

BFR5 Female Questionnaire

001a. Are you in the correct household? EA: [EA entered in the Household Questionnaire] Structure #: [Structure entered in the Household Questionnaire] Household #: [Household entered in the Household Questionnaire]	Always <input type="checkbox"/> Yes <input type="checkbox"/> No
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002. Enter your ID below. <i>Please record your ID</i>	002 = 0
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003b. Record the correct date and time.	003 = 0 Jour: Mois: Année:
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004a. The following info is from the household questionnaire. Please review to make sure you are interviewing the correct respondent.	Always
004a. The following info is what you provided previously. Please review.	Always
Region: [Region]	
Province: [Province]	
Commune: [Commune]	
Enumeration Area: [EA]	
Structure number: [#]	
Household number: [#]	
004b. Is the above information correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No

005. CHECK: You should be attempting to interview [Name of the interviewee]. Is that correct? <i>If misspelled, select "yes" and update the name in question "011."</i> <i>If this is the wrong person, you have two options:</i> <i>(1) exit and ignore changes to this form. Open the correct form.</i>	Always <input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>Or</p> <p>(2) find and interview the person whose name appears above.</p>	
<p>006. Is the respondent present and available to be interviewed today?</p>	<p style="text-align: right;">Always</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>007. How well acquainted are you with the respondent?</p>	<p style="text-align: right;">006 = 1</p> <p><input type="checkbox"/> Very well acquainted <input type="checkbox"/> Well acquainted <input type="checkbox"/> Not well acquainted <input type="checkbox"/> Not acquainted</p>
<p>008. Has the respondent previously participated in PMA 2020 surveys?</p>	<p style="text-align: right;">006 = 1</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> No response</p>
<p>INFORMED CONSENT</p> <p><i>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</i></p>	
<p>Hello. My name is _____</p> <p>and I am working for the Institut Supérieur des Sciences de la Population (ISSP). 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>	

At this time, do you want to ask me anything about the survey?	
009a. Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	006 = 1 <input type="checkbox"/> Yes <input type="checkbox"/> No
009b. Respondent's signature	009a = 1
010. Interviewer's name Please record your name as a witness to the consent process. You previously entered "[Interviewer's name]."	009a = 1

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

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

101. In what month and year were you born? The age in the household roster is [AGE] <i>The date cannot be in the future</i>	009a = 1
101. In what month and year were you born? <i>The date cannot be in the future</i>	009a = 1
Month:	<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December <input type="checkbox"/> Do not know
Year:	Année:

102. How old were you at your last birthday?	009a = 1
103. 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>	009a = 1 <input type="checkbox"/> Never attended <input type="checkbox"/> Primary <input type="checkbox"/> Secondary (first cycle) <input type="checkbox"/> Secondary (second cycle) <input type="checkbox"/> Tertiary <input type="checkbox"/> No response
104. 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>	009a = 1 <input type="checkbox"/> Yes, currently married <input type="checkbox"/> Yes, living with a man <input type="checkbox"/> Not currently in union: Divorced / separated <input type="checkbox"/> Not currently in union: Widow <input type="checkbox"/> No, never in union <input type="checkbox"/> No response
105. Have you been married or lived with a man only once or more than once?	104 ≠ 5 <input type="checkbox"/> Only once <input type="checkbox"/> More than once <input type="checkbox"/> No response

106a. In what month and year did you start living with your FIRST husband / partner? <i>Select 'Do not know' for month and '2020' for year to indicate 'No Response'.</i>		105=2
Month:	<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December <input type="checkbox"/> Do not know	
Year:	Année:	

106b. CHECK: Based on the response you entered in 106a, the respondent was possibly 15

106a age at marriage ≤15

years old or younger at the time of her first marriage.

- Yes
- No

Did you enter 106a correctly?

107a. Now I would like to ask about when you started living with your CURRENT or MOST RECENT husband / partner. In what month and year was that? <i>Select 'Do not know' for month and '2020' for year to indicate 'No Response'.</i>		105 = 1 or 2
Month:	<ul style="list-style-type: none"><input type="checkbox"/> January<input type="checkbox"/> February<input type="checkbox"/> March<input type="checkbox"/> April<input type="checkbox"/> May<input type="checkbox"/> June<input type="checkbox"/> July<input type="checkbox"/> August<input type="checkbox"/> September<input type="checkbox"/> October<input type="checkbox"/> November<input type="checkbox"/> December<input type="checkbox"/> Do not know	
Year:	Année:	

107b. CHECK: Based on the response you entered in 107a, the respondent was possibly 15 years old or younger at the time of her current or most recent marriage.

107a age at marriage ≤ 15

- Yes
- No

Did you enter 107a correctly?

