

PMA2020 Côte d'Ivoire Round 2 Follow-up Survey Female Questionnaire

000. Select form from among assigned respondents. <i>Move forward without a selection to fill in details manually.</i>	
There is no information for this woman from the previous survey. Please choose another woman on your assignments list.	
You have not made a selection on the previous list. Would you like to fill in respondent information manually?	<input type="radio"/> Yes <input type="radio"/> No

EA	
Structure number	
Household number	
Head of household's name	
Respondent's name	
Respondent's age	
Did the respondent report that she "removed a pregnancy" or "regulated her period" in the prior survey?	<input type="radio"/> Removed a pregnancy <input type="radio"/> Regulated her period
The year the event took place	
Did the respondent report using multiple things?	<input type="radio"/> Yes <input type="radio"/> No

Only method used	<input type="radio"/> Surgical procedure (curettage, MVA, etc.) <input type="radio"/> Pills called mifepristone or misoprostol (Cytotec) <input type="radio"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Novaquine, Cyphaquine) <input type="radio"/> Other pills <input type="radio"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions) <input type="radio"/> Ingested industrial products (bleach, Coke-Nescafé mix, etc.) <input type="radio"/> Insert materials into the vagina (stem, herb ball, kanigban, etc.) <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
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<p>Only source</p>	<ul style="list-style-type: none"> <input type="radio"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> Other public <input type="radio"/> Private hospital / clinic <input type="radio"/> Pharmacy <input type="radio"/> Private doctor <input type="radio"/> Mobile clinic (private) <input type="radio"/> Health agent <input type="radio"/> Other private <input type="radio"/> Store <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Friend / parent <input type="radio"/> Community health agent <input type="radio"/> Street vendor <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>First method used</p>	<ul style="list-style-type: none"> <input type="radio"/> Surgical procedure (curettage, MVA, etc.) <input type="radio"/> Pills called mifepristone or misoprostol (Cytotec) <input type="radio"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Novaquine, Cyphaquine) <input type="radio"/> Other pills <input type="radio"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions) <input type="radio"/> Ingested industrial products (bleach, Coke-Nescafé mix, etc.) <input type="radio"/> Insert materials into the vagina (stem, herb ball, kanigban, etc.) <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>First source</p>	<ul style="list-style-type: none"> <input type="radio"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> Other public <input type="radio"/> Private hospital / clinic <input type="radio"/> Pharmacy <input type="radio"/> Private doctor <input type="radio"/> Mobile clinic (private) <input type="radio"/> Health agent <input type="radio"/> Other private

	<input type="radio"/> Store <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Friend / parent <input type="radio"/> Community health agent <input type="radio"/> Street vendor <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>Last method used</p>	<input type="radio"/> Surgical procedure (curettage, MVA, etc.) <input type="radio"/> Pills called mifepristone or misoprostol (Cytotec) <input type="radio"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Novaquine, Cyphaquine) <input type="radio"/> Other pills <input type="radio"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions) <input type="radio"/> Ingested industrial products (bleach, Coke-Nescafé mix, etc.) <input type="radio"/> Insert materials into the vagina (stem, herb ball, kanigban, etc.) <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>Last source</p>	<input type="radio"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> Other public <input type="radio"/> Private hospital / clinic <input type="radio"/> Pharmacy <input type="radio"/> Private doctor <input type="radio"/> Mobile clinic (private) <input type="radio"/> Health agent <input type="radio"/> Other private <input type="radio"/> Store <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Friend / parent <input type="radio"/> Community health agent <input type="radio"/> Street vendor <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>Number of friends discussed during first survey <i>Enter 0, 1, or 2. Enter their information on the next screen.</i></p>	

Friend 1 name	<input type="text"/>
Did she tell friend 1?	<input type="radio"/> Yes <input type="radio"/> No
Friend 2 name	<input type="text"/>
Did she tell friend 2?	<input type="radio"/> Yes <input type="radio"/> No

	Respondent summary from Round 2
Head of household first name: \${hh_head_prev} Respondent first name: \${first_name_prev} Age: \${age_prev}	
EA name: \${ea_prev} Structure number: \${structure_prev} Household number: \${household_prev}	
What reported in prior round: Pregnancy removal	
What reported in prior round: Period regulation	
Only method: \${only_method_prev_lab} Only source: \${only_source_prev_lab} Year: \${event_year_prev}	
First method: \${first_method_prev_lab} First source: \${first_source_prev_lab} Last method: \${last_method_prev_lab} Last source: \${last_source_prev_lab} Year: \${event_year_prev}	

001a. Are you talking to the correct woman?	<input type="radio"/> Yes <input type="radio"/> No
002. Your ID: \${your_name} Is this your ID?	<input type="radio"/> Yes <input type="radio"/> No
002. Enter your ID below. <i>Please record your ID</i>	<input type="text"/>

