	0	
46	Did any staff member at the health facility speak to you about family planning methods?	Yes.....	1	
		No	0	
47	In the last few months have you:			
	Heard about family planning on the radio?	<u>Yes</u>	<u>No</u>	
		1	0	
	Seen anything about family planning on the television?			
		1	0	

Female Questionnaire						
NO	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
	Read about family planning in a newspaper or magazine?		1	0		
	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.					
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 -77 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 No0				
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. Enter 0 days for today. 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 ing 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 minutes per day	1			
		X hours per day	2			
		No time, someone else collects water	3			
		Not time, no one collects water.....	4			
		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 minutes per day	1			
		X hours per day	2			
		No time, someone else collects water	3			
		No time, no one collects water.....	4			
		Don't know	-88			
		No response	-99			
Thank the respondent for her time						

Female Questionnaire			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<i>The respondent is finished, but there are still 2 more questions for you to complete outside the home.</i>			
LOCATION			
K	Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.</i> <i>GPS coordinates can only be collected when outside.</i>	RECORD LOCATION	
QUESTIONNAIRE RESULT			
L	How many times have you visited this household to interview this female respondent?	1 st time 1 2 nd time 2 3 rd time 3	
M	Questionnaire result <i>Record the result of the Female Questionnaire</i>	Completed1 Not at home2 Postponed3 Refused4 Partly completed5 Incapacitated6	