108. Does your husband / partner have other wives or does he live with other women as if married?	<ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No<input type="checkbox"/> Do not know<input type="checkbox"/> No response	104 = 1 or 2
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Section 2 – Reproduction, Pregnancy & Fertility Preferences

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

<p>200. Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p>	<p style="text-align: right;">009a = 1</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
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<p>201. How many times have you given birth?</p> <p><i>Enter -99 for no response.</i></p>	<p style="text-align: right;">200 = 1</p>
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<p>205. When was your FIRST birth?</p> <p><i>Please record the date of the FIRST birth. The date should be found by calculating backwards from memorable events if needed.</i></p> <p><i>Select 'Do not know' for month and '2020' for year to indicate 'No Response'.</i></p>	<p style="text-align: right;">201 > 1</p>
<p>Month:</p>	<p><input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December <input type="checkbox"/> Do not know</p>
<p>Year:</p>	<p>Année:</p>

<p>206. When was your MOST RECENT birth?</p> <p><i>Select 'Do not know' for month and '2020' for year to indicate 'No Response'.</i></p>	<p style="text-align: right;">201 > 1</p>
<p>Month:</p>	<p><input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September</p>

	<input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December <input type="checkbox"/> Do not know
Year:	Année:

	009a = 1
210a. Are you pregnant now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> No response

210b. How many months pregnant are you?	210a = 1
#####	
<i>Please record the number of completed months. Enter -88 for do not know, -99 for No response.</i>	

	009a = 1
209. When did your last menstrual period start?	<input type="checkbox"/> X days ago <input type="checkbox"/> X weeks ago <input type="checkbox"/> X months ago <input type="checkbox"/> X years ago <input type="checkbox"/> Menopausal / Hysterectomy <input type="checkbox"/> Before last birth <input type="checkbox"/> Never menstruated <input type="checkbox"/> No response
<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>	

209a. Enter [Days / Weeks / Months / Years]	
<i>Enter 0 days for today, not 0 weeks/months/years.</i>	

213a. Now I would like to ask a question about your last birth.	201 > 0 AND 210a ≠ 1 201 > 0 AND 210a ≠ 1 201 > 0 AND 210a ≠ 1
213b. Now I would like to ask a question about your current pregnancy.	210a = 1
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 more children at all?	201 > 1

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 children at all?	201 = 1
#####	<input type="checkbox"/> Then <input type="checkbox"/> Later <input type="checkbox"/> Not at all <input type="checkbox"/> No response

Now I have some questions about the future. 009a = 1

211a. Would you like to have a child or would you prefer not to have any children? 210a ≠ 1

Have a child
 Prefer no children
 Says she can't get pregnant
 Undecided / Don't know
 No response

211a. Would you like to have another child or would you prefer not to have any more children? 210 = 1

Have another child
 No more
 Says she can't get pregnant
 Undecided / Don't know
 No response

211b. After the child you are expecting now, would you like to have another child or would you prefer not to have any more children? 210a = 1

Have another child
 No more
 Says she can't get pregnant
 Undecided / Don't know
 No response

212a. How long would you like to wait from now before the birth of a child? 211a = 1

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.

X months
 X years
 Soon/now
 Says she can't get pregnant
 Other
 Don't know
 No response

212b. After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? 211b = 1

If you select months or years, you will enter a number for X

X months
 X years
 Soon/now

<p>on the next screen.</p> <p>Select "Years" if more than 36 months.</p> <p>Please check that you correctly entered the value for months/years.</p>	<input type="checkbox"/> Says she can't get pregnant <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No response
<p>212c. Enter the number of [Months OR Years] you would like to wait:</p>	<p>212a OR 212b = 'months' OR 'years'</p>

Section 3 – Contraception

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.

An image will appear on the screen for some methods. If the respondent says that she has not heard of the method or if she hesitates to answer, read the probe aloud and show her the image, if available.

<p>301a. Have you ever heard of female sterilization?</p> <p>PROBE: Women can have an operation to avoid having any more children.</p>	009a = 1
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
<p>301b. Have you ever heard of male sterilization?</p> <p>PROBE: Men can have an operation to avoid having any more children.</p>	009a = 1
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
<p>301c. 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>[implant_150x300.png]</p>	009a = 1
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
<p>301d. 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>[IUD_150x300.png]</p>	009a = 1
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
<p>301e. Have you ever heard of injectables?</p>	009a = 1