003. Current date and time.	Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No

003b. Record the correct date and time.	Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>
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004a. The following information is from the previous female questionnaire. Please review to make sure you are interviewing the correct respondent.	
Enumeration area: $\{ea_prev\}$ Structure number: $\{structure_prev\}$ Household number: $\{household_prev\}$	
First name: $\{first_name_prev\}$ Age: $\{age_prev\}$	
Is the above information correct? If misspelled, select "no" here and update the information. If this is the wrong person, find and interview the person whose name appears above. If this is the wrong person but she is also a respondent, exit and select the correct form from among your list.	<input type="radio"/> Yes <input type="radio"/> No
	Enter corrections
Enumeration area <i>Previous enumeration area: $\{ea_prev\}$</i>	<input type="text"/>
Structure number <i>Previous structure number: $\{structure_prev\}$</i>	<input type="text"/>
Household number <i>Previous household number: $\{household_prev\}$</i>	<input type="text"/>
First name <i>Previous first name: $\{first_name_prev\}$</i>	<input type="text"/>
Age <i>Previous age: $\{age_prev\}$</i>	
004c. Has the respondent moved since Round 2?	<input type="radio"/> No, living in same household <input type="radio"/> Yes, moved within Region <input type="radio"/> Yes, moved outside Region, within District <input type="radio"/> Yes, moved outside District <input type="radio"/> Yes, moved outside country <input type="radio"/> Do not know
005. Is the respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
006. Did you interview the respondent in the previous round?	<input type="radio"/> Yes <input type="radio"/> No
The following questions are about potential COVID-19 exposure to make sure it is safe for us to continue the interview. I am asking these questions of all respondents and will not share the answers with anyone.	
COV_1. Have you or is there anyone currently living in their household who has tested positive for COVID-19, or recently developed any of the unique symptom (s) of COVID- 19, who are the loss of taste and smell?	<input type="radio"/> Yes <input type="radio"/> No
COV_2. Do you or is there anyone currently living in their household who recently developed any of the symptoms of	<input type="radio"/> Yes <input type="radio"/> No

<p>COVID-19 listed on the fact sheet but other than the unique symptoms of COVID-19 , who are the loss of taste or smell?</p>	
<p>COV_3. Have you been in close and prolonged contact with someone outside the household who has tested positive for COVID-19, or has recently developed any of the unique symptom (s) of COVID-19, which are the loss of taste and smell?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Respondent or a household member is (in the case of a positive COVID-19 test) or may be COVID-19 positive. Save the form and tell the respondent you will follow-up after two weeks to again check for potential COVID-19 exposure. Until then, mark survey result as "Postponed".</p>	

INFORMED CONSENT

Find the woman between the ages of 15-49 associated with this Female Questionnaire. The interview must have auditory privacy. Administer the consent procedures.

<p>Bonjour. Je m'appelle et je travaille pour l'École Nationale Supérieure de Statistique et d'Économie Appliquée (ENSEA). Cette étude est menée par une équipe de recherche de Performance Monitoring for Action, qui s'appelait auparavant PMA2020, basée à l'École de Santé Publique Bloomberg de l'Université de Johns Hopkins.</p> <p>Objectif : L'objectif de cette étude est de mieux comprendre les expériences des femmes qui font passer une grossesse ou font revenir leurs règles en Côte d'Ivoire. Nous souhaitons en savoir plus sur les connaissances des femmes concernant les services, les procédures et la sûreté de l'interruption de grossesses, leurs processus de décisions lorsqu'elles veulent obtenir des soins, leurs expériences dans l'accès à ces soins, toutes les complications qui ont pu se produire, et tous les traitements qu'elles ont ensuite reçus.</p> <p>Participation : Vous êtes invitée à participer à cette enquête parce que vous avez participé à la vague de 2018, au cours de laquelle vous avez rapporté avoir fait passer une grossesse ou fait revenir vos règles, et vous aviez indiqué que vous étiez d'accord pour être recontactée pour un autre entretien sur ce sujet. Cet entretien devrait prendre au maximum 60 minutes au total.</p> <p>Risques : Il n'y a pas de risques physiques associés à la participation à cette enquête. Cependant, il se peut que certaines questions vous mettent mal à l'aise. Vous n'êtes pas obligée de répondre à toutes les questions et vous pouvez interrompre l'entretien à n'importe quel moment. Avec n'importe quelle étude, il existe toujours un petit risque que quelqu'un d'extérieur à l'étude puisse voir vos informations, mais nous ferons de notre mieux pour garder celles-ci privées et confidentielles. Si certaines questions vous mettent mal à l'aise et vous souhaitez en parler avec un professionnel, nous vous donnerons un numéro de téléphone à la fin de l'interview et notre personnel d'étude vous aidera à contacter quelqu'un qui pourra vous aider à trouver l'aide dont vous avez besoin.</p>	
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Bénéfices : Il n'y a pas de bénéfices directement associés à votre participation à l'étude. Cependant, certaines participantes peuvent sentir qu'elles aident d'autres personnes en étant impliquées dans une étude qui va contribuer à mieux comprendre les expériences reproductives des femmes, et les manières d'améliorer leur santé et leur bien-être. Ces informations vont également nous aider à mieux conseiller le gouvernement pour l'amélioration de l'offre des services de santé.

Confidentialité: Votre participation à cette étude et toute information que vous nous fournirez seront gardées complètement confidentielles. Nous enlèverons votre nom et toutes les autres informations qui permettraient de vous identifier en personne avant d'analyser ou de partager les données, et de présenter ou de publier les résultats.

Compensation : Vous recevrez un petit cadeau d'un morceau de savon ou de la poudre à laver d'une valeur de 1000 FCFA pour vous remercier de votre participation.