<p>PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p> <p>[sayana_depo_150x300.jpg]</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>301f. 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>[pill_150x300.png]</p>	<p style="text-align: right;">009a = 1</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>301g. 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 three to five days to prevent pregnancy.</p>	<p style="text-align: right;">009a = 1</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>301h. Have you ever heard of condoms?</p> <p>PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p> <p>[male_condom_150x300.png]</p>	<p style="text-align: right;">009a = 1</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>301i. Have you ever heard of female condoms?</p> <p>PROBE: Women can put a sheath in their vagina before sexual intercourse.</p> <p>[female_condom_150x300.png]</p>	<p style="text-align: right;">009a = 1</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>301j. Have you ever heard of the diaphragm?</p> <p>PROBE: Women can place a thin flexible disk in their vagina before sexual intercourse.</p> <p>[diaphragm_150x300.png]</p>	<p style="text-align: right;">009a = 1</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>301k. Have you ever heard of foam or jelly as a contraceptive method?</p> <p>PROBE: Women can place a suppository, jelly, or cream in their vagina before sexual intercourse to prevent pregnancy.</p> <p>[spermicide_150x300.png]</p>	<p style="text-align: right;">009a = 1</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>301l. Have you ever heard of the standard days</p>	<p style="text-align: right;">009a = 1</p>

<p>method or Cycle Beads?</p> <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>[SDM-beads_only.png]</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>301m. Have you ever heard of the Lactational Amenorrhea Method or LAM?</p>	<p style="text-align: right;">009a = 1</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>301n. 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 style="text-align: right;">009a = 1</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>301o. Have you ever heard of the withdrawal method?</p> <p>PROBE: Men can be careful and pull out before climax.</p>	<p style="text-align: right;">009a = 1</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>301p. Have you ever heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p style="text-align: right;">009a = 1</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>302a. Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?</p>	<p style="text-align: right;">210a ≠ 1 AND 009a = 1 210210a ≠ 1 AND 009a = 1 210a ≠ 1 AND 009a = 1 ≠ 1 AND 009a = 1 210a ≠ 1 AND 009a = 1</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>302b. Which method or methods are you using?</p> <p>PROBE: Anything else?</p> <p><i>Select all methods mentioned. SCROLL TO THE BOTTOM to see all choices.</i></p>	<p style="text-align: right;">302a = 1</p> <p><input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables</p>

	<input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <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 method <input type="checkbox"/> No response
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<p>CALC_CM. CALCULATE: CURRENT METHOD</p> <p>THIS WILL NOT APPEAR ON THE SCREEN</p> <p><i>ODK will identify the most effective method currently being used by the respondent by selecting the highest method in the choice list</i></p>	<p style="text-align: right;">302a=1 AND 302b ≠-99</p> <input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> 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 method <input type="checkbox"/> No response
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<p>LCL_301. PROBE: Was the injection administered via syringe or small needle?</p> <p><i>Show the image to the respondent.</i></p> <p>[sayana_depo_150x300.jpg]</p>	<p style="text-align: right;">CALC CM = 5</p> <input type="checkbox"/> Syringe <input type="checkbox"/> Small needle (Sayana Press) <input type="checkbox"/> No Response
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<p>302c. Does your husband/partner know that you are using [CURRENT METHOD]?</p>	<p style="text-align: right;">302a = 1</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
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<p>302c. Does your husband/partner know that you are using family planning?</p>	<p style="text-align: right;">302a = -99</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
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<p>IMP_301a. CHECK. In question 302b, the respondent mentioned that she had been using implants. Is that correct?</p> <p><i>If she says she is not currently using implants, please verify her answer and go back to 302b and select the correct method.</i></p>	<p style="text-align: right;">CALC CM = 3</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>IMP_301b. How many rods is your implant?</p>	<p style="text-align: right;">CALC CM = 3</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> Don't know <input type="checkbox"/> No response</p>
<p>IMP_302. At the visit when the implant was inserted, were you told for how long the implant would protect you from pregnancy?</p>	<p style="text-align: right;">CALC CM = 3</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>IMP_303. How long were you told ?</p> <p><i>If you select months or years, you will enter a number for X on the next screen.</i></p> <p><i>Please check that you correctly entered the value for months/years.</i></p>	<p style="text-align: right;">IMP_302 = 1</p> <p><input type="checkbox"/> X months <input type="checkbox"/> X years <input type="checkbox"/> Don't know <input type="checkbox"/> No response</p>
<p>IMP_303. Enter the number of [Months or Years] you were told:</p> <p><i>If more than 12 months record in years</i></p>	<p style="text-align: right;">IMP_302 = 1</p>
<p>303. Did the provider tell you or your partner that this method was permanent?</p>	<p style="text-align: right;">302b = male or female sterilization</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>305a. 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?</p>	<p style="text-align: right;">302a ≠1 AND 210a ≠1</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>305b. Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?</p>	<p style="text-align: right;">302a ≠1 AND 201a = 1</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response</p>
<p>306a. In the last 12 months, have you ever done</p>	<p style="text-align: right;">302a ≠1</p>

something or used a method to delay or avoid getting pregnant?

- Yes
- No
- No response

306a = 1	
<p>306b. Which method did you use most recently?</p> <p>PROBE: Anything else?</p> <p><i>Select most effective method (highest method in list). Scroll to bottom to see all choices.</i></p>	<ul style="list-style-type: none"><input type="checkbox"/> Male sterilization<input type="checkbox"/> Implant<input type="checkbox"/> IUD<input type="checkbox"/> Injectables<input type="checkbox"/> Pill<input type="checkbox"/> Emergency Contraception<input type="checkbox"/> Male condom<input type="checkbox"/> Female condom<input type="checkbox"/> 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 method<input type="checkbox"/> No response

LCL_302. PROBE: Was the injection administered via syringe or small needle?

Show the image to the respondent.

[sayana_depo_150x300.jpg]

306b = 5

- Syringe
- Small needle (Sayana Press)
- No Response

307. Before you started using [CURRENT METHOD / MOST RECENT METHOD], had you discussed the decision to delay or avoid pregnancy with your husband/partner?

- Yes
- No
- Do not know
- No response

302a = 1 OR 306a = 1

308. Would you say that using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together?

- Mainly respondent
- Mainly husband/partner
- Joint decision
- Other
- No response

302a = 1

308a. The last time you received your [CURRENT METHOD /MOST RECENT METHOD], how much did you have to pay out of pocket, including any fees paid for the method, supplies

302a = 1 OR 306a = 1

or services, and transportation?

Enter all prices in CFA. Zero is a possible answer. Enter -88 if respondent does not know, -99 for no response.

309a. Since what month and year have you been using [CURRENT METHOD / MOST RECENT METHOD] without stopping? <i>Calculate backwards from memorable events if needed.</i>		302a = 1
Most Recent Birth: [mm-yyyy]		Has given birth.
Current Marriage: [mm-yyyy]		Is currently married.
Month:	<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December <input type="checkbox"/> Do not know	
Year:	Année:	

309b. When did you stop using [CURRENT METHOD / MOST RECENT METHOD]? <i>Please record the date. The date should be found by calculating backwards from memorable events if needed.</i> <i>Select 'Do not know' for month and '2020' for year to indicate No Response.</i>		306a = 1
Month:	<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September	

	<input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December <input type="checkbox"/> Do not know
Year:	Année:

<p>309c. In what month and year had you started using [CURRENT METHOD / MOST RECENT METHOD] before stopping?</p> <p><i>Calculate backwards from memorable events if needed.</i></p> <p><i>Select 'Do not know' for month and '2020' for year to indicate No Response.</i></p>	306a = 1
Most Recent Birth: [mm-yyyy]	Has given birth.
Current Marriage: [mm-yyyy]	Is currently married.
Month:	<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December <input type="checkbox"/> Do not know
Year:	Année:

<p>309d. CHECK: Just to make sure I have this correct, you used [CURRENT METHOD / MOST RECENT METHOD] continuously between [START DATE] and [END DATE] without stopping, is that correct?</p>	306a = 1
	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>GO BACK TO THE PREVIOUS SCREEN AND PROBE TO DETERMINE THE PERIOD OF MOST RECENT CONTINUOUS USE.</p> <p><i>Suggested probes: - When was the last time you used [METHOD]? - How long had you been using [METHOD] without stopping</i></p>	309d = 0
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310. Why did you stop using [CURRENT METHOD / MOST RECENT METHOD]?	<p style="text-align: right;">306a = 1</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infrequent sex / husband away <input type="checkbox"/> Became pregnant while using <input type="checkbox"/> Wanted to become pregnant <input type="checkbox"/> Husband / partner disapproved <input type="checkbox"/> Wanted a more effective method <input type="checkbox"/> No method available <input type="checkbox"/> Health concerns <input type="checkbox"/> Fear of side effects <input type="checkbox"/> Lack of access / too far <input type="checkbox"/> Costs too much <input type="checkbox"/> Inconvenient to use <input type="checkbox"/> Fatalistic <input type="checkbox"/> Difficult to get pregnant / menopausal <input type="checkbox"/> Interferes with body's processes <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No response
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311a. You first started using [CURRENT METHOD / MOST RECENT METHOD] on [DATE FROM FQ309a OR 309c] Where did you or your partner get it at that time?	<p style="text-align: right;">(CALC_CM ≠ 14, 30, 31, 39, -99) OR (306b ≠ 14, 30, 31, 39, -99)</p> <ul style="list-style-type: none"> <input type="checkbox"/> National Hospital Center <input type="checkbox"/> Health and Social Services Center (public) <input type="checkbox"/> Family planning clinic <input type="checkbox"/> Mobile clinic (public) <input type="checkbox"/> Regional Hospital Center <input type="checkbox"/> Medical Center with Surgery Unit (public) <input type="checkbox"/> Medical Center (public) <input type="checkbox"/> Fieldworker and community health volunteers (public) <input type="checkbox"/> Private hospital or clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Private practice <input type="checkbox"/> Mobile clinic (private) <input type="checkbox"/> Maternity <input type="checkbox"/> Health Agent <input type="checkbox"/> Store/market/supermarket/mobile vendors <input type="checkbox"/> Religious organizations <input type="checkbox"/> Community event <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No Response
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312a. When you obtained your [CURRENT METHOD / MOST RECENT METHOD], were you told by the provider about side effects or problems you might have with a method to delay	<p style="text-align: right;">311a ≠ .</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
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or avoid getting pregnant?	<input type="checkbox"/> No response
312b. Were you told what to do if you experienced side effects or problems?	312a = 1 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
IMP_304. Were you told where you could go to have the implant removed? Provider: [Provider]	CALC_CM = 3 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> No response
313. At that time, were you told by the family planning provider about methods of family planning other than the [CURRENT METHOD / MOST RECENT METHOD] that you could use?	311a ≠ . OR 311b ≠ . <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
314a. During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?	311a ≠ . <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
314c. Why didn't you obtain the method you wanted?	314a = 0 <input type="checkbox"/> Method out of stock that day <input type="checkbox"/> Method not available at all <input type="checkbox"/> Provider not trained to provide the method <input type="checkbox"/> Provider recommended a different method <input type="checkbox"/> Not eligible for method <input type="checkbox"/> Decided not to adopt a method <input type="checkbox"/> Too costly <input type="checkbox"/> Other <input type="checkbox"/> No response
315a. During that visit, who made the final decision about what method you got?	311a ≠ . <input type="checkbox"/> You alone <input type="checkbox"/> Provider <input type="checkbox"/> Partner <input type="checkbox"/> You and provider <input type="checkbox"/> You and partner <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
315b. Who made the final decision to use rhythm?	311b ≠ .