Participation volontaire : La participation à cette étude est entièrement volontaire. S'il arrive que vous ne souhaitiez pas répondre à une question, faites-le moi savoir et je passerai à la question suivante. Vous pouvez aussi choisir de ne pas participer du tout, et vous pouvez interrompre l'entretien à tout moment. Cependant, nous espérons que vous serez d'accord pour participer à cette enquête car vos perspectives et votre expérience spécifique sont importantes.

Si vous avez des questions sur cette étude et sur vos droits en tant que participante à la recherche, vous pouvez me les poser maintenant ou vous pouvez aussi contacter Dr. MOSSO Rosine Addy au numéro : +225 06573896 ou le Comité national d'éthique des sciences de la vie et de la santé au numéro : +225 22005829.

Pour le moment, est-ce que vous avez des questions à me poser sur cette étude ?

Before we begin the interview, please confirm the following statements are true :

- I have been read the consent form
- I have received and understood the explanations given about this research
- The nature of this research was explained to me. I understood the nature of this research and the information provided. I have asked all of my questions and received satisfactory answers. I agree of my own accord to participate in an individual interview. I know that I can end my participation at any time during the interview, without judgment or explanation.
- None of the above

The respondent has not confirmed each of the previous three statements and will not be able to continue the interview.

007. Read the consent form and verbal consent text. Then, ask: May I begin the interview now?	<input type="radio"/> Yes <input type="radio"/> No
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008. Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i>	<input type="text"/>
Checkbox	<input type="radio"/>

Section 1 – Confirmation of Previously Provided Details and Respondent’s Background

As previously described, I would like to collect additional information on [PREGNANCY REMOVAL / PERIOD REGULATION]. Sometimes women are worried they are pregnant or get pregnant when they do not want to be and they do something to [REMOVE THE PREGNANCY / REGULATE THEIR PERIOD]. This is a common experience in Nigeria and we simply want to better understand it. I want to remind you that this survey is completely confidential and your responses will not be shared with anyone outside the study.

In the prior PMA2020 survey that we conducted in April and May of 2018, you told the interviewer that you had done something to REMOVE A PREGNANCY WHEN YOU WERE PREGNANT OR WORRIED YOU WERE PREGNANT.	
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In the prior PMA2020 survey that we conducted in April and May of 2018, you told the interviewer that you had done something to REGULATE YOUR PERIOD AT A TIME WHEN YOU WERE WORRIED YOU WERE PREGNANT.	
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100a. You told the interviewer this took place in \${event_year_prev}. Is this correct?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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100b. In what year did this event occur? <i>Enter 2030 if do not know.</i>	Year: <input type="text"/>
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100c. Approximately how long ago did this event occur? <i>Read answers aloud.</i>	<input type="radio"/> 1 up to 3 years ago <input type="radio"/> 3 up to 5 years ago <input type="radio"/> 5 or more years ago <input type="radio"/> Do not know <input type="radio"/> No response
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100d. You told the interviewer you DID MULTIPLE THINGS to try to REMOVE THE PREGNANCY. Is this correct?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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100d. You told the interviewer you DID MULTIPLE THINGS to try to REGULATE YOUR PERIOD. Is this correct?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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100d. You told the interviewer you DID NOT DO MULTIPLE THINGS to try to REMOVE THE PREGNANCY. Is this correct?	<input type="radio"/> Yes <input type="radio"/> No
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	<input type="radio"/> Do not know <input type="radio"/> No response
100d. You told the interviewer you DID NOT DO MULTIPLE THINGS to try to REGULATE YOUR PERIOD. Is this correct?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
100e. Did you do multiple things?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
101a. You told the interviewer that you ONLY used \${only_method_prev_lab}. Is this correct?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
101a. You told the interviewer that you FIRST used \${first_method_prev_lab}. Is this correct?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
101b. What was the ONLY method you used?	<input type="radio"/> Surgical procedure (curettage, MVA, etc.) <input type="radio"/> Pills called mifepristone or misoprostol (Cytotec) <input type="radio"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Novaquine, Cyphaquine <input type="radio"/> Other pills <input type="radio"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions) <input type="radio"/> Ingested industrial products (bleach, Coke-Nescafé mix, etc.) <input type="radio"/> Insert materials into the vagina (stem, herb ball, kanigban, etc.) <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
101b. What was the FIRST method you used?	<input type="radio"/> Surgical procedure (curettage, MVA, etc.) <input type="radio"/> Pills called mifepristone or misoprostol (Cytotec) <input type="radio"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Novaquine, Cyphaquine <input type="radio"/> Other pills <input type="radio"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions)

	<input type="radio"/> Ingested industrial products (bleach, Coke-Nescafé mix, etc.) <input type="radio"/> Insert materials into the vagina (stem, herb ball, kanigban, etc.) <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>101c. You said you took pills. Did you take any of these specific medications?</p> <p><i>Show pictures of misoprostol and misoprostol/mifepristone packs as well as antibiotics, anti-malarial, EC, and contraceptive medicines. Refer to local brand names as well.</i></p>	<input type="checkbox"/> Pills called mifepristone or misoprostol (Cytotec) <input type="checkbox"/> Contraceptive pills <input type="checkbox"/> Emergency contraception <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>Specify "other"</p> <p><i>You said you took pills. Did you take any of these specific medications?</i></p>	<input type="text"/>
<p>101d. Please describe what you first used in more detail.</p>	<input type="radio"/> Injection into arm <input type="radio"/> Injection into area other than arm <input type="radio"/> Drank household cleaning products <input type="radio"/> Drank large amount of alcohol <input type="radio"/> Drank large amount of alcohol in combination with something else <input type="radio"/> Drank or ate herbs or natural products <input type="radio"/> Put herbs or natural products into the vagina <input type="radio"/> Deep massage of abdomen <input type="radio"/> Tried to injure self physically <input type="radio"/> Other (Specify) <input type="radio"/> Do not know <input type="radio"/> No response
<p>Specify "other"</p> <p><i>Please describe what you first used in more detail.</i></p>	<input type="text"/>
<p>102a. You told the interviewer that you got the \${only_method_lab} from \${only_source_prev_lab}. Is this correct?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>102a. You told the interviewer that you got the \${first_method_lab} from \${first_source_prev_lab}. Is this correct?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>102b. Where did you go to get the \${only_method_lab}?</p>	<input type="radio"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Family planning clinic