	<input type="checkbox"/> You alone <input type="checkbox"/> Provider <input type="checkbox"/> Partner <input type="checkbox"/> You and provider <input type="checkbox"/> You and partner <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>315b. Who made the final decision to use LAM?</p>	<p style="text-align: right;">311b ≠ .</p> <input type="checkbox"/> You alone <input type="checkbox"/> Provider <input type="checkbox"/> Partner <input type="checkbox"/> You and provider <input type="checkbox"/> You and partner <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>316. Would you return to this provider? Provider: [Type of provider selected in 311a or 311b]</p>	<p style="text-align: right;">311a ≠ 35 or 96</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>317. Would you refer your relative or friend to this provider / facility? Provider: [Type of provider selected in 311a or 311b]</p>	<p style="text-align: right;">311 a ≠ 34 or 96</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>IMP_304b. When you stopped using the implant in [DATE FROM 309b], where did you go to have your implant removed?</p> <p><i>Scroll to bottom to see all choices.</i></p>	<p style="text-align: right;">306b = 3</p> <input type="checkbox"/> National Hospital Center <input type="checkbox"/> Health and Social Services Center (public) <input type="checkbox"/> Family planning clinic <input type="checkbox"/> Mobile clinic (public) <input type="checkbox"/> Regional Hospital Center <input type="checkbox"/> Medical Center with Surgery Unit (public) <input type="checkbox"/> Medical Center (public) <input type="checkbox"/> Fieldworker and community health volunteers (public) <input type="checkbox"/> Private hospital or clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Private practice <input type="checkbox"/> Mobile clinic (private) <input type="checkbox"/> Maternity <input type="checkbox"/> Health Agent

	<input type="checkbox"/> Store/market/supermarket/mobile vendors <input type="checkbox"/> Religious organizations <input type="checkbox"/> Friend / parent <input type="checkbox"/> Self <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No Response
IMP_305a. In the past 12 months, have you tried to have your current implant removed?	<p style="text-align: right;">CALC_CM = 3</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
IMP_305b. Where did you go or who attempted to remove your implant?	<p style="text-align: right;">IMP_305a = 1</p> <input type="checkbox"/> National Hospital Center <input type="checkbox"/> Health and Social Services Center (public) <input type="checkbox"/> Family planning clinic <input type="checkbox"/> Mobile clinic (public) <input type="checkbox"/> Regional Hospital Center <input type="checkbox"/> Medical Center with Surgery Unit (public) <input type="checkbox"/> Medical Center (public) <input type="checkbox"/> Fieldworker and community health volunteers (public) <input type="checkbox"/> Private hospital or clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Private practice <input type="checkbox"/> Mobile clinic (private) <input type="checkbox"/> Maternity <input type="checkbox"/> Health Agent <input type="checkbox"/> Store/market/supermarket/mobile vendors <input type="checkbox"/> Religious organizations <input type="checkbox"/> Friend / parent <input type="checkbox"/> Self <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No Response
IMP_306. Why were you not able to have your implant removed?	<p style="text-align: right;">IMP_305a = 1</p> <input type="checkbox"/> Facility not open <input type="checkbox"/> Qualified provider not available <input type="checkbox"/> Provider attempted but could not remove the implant <input type="checkbox"/> Provider refused <input type="checkbox"/> Cost of removal services <input type="checkbox"/> Travel cost <input type="checkbox"/> Provider counseled against removal <input type="checkbox"/> Told to return another day <input type="checkbox"/> Referred elsewhere <input type="checkbox"/> Other