	<ul style="list-style-type: none"> <input type="radio"/> Mobile clinic (public) <input type="radio"/> Other public <input type="radio"/> Private hospital / clinic <input type="radio"/> Pharmacy <input type="radio"/> Private doctor <input type="radio"/> Mobile clinic (private) <input type="radio"/> Health agent <input type="radio"/> Other private <input type="radio"/> Store <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Friend / parent <input type="radio"/> Community health agent <input type="radio"/> Street vendor <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>102b. Where did you go to get the \${first_method_lab}?</p>	<ul style="list-style-type: none"> <input type="radio"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> Other public <input type="radio"/> Private hospital / clinic <input type="radio"/> Pharmacy <input type="radio"/> Private doctor <input type="radio"/> Mobile clinic (private) <input type="radio"/> Health agent <input type="radio"/> Other private <input type="radio"/> Store <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Friend / parent <input type="radio"/> Community health agent <input type="radio"/> Street vendor <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>103a. You told the interviewer that you LAST used \${last_method_prev_lab}. Is this correct?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>103b. What was the LAST method used?</p>	<ul style="list-style-type: none"> <input type="radio"/> Surgical procedure (curettage, MVA, etc.) <input type="radio"/> Pills called mifepristone or misoprostol (Cytotec) <input type="radio"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Novaquine, Cyphaquine) <input type="radio"/> Other pills

	<input type="radio"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions) <input type="radio"/> Ingested industrial products (bleach, Coke-Nescafé mix, etc.) <input type="radio"/> Insert materials into the vagina (stem, herb ball, kanigban, etc.) <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>103c. You said you took pills. Did you take any of these specific medications?</p> <p><i>Show pictures of misoprostol and misoprostol/mifepristone packs as well as antibiotics, anti-malarial, EC, and contraceptive medicines. Refer to local brand names as well.</i></p>	<input type="checkbox"/> Pills called mifepristone or misoprostol (Cytotec) <input type="checkbox"/> Contraceptive pills <input type="checkbox"/> Emergency contraception <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>Specify "other"</p> <p><i>You said you took pills. Did you take any of these specific medications?</i></p>	<input type="text"/>
<p>103d. Please describe what you used in more detail.</p>	<input type="radio"/> Injection into arm <input type="radio"/> Injection into area other than arm <input type="radio"/> Drank household cleaning products <input type="radio"/> Drank large amount of alcohol <input type="radio"/> Drank large amount of alcohol in combination with something else <input type="radio"/> Drank or ate herbs or natural products <input type="radio"/> Put herbs or natural products into the vagina <input type="radio"/> Deep massage of abdomen <input type="radio"/> Tried to injure self physically <input type="radio"/> Other (Specify) <input type="radio"/> Do not know <input type="radio"/> No response
<p>Specify "other"</p> <p><i>Please describe what you used in more detail.</i></p>	<input type="text"/>
<p>104a. You told the interviewer that you got the \${last_method_lab} from \${last_source_prev_lab}. Is this correct?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>104b. Where did you go to get the \${last_method_lab}?</p>	<input type="radio"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public)

	<ul style="list-style-type: none"> <input type="radio"/> Other public <input type="radio"/> Private hospital / clinic <input type="radio"/> Pharmacy <input type="radio"/> Private doctor <input type="radio"/> Mobile clinic (private) <input type="radio"/> Health agent <input type="radio"/> Other private <input type="radio"/> Store <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Friend / parent <input type="radio"/> Community health agent <input type="radio"/> Street vendor <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>105a. Besides this method, did you do anything else to attempt to REMOVE THE PREGNANCY? <i>Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Surgical procedure (curettage, MVA, etc.) <input type="checkbox"/> Pills called mifepristone or misoprostol (Cytotec) <input type="checkbox"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Novaquine, Cyphaquine) <input type="checkbox"/> Other pills <input type="checkbox"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions) <input type="checkbox"/> Ingested industrial products (bleach, Coke-Nescafé mix, etc.) <input type="checkbox"/> Insert materials into the vagina (stem, herb ball, kanigban, etc.) <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>105a. Besides these methods, did you do anything else to attempt to REMOVE THE PREGNANCY? <i>Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Surgical procedure (curettage, MVA, etc.) <input type="checkbox"/> Pills called mifepristone or misoprostol (Cytotec) <input type="checkbox"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Novaquine, Cyphaquine) <input type="checkbox"/> Other pills <input type="checkbox"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions)

	<input type="checkbox"/> Ingested industrial products (bleach, Coke-Nescafé mix, etc.) <input type="checkbox"/> Insert materials into the vagina (stem, herb ball, kanigban, etc.) <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>105a. Besides this method, did you do anything else to attempt to BRING BACK YOUR PERIOD? <i>Select all that apply.</i></p>	<input type="checkbox"/> No <input type="checkbox"/> Surgical procedure (curettage, MVA, etc.) <input type="checkbox"/> Pills called mifepristone or misoprostol (Cytotec) <input type="checkbox"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Novaquine, Cyphaquine <input type="checkbox"/> Other pills <input type="checkbox"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions) <input type="checkbox"/> Ingested industrial products (bleach, Coke-Nescafé mix, etc.) <input type="checkbox"/> Insert materials into the vagina (stem, herb ball, kanigban, etc.) <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>105a. Besides these methods, did you do anything else to attempt to BRING BACK YOUR PERIOD? <i>Select all that apply.</i></p>	<input type="checkbox"/> No <input type="checkbox"/> Surgical procedure (curettage, MVA, etc.) <input type="checkbox"/> Pills called mifepristone or misoprostol (Cytotec) <input type="checkbox"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Novaquine, Cyphaquine <input type="checkbox"/> Other pills <input type="checkbox"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions) <input type="checkbox"/> Ingested industrial products (bleach, Coke-Nescafé mix, etc.) <input type="checkbox"/> Insert materials into the vagina (stem, herb ball, kanigban, etc.) <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response

<p>105b. Where did you go to obtain this method? <i>Select all that apply.</i></p>	<input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Family planning clinic <input type="checkbox"/> Mobile clinic (public) <input type="checkbox"/> Other public <input type="checkbox"/> Private hospital / clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Private doctor <input type="checkbox"/> Mobile clinic (private) <input type="checkbox"/> Health agent <input type="checkbox"/> Other private <input type="checkbox"/> Store <input type="checkbox"/> Religious organizations <input type="checkbox"/> Community event <input type="checkbox"/> Friend / parent <input type="checkbox"/> Community health agent <input type="checkbox"/> Street vendor <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>105b. Where did you go to obtain these methods? <i>Select all that apply.</i></p>	<input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Family planning clinic <input type="checkbox"/> Mobile clinic (public) <input type="checkbox"/> Other public <input type="checkbox"/> Private hospital / clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Private doctor <input type="checkbox"/> Mobile clinic (private) <input type="checkbox"/> Health agent <input type="checkbox"/> Other private <input type="checkbox"/> Store <input type="checkbox"/> Religious organizations <input type="checkbox"/> Community event <input type="checkbox"/> Friend / parent <input type="checkbox"/> Community health agent <input type="checkbox"/> Street vendor <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>Check here to acknowledge you considered all options.</p>	<input type="radio"/>

107a. At the time that you REMOVED THE PREGNANCY how certain were you that you were pregnant? Very certain, somewhat certain, or not at all certain?

- Very certain
- Somewhat certain

	<input type="radio"/> Not at all certain <input type="radio"/> No response
107a. At the time that you BROUGHT BACK YOUR PERIOD how certain were you that you were pregnant? Very certain, somewhat certain, or not at all certain?	<input type="radio"/> Very certain <input type="radio"/> Somewhat certain <input type="radio"/> Not at all certain <input type="radio"/> No response
107b. Did you take a pregnancy test to confirm?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
108a. How long had you been pregnant at the time?	<input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> Do not know <input type="radio"/> No response
108a. Enter \${preg_duration_lab} <i>How long had you been pregnant at the time? Enter -88 if Do not know, -99 if No response.</i>	
108b. How many periods had you missed? <i>Enter -88 if Do not know, -99 if No response.</i>	
109. At the time of this event, were you married or living with a man as if married?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
110a. At the time of this event were you attending school?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
110b. What level of school were you attending at the time?	<input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Higher <input type="radio"/> No response
111. At the time of this event did you have any children?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
112. At the time of this event were you living where you were at the time of the prior survey?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
113. Were you living in a village, a town, or a large city?	<input type="radio"/> Village <input type="radio"/> Town <input type="radio"/> City <input type="radio"/> Do not know <input type="radio"/> No response
114. Among the following methods for pregnancy removal or bringing back a period, which ones were you aware of at the time you ENDED THE PREGNANCY: <i>Read all options aloud. Select all that apply.</i>	<input type="checkbox"/> Clinical procedure, like D&C, performed in a hospital or other health facility <input type="checkbox"/> Misoprostol pill (“mai-so”) – a single drug that a woman can take several