	<input type="checkbox"/> Don't know <input type="checkbox"/> No response
SW_1a. Right before you started using [CURRENT METHOD / MOST RECENT METHOD] in [MOIS/ANNEE], were you doing something or using any method to delay or avoid getting pregnant?	302a = 1 OR 306a = 1 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
SW_1b. Which method were you using?	SW_1a = 1 <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> 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 method <input type="checkbox"/> No response
PP_1. Since the birth of your child in [DATE OF MOST RECENT BIRTH], have you ever done something or used any method to delay or avoid getting pregnant?	child born in last 2 years AND 302a ≠ 1 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
PP_2. How long after the birth in [DATE OF MOST RECENT BIRTH] did you start doing something or start using a method? <i>Enter 0 days for today. You will enter a number for X on the next screen.</i>	PP_1 = 1 OR (302a = 1 AND child born in the last 2 years) <input type="checkbox"/> X days after <input type="checkbox"/> X weeks after <input type="checkbox"/> X months after <input type="checkbox"/> X years after <input type="checkbox"/> No response
PP_2. Enter [METHOD]. <i>If today, enter zero days only, not zero weeks/months/years.</i>	
PP_3. What was the method?	PP_2 ≠ . <input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant

	<input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> 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 method <input type="checkbox"/> No response
<p>LCL_PP1. PROBE: Was the injection administered via syringe or small needle?</p> <p><i>Show the image to the respondent.</i></p> <p>[sayana_depo_150x300.jpg]</p>	<p style="text-align: right;">PP_3 = 5</p> <input type="checkbox"/> Syringe <input type="checkbox"/> Small needle (Sayana Press) <input type="checkbox"/> No Response
<p>319. Have you ever done anything or tried in any way to delay or avoid getting pregnant?</p>	<p style="text-align: right;">306a ≠ 1 OR 302a ≠ 1</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
<p>320. How old were you when you first used a method to delay or avoid getting pregnant? The respondent said she was [AGE] years old at her last birthday.</p> <p><i>Enter the age in years. Enter -88 if the respondent does not know. Enter -99 if there is no response. Cannot be younger than 9.</i></p>	<p style="text-align: right;">302a = 1 OR 306a =1 OR 319 = 1</p>
<p>321. How many living children did you have at that time, if any? Note: the respondent said that she gave birth [NUMBER OF LIFE BIRTHS] times in 201.</p> <p><i>Enter -99 for no response.</i></p>	<p style="text-align: right;">Age in 320 ≥ 9 AND 200 = 1</p>
<p>322. Which method did you first use to delay or avoid getting pregnant?</p> <p><i>Do not read the method choices. Scroll to bottom to see all choices.</i></p>	<p style="text-align: right;">319 = 1</p> <input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables

	<input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> 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 method <input type="checkbox"/> No response
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<p>LCL_322a. PROBE: Was the injection administered via syringe or small needle?</p> <p><i>Show the image to the respondent.</i></p> <p>[sayana_depo_150x300.jpg]</p>	<p>322 = 5</p> <input type="checkbox"/> Syringe <input type="checkbox"/> Small needle (Sayana Press) <input type="checkbox"/> No Response
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<p>322a. Have you used emergency contraception at any time in the last 12 months?</p> <p>PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within three to five days to prevent pregnancy.</p>	<p>302b ≠ emergency contraception OR 306b ≠ 8</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
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<p>302a = 0 AND ((212a or 212b > 2 years) OR (211a or 211b = 2))</p>	
<p>323a. You said that you do not want a child soon and that you are not using a method to avoid pregnancy.</p>	<p>200 = 0 AND 211a = 1 AND (212a = months OR years)</p>
<p>323a. You said that you do not want another child soon and that you are not using a method to avoid pregnancy.</p>	<p>200 = 1 AND 211a = 1 AND (212a = months OR years)</p>
<p>323a. You said that you do not want any children and that you are not using a method to avoid pregnancy.</p>	<p>200 = 0 AND 211a = 2</p>
<p>323a. You said that you do not want any more children and that you are not using a method to avoid pregnancy.</p>	<p>200 = 1 AND 211a = 2</p>
<p>Can you tell me why you are not using a method to prevent pregnancy?</p>	<input type="checkbox"/> Not married <input type="checkbox"/> Infrequent sex / Not having sex <input type="checkbox"/> Menopausal / Hysterectomy <input type="checkbox"/> Subfecund / Infecund <input type="checkbox"/> Not menstruated since last birth