	<p>tablets of to remove a pregnancy or bring back a period, for example Cytotec, Miso-Fem, Misoclear</p> <p><input type="checkbox"/> Mifepristone with misoprostol pill – two drugs used in combination, where a woman takes one tablet of one drug followed by several tablets of the other drug, for example, Mariprist or Mifepak</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> No response</p>
<p>114. Among the following methods for pregnancy removal or bringing back a period, which ones were you aware of at the time you BROUGHT BACK YOUR PERIOD:</p> <p><i>Read all options aloud. Select all that apply.</i></p>	<p><input type="checkbox"/> Clinical procedure, like D&C, performed in a hospital or other health facility</p> <p><input type="checkbox"/> Misoprostol pill (“mai-so”) – a single drug that a woman can take several tablets of to remove a pregnancy or bring back a period, for example Cytotec, Miso-Fem, Misoclear</p> <p><input type="checkbox"/> Mifepristone with misoprostol pill – two drugs used in combination, where a woman takes one tablet of one drug followed by several tablets of the other drug, for example, Mariprist or Mifepak</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> No response</p>
<p>115. At any point in the process of REMOVING THE PREGNANCY did someone refuse to provide the services or medicines you requested?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>115. At any point in the process of REGULATING YOUR PERIOD did someone refuse to provide the services or medicines you requested?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>116a. Did you talk to any of the following people about the decision to REMOVE THE PREGNANCY?</p> <p><i>Read options aloud. Select all that apply.</i></p>	<p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Partner</p> <p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Mother-in-law</p> <p><input type="checkbox"/> Other female relative</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Other male relative</p> <p><input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Health provider</p> <p><input type="checkbox"/> Traditional healer</p> <p><input type="checkbox"/> Other (Specify)</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> No response</p>

Specify "other" Who ultimately decided that you would do something to REMOVE THE PREGNANCY?	<input style="width: 80px; height: 20px;" type="text"/>
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116a. Did you talk to any of the following people about the decision to BRING BACK YOUR PERIOD? <i>Read options aloud. Select all that apply.</i>	<input type="checkbox"/> Self <input type="checkbox"/> Partner <input type="checkbox"/> Mother <input type="checkbox"/> Mother-in-law <input type="checkbox"/> Other female relative <input type="checkbox"/> Father <input type="checkbox"/> Other male relative <input type="checkbox"/> Friend <input type="checkbox"/> Health provider <input type="checkbox"/> Traditional healer <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
--	---

Specify "other" Who ultimately decided that you would do something to BRING BACK YOUR PERIOD?	<input style="width: 80px; height: 20px;" type="text"/>
--	---

116b. Who ultimately decided that you would do something to REMOVE THE PREGNANCY? If multiple people jointly made the final decision, tell me each person involved. <i>If the woman does not report herself, probe to confirm whether she was involved in the final decision. Select all that apply.</i>	<input type="checkbox"/> Self <input type="checkbox"/> Partner <input type="checkbox"/> Mother <input type="checkbox"/> Mother-in-law <input type="checkbox"/> Other female relative <input type="checkbox"/> Father <input type="checkbox"/> Other male relative <input type="checkbox"/> Friend <input type="checkbox"/> Health provider <input type="checkbox"/> Traditional healer <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

Specify "other" Who ultimately decided that you would do something to REMOVE THE PREGNANCY?	<input style="width: 80px; height: 20px;" type="text"/>
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116b. Who ultimately decided that you would do something to BRING BACK YOUR PERIOD? If multiple people jointly made the final decision, tell me each person involved. <i>If the woman does not report herself, probe to confirm whether she was involved in the final decision. Select all that apply.</i>	<input type="checkbox"/> Self <input type="checkbox"/> Partner <input type="checkbox"/> Mother <input type="checkbox"/> Mother-in-law
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	<input type="checkbox"/> Other female relative <input type="checkbox"/> Father <input type="checkbox"/> Other male relative <input type="checkbox"/> Friend <input type="checkbox"/> Health provider <input type="checkbox"/> Traditional healer <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

Specify "other" <i>Who ultimately decided that you would do something to BRING BACK YOUR PERIOD?</i>	<input style="width: 80px; height: 20px;" type="text"/>
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117a. In the previous survey you talked about your closest female confidante, whose fake name was $\${friend1_name_prev}$. You indicated you did not tell her about this event. But, do you think she is aware of it?	<input type="radio"/> Yes, definitely <input type="radio"/> Yes, likely <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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117b. Similarly, you said you did not tell your next closest friend, whose fake name was $\${friend2_name_prev}$. Do you think she is aware of it?	<input type="radio"/> Yes, definitely <input type="radio"/> Yes, likely <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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118a. How many women do you know who have intentionally removed a pregnancy? We will not ask any follow-up questions about these women, we just want to know the total number. <i>Enter -88 if Do not know, -99 if No response.</i>	
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118b. Similarly, how many women do you know who have done something to bring back a late period when they were worried they were pregnant? We again have no follow-up questions about these women, we just want to know the total number. <i>Enter -88 if Do not know, -99 if No response.</i>	
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Section 2 – Details of Source

Note: The following questions are about the [ONLY / FIRST] source you reported going to, \${only_source_lab}.

<p>200. Before deciding to use \${only_method_lab} from \${only_source_lab}, did you seek input or information from any of the following sources: <i>Read options aloud. Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Partner <input type="checkbox"/> Family members <input type="checkbox"/> Friends <input type="checkbox"/> Medical provider at a facility <input type="checkbox"/> Community health worker <input type="checkbox"/> Pharmacist/chemist <input type="checkbox"/> Internet <input type="checkbox"/> Hotline (phone numbers) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>Specify "other" <i>Before deciding to use \${only_method_lab} from \${only_source_lab}, did you seek input or information from any of the following sources:</i></p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>200. Before deciding to use \${first_method_lab} from \${first_source_lab}, did you seek input or information from any of the following sources: <i>Read options aloud. Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Partner <input type="checkbox"/> Family members <input type="checkbox"/> Friends <input type="checkbox"/> Medical provider at a facility <input type="checkbox"/> Community health worker <input type="checkbox"/> Pharmacist/chemist <input type="checkbox"/> Internet <input type="checkbox"/> Hotline (phone numbers) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>Specify "other" <i>Before deciding to use \${first_method_lab} from \${first_source_lab}, did you seek input or information from any of the following sources:</i></p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>201. Was \${first_only_source_lab} the nearest source you knew of that could provide services or medicines to REMOVE A PREGNANCY?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>201. Was \${first_only_source_lab} the nearest source you knew of that could provide services or medicines to REGULATE YOUR PERIOD?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>202. Did any of the following reasons factor into your choice of this source? <i>Read all options aloud. Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Cost <input type="checkbox"/> Convenience <input type="checkbox"/> Location <input type="checkbox"/> Privacy / confidentiality

	<input type="checkbox"/> Method offered <input type="checkbox"/> Recommended <input type="checkbox"/> Provider had good reputation <input type="checkbox"/> Knew provider (personally or through friend/family member) <input type="checkbox"/> Only option knew of nearby <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> No response
Specify "other" <i>Did any of the following reasons factor into your choice to go to this source?</i>	<input type="text"/>
203. Which of these reasons was most important?	<input type="radio"/> Cost <input type="radio"/> Convenience <input type="radio"/> Location <input type="radio"/> Privacy / confidentiality <input type="radio"/> Method offered <input type="radio"/> Recommended <input type="radio"/> Provider had good reputation <input type="radio"/> Knew provider (personally or through friend/family member) <input type="radio"/> Only option knew of nearby <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
204a. Who recommended you use this source? Anyone else? <i>Select all that apply.</i>	<input type="checkbox"/> Partner <input type="checkbox"/> Family members <input type="checkbox"/> Friends <input type="checkbox"/> Medical provider at a facility <input type="checkbox"/> Community health worker <input type="checkbox"/> Pharmacist/chemist <input type="checkbox"/> Internet <input type="checkbox"/> Hotline (phone numbers) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> No response
Specify "other" <i>Who recommended you use this method?</i>	<input type="text"/>
204b. Were you present at the time the <code>#{first_only_method_lab}</code> was obtained?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
204c. Who obtained the method?	<input type="radio"/> Partner <input type="radio"/> Mother <input type="radio"/> Mother-in-law <input type="radio"/> Other female relative <input type="radio"/> Father

	<input type="radio"/> Other male relative <input type="radio"/> Friend <input type="radio"/> Other (Specify) <input type="radio"/> Do not know <input type="radio"/> No response
Specify "other" <i>Who obtained the method?</i>	<input type="text"/>
205. Did you or someone else have to pay to obtain this method?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
206. Was it difficult, somewhat difficult, or not at all difficult to find the necessary funds?	<input type="radio"/> Very difficult <input type="radio"/> Somewhat difficult <input type="radio"/> Not at all difficult <input type="radio"/> Do not know <input type="radio"/> No response
207. Did you have to make more than one visit to $\${first_only_source_lab}$ to receive $\${first_only_method_lab}$?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
207. Did your $\${method_who_obtained_lab}$ have to make more than one visit to $\${first_only_source_lab}$ to receive $\${first_only_method_lab}$?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
208. How long did you have to wait between the first visit and the visit when you received care?	<input type="radio"/> X hours <input type="radio"/> X days <input type="radio"/> Do not know <input type="radio"/> No response
208. How long did your $\${method_who_obtained_lab}$ have to wait between the first visit and the visit when you received care?	<input type="radio"/> X hours <input type="radio"/> X days <input type="radio"/> Do not know <input type="radio"/> No response
Enter " $\${visit_waited_lab}$ " <i>How long did you have to wait between the first visit and the visit when you received care?</i>	
209. Did you have a problem with the wait time required on the day of service?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
209. Did your $\${method_who_obtained_lab}$ have a problem with the wait time required on the day of service?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
210a. Did the provider or staff make any judgmental comments during the service? <i>Select do not know if the woman was not involved in the interaction and does not know.</i>	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
210b. Did the provider and staff treat you with respect during the service?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
210c. Did you feel comfortable communicating your questions if you wanted to?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
210d. Did you receive care or consultation in a space where no one other than the provider could see you?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
210b. Did the provider and staff treat your $\{\text{method_who_obtained_lab}\}$ with respect during the service? <i>Select do not know if the woman was not involved in the interaction and does not know.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
210c. Did your $\{\text{method_who_obtained_lab}\}$ feel comfortable communicating any questions if your $\{\text{method_who_obtained_lab}\}$ wanted to? <i>Select do not know if the woman was not involved in the interaction and does not know.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
210d. Did your $\{\text{method_who_obtained_lab}\}$ receive care or consultation in a space where no one other than the provider could see your $\{\text{method_who_obtained_lab}\}$? <i>Select do not know if the woman was not involved in the interaction and does not know.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
211. Did you have the chance to include a family member or friend with you during your service if desired?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Did not want <input type="radio"/> Do not know <input type="radio"/> No response
212. Were you given a choice of surgery or medication to end the possible pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
213. Did the provider:	<input type="checkbox"/> Try to determine how many weeks along the pregnancy was? <input type="checkbox"/> Explain what to expect in a way that was easy to understand? <input type="checkbox"/> Offer something to ease any pain? <input type="checkbox"/> None of the above <input type="checkbox"/> No response
214. Did the provider ask for your permission before beginning?	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
<p>215. Did the provider tell you to seek care under any of the following circumstances: <i>Read all options aloud. Select all that apply.</i></p>	<input type="checkbox"/> Little or no bleeding <input type="checkbox"/> Heavy bleeding to the point of feeling dizzy <input type="checkbox"/> Bleeding for more than 3 weeks <input type="checkbox"/> Fever for more than 1 day <input type="checkbox"/> Pain in your belly that did not go away after 3 days <input type="checkbox"/> Severe pain <input type="checkbox"/> Discharge from vagina that smelled bad <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>216. Did the provider tell you where to go to seek care if you experienced any issues?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>217. Before TAKING THE MEDICINE:</p>	<input type="checkbox"/> Did you know what to expect afterwards? <input type="checkbox"/> Did you know about warning signs for which you should seek medical advice? <input type="checkbox"/> Did you know where to go if you experienced complications? <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>217. Before HAVING THE PROCEDURE:</p>	<input type="checkbox"/> Did you know what to expect afterwards? <input type="checkbox"/> Did you know about warning signs for which you should seek medical advice? <input type="checkbox"/> Did you know where to go if you experienced complications? <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>218. Was the PREGNANCY REMOVAL complete after doing this?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>218. Was the PERIOD REGULATION complete after doing this?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>219. Did the provider ask you to come back after REMOVING THE PREGNANCY?</p>	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
219. Did the provider ask you to come back after BRINGING BACK YOUR PERIOD?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
220. Did you return to the provider afterward?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
221a. Did you have confidence in the provider's surgical skills?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
221b. Did you have confidence in the provider's knowledge?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable <input type="radio"/> Do not know <input type="radio"/> No response
222. Did you trust the provider would keep your information private?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
223. If a friend or family member needed this service and asked for your suggestion, would you recommend this source?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