<p>PROBE: Any other reason?</p> <p><i>RECORD ALL REASONS MENTIONED</i></p> <p><i>Cannot select "Not Married" if 104 is "Yes, currently married".</i></p> <p><i>Scroll to bottom to see all choices.</i></p>	<input type="checkbox"/> Breastfeeding <input type="checkbox"/> Husband away for multiple days <input type="checkbox"/> Up to God / fatalistic <input type="checkbox"/> Respondent opposed <input type="checkbox"/> Husband / partner opposed <input type="checkbox"/> Others opposed <input type="checkbox"/> Religious prohibition <input type="checkbox"/> Knows no method <input type="checkbox"/> Knows no source <input type="checkbox"/> Fear of side effects <input type="checkbox"/> Health concerns <input type="checkbox"/> Lack of access / too far <input type="checkbox"/> Costs too much <input type="checkbox"/> Preferred method not available <input type="checkbox"/> No method available <input type="checkbox"/> Inconvenient to use <input type="checkbox"/> Interferes with body's processes <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No response
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<p>323b. Would you say that not using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together?</p>	<p style="text-align: right;">302a ≠ 1</p> <input type="checkbox"/> Mainly respondent <input type="checkbox"/> Mainly husband/partner <input type="checkbox"/> Joint decision <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>324. In the last 12 months, were you visited by a community health worker who talked to you about family planning?</p>	<p style="text-align: right;">009a = 1</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
<p>325a. In the last 12 months, have you visited a health facility or camp for care for yourself?</p> <p><i>For any health services.</i></p>	<p style="text-align: right;">009a = 1</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
<p>325a. In the last 12 months, have you visited a health facility or camp for care for yourself or your children?</p> <p><i>For any health services.</i></p>	<p style="text-align: right;">009a = 1</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
<p>325b. Did any staff member at the health facility speak to you about family planning methods?</p>	<p style="text-align: right;">325a = 1</p> <input type="checkbox"/> Yes <input type="checkbox"/> No

No response

In the last few months have you:			
	Yes	No	No response
326a. Heard about family planning on the radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
326b. Seen anything about family planning on the television?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
326c. Read about family planning in a newspaper or magazine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
326d. Received a voice or text message about family planning on a mobile phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4 – Sexual Activity

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

Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.

401a. How old were you when you first had sexual intercourse?	309a = 1
Current age: [AGE]	
Number of live births: [NUMBER OF LIFE BIRTHS]	Births > 0
The respondent is pregnant	Is currently pregnant.
Enter the age in years. <i>Enter -77 if she has never had sex. Enter -99 for no response. Enter -88 for do not know.</i>	

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402. When was the last time you had sexual intercourse?	401a ≠ -77
<p>402. Enter [# days / weeks / months / years].</p> <p><i>If today, enter zero days only, not zero weeks/months/years.</i></p> <p><i>Must agree with the age of first sexual intercourse and the pregnancy status.</i></p>	401a ≠ -77
<p>LCL_305a. If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p><i>If you select X children, you will enter a number for X on the following screen. If none, select X children, then enter 0.</i></p>	<p>201 = 1</p> <ul style="list-style-type: none"> <input type="checkbox"/> X children <input type="checkbox"/> It's God's will (not respondent's decision) <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
Enter: [X children]	LCL_305a = 1
<p>LCL_305b. If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p><i>If you select X children, you will enter a number for X on the following screen. If none, select X children, then enter 0.</i></p>	<p>200 ≠ 1</p> <ul style="list-style-type: none"> <input type="checkbox"/> X children <input type="checkbox"/> It's God's will (not respondent's decision) <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
Enter: [X children]	LCL_305b = 1

Section 6 – Menstrual Hygiene

Now I'm going to ask you about menstrual hygiene management. This includes the use of absorbent materials; access to a private, clean, safe space; washing as required; and a place to dispose used materials.

602a. Where do you most often change your used pads, cloths, or other sanitary materials?	<p style="text-align: center;">(209 ≤ 90 days, 13 weeks or ≤ 3 months)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Flush/pour flush toilet <input type="checkbox"/> Ventilated improved pit latrine <input type="checkbox"/> Pit latrine with slab <input type="checkbox"/> Pit latrine without slab / open pit <input type="checkbox"/> Bucket toilet <input type="checkbox"/> Composting toilet <input type="checkbox"/> Hanging toilet /Hanging latrine <input type="checkbox"/> Sleeping area/bedroom <input type="checkbox"/> Backyard <input type="checkbox"/> No facility / bush / field
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	<input type="checkbox"/> Other <input type="checkbox"/> No response
<p>Place: [MAIN PLACE FROM 602a] 602b. While managing your menstrual hygiene, was this place:</p> <p><i>Read each option aloud and select if yes.</i></p>	<p>601 ≠ -99 nor null AND 602 ≠ -99 nor null</p> <input type="checkbox"/> Clean? <input type="checkbox"/> Private? <input type="checkbox"/> Safe? <input type="checkbox"/> Able to be locked? <input type="checkbox"/> Supplied with water? <input type="checkbox"/> Supplied with soap? <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>603. During your last menstrual period, what did you use to collect or absorb your menstrual blood?</p> <p>PROBE: Anything else?</p> <p><i>Do not read options aloud. Select all that apply.</i></p>	<p>(209 ≤ 90 days, 13 weeks or ≤ 3 months)</p> <input type="checkbox"/> Disposable sanitary pad (commercial) <input type="checkbox"/> Reusable sanitary pad <input type="checkbox"/> New cloth <input type="checkbox"/> Old cloth <input type="checkbox"/> Cotton wool <input type="checkbox"/> Diaper <input type="checkbox"/> Tampons <input type="checkbox"/> Toilet paper <input type="checkbox"/> Underwear alone <input type="checkbox"/> Bucket <input type="checkbox"/> Other <input type="checkbox"/> No materials used <input type="checkbox"/> No response
<p>604a. Did you wash and reuse pads, cloths, or other sanitary materials during your last menstrual period?</p>	<p>603 = reusable sanitary pad, old cloth, underwear alone, or bucket</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
<p>604b. During your last menstrual period, were the sanitary materials that you washed and reused completely dried before each reuse?</p>	<p>604a = 1</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
<p>605. You mentioned that you used [ODK will display the responses from 603] during your last menstrual period. Where did you dispose of these materials after use? PROBE: Anywhere else?</p> <p><i>Do not read options aloud. Select all that apply.</i></p>	<p>603 = disposable sanitary pad, new cloth, cotton wool, diaper, tampons, toilet paper, or other OR 604a = 0</p> <input type="checkbox"/> Flush toilet <input type="checkbox"/> Latrine <input type="checkbox"/> Waste bin/trash bag <input type="checkbox"/> Burning <input type="checkbox"/> Bush/field <input type="checkbox"/> Other

	<input type="checkbox"/> No response
606a. Aside from your own housework, have you done any work in the last month?	<p>(209 ≤ 90 days, 13 weeks or ≤ 3 months)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
606b. Due to your last menstrual period, were there any work days in the last month that you did not attend?	<p>606a = 1</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
607a. Did you attend school at any time in the past 12 months?	<p>102 = 15 - 24 AND 103 ≠ never</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
607b. Due to your menstrual period, were there any school days in the past 12 months that you did not attend?	<p>607a = 1</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
LCL_608. How old were you at the time you experienced your first menstruation? <i>Enter the age in years. Enter '-88' for 'do not know' or '-99' for 'no response'.</i>	<p>102 = 15 - 24 AND 209 ≠ 7, -99</p>
FLW_801. Thank you for the time you have kindly granted us. Would you be willing to participate in another survey on this or any other topic either by phone or in person at some point in the future?	<p>009a = 1</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
FLW_802. Do you own a phone?	<p>FLW_801 = 1</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response
FLW_803. Can I have your primary phone number in case we would like to follow up with you in the future? <i>Enter an 8-digit number without the country code. Do not include spaces or dashes. Enter -99 for no response.</i>	<p>FLW_802 = 1</p>
FLW_804. To confirm, here is the number you	<p>FLW_803 ≠ -99</p>

gave me: [FLW_803]. Is that correct? <i>If not, return to 803 and correct it.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thank the respondent for her time. <i>The respondent is finished, but there are still more questions for you to complete outside the home.</i>	006 = 1

Location and Questionnaire result
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095. Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6 m.</i>	Always
096. How many times have you visited this household to interview this female respondent? <input type="checkbox"/> 1st time <input type="checkbox"/> 2nd time <input type="checkbox"/> 3rd time	Always
097. In what language was this interview conducted? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Moore <input type="checkbox"/> Goumantchema <input type="checkbox"/> Fulfulde <input type="checkbox"/> Dioula <input type="checkbox"/> Autre	009a = 1
Presence of others during the interview (people present and listening, people present but not listening, or not present).	009a = 1
a. Children < 10 years	<input type="checkbox"/> Present, listening <input type="checkbox"/> Present, not listening <input type="checkbox"/> Not present
b. Husband	<input type="checkbox"/> Present, listening <input type="checkbox"/> Present, not listening <input type="checkbox"/> Not present
c. Other men	<input type="checkbox"/> Present, listening <input type="checkbox"/> Present, not listening <input type="checkbox"/> Not present
d. Other women	<input type="checkbox"/> Present, listening <input type="checkbox"/> Present, not listening <input type="checkbox"/> Not present