<h3>Section 3 – Symptoms and Complications</h3>

300. Did you experience no pain, mild pain, or severe pain during the process of REMOVING THE PREGNANCY?	<input type="radio"/> No pain <input type="radio"/> Mild pain <input type="radio"/> Severe pain <input type="radio"/> Do not know <input type="radio"/> No response
300. Did you experience no pain, mild pain, or severe pain during the process of REGULATING YOUR PERIOD?	<input type="radio"/> No pain <input type="radio"/> Mild pain <input type="radio"/> Severe pain <input type="radio"/> Do not know <input type="radio"/> No response
301. Were providers attentive to your pain levels during the service?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable <input type="radio"/> Do not know <input type="radio"/> No response
302a. Did you take any pain medications?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable

	<input type="radio"/> Do not know <input type="radio"/> No response
302b. Did the providers or staff give you any pain medication?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable <input type="radio"/> Do not know <input type="radio"/> No response
303. Do you feel the providers managed your pain effectively?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable <input type="radio"/> Do not know <input type="radio"/> No response
304. Did you experience any of the following problems after using \${first_only_method_lab}: <i>Read all options aloud. Select all that apply.</i>	<input type="checkbox"/> The process was not complete <input type="checkbox"/> Little or no bleeding <input type="checkbox"/> Heavy bleeding to the point of feeling dizzy <input type="checkbox"/> Bleeding for more than 3 weeks <input type="checkbox"/> Fever for more than 1 day <input type="checkbox"/> Pain in your belly that did not go away after 3 days <input type="checkbox"/> Severe pain <input type="checkbox"/> Discharge from vagina that smelled bad <input type="checkbox"/> Punctured uterus or other internal injury requiring surgery <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> No response
Specify "other" 304. Did you experience any of the following problems after using \${first_only_method_lab}:	<input type="text"/>
305. Did you consult anybody about THIS PROBLEM?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
305. Did you consult anybody about THESE PROBLEMS?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
306. Whom did you consult? Anybody else? <i>Read options aloud. Select all that apply.</i>	<input type="checkbox"/> Partner <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Doctor/nurse/midwife <input type="checkbox"/> Pharmacist/chemist <input type="checkbox"/> Traditional healer <input type="checkbox"/> Other (Specify)

	<input type="checkbox"/> None of the above <input type="checkbox"/> No response
Specify "other" <i>Whom did you consult? Anybody else?</i>	<input type="text"/>
307. Did you receive any of the following treatments for these problems? <i>Read options aloud. Select all that apply.</i>	<input type="checkbox"/> Additional medicines to complete the process <input type="checkbox"/> Surgery <input type="checkbox"/> Blood transfusion <input type="checkbox"/> Antibiotics <input type="checkbox"/> Pain medication <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
Specify "other" <i>Did you receive any of the following treatments for these problems?</i>	<input type="text"/>
308. Where did you receive this treatment? <i>Select all that apply.</i>	<input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Family planning clinic <input type="checkbox"/> Mobile clinic (public) <input type="checkbox"/> Other public <input type="checkbox"/> Private hospital / clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Private doctor <input type="checkbox"/> Mobile clinic (private) <input type="checkbox"/> Health agent <input type="checkbox"/> Other private <input type="checkbox"/> Store <input type="checkbox"/> Religious organizations <input type="checkbox"/> Community event <input type="checkbox"/> Friend / parent <input type="checkbox"/> Community health agent <input type="checkbox"/> Street vendor <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response

Section 4 – Contraceptive Use

<p>401a. Immediately before this event, were you or your partner using anything to avoid or delay getting pregnant?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>401b. What method were you using? Anything else? <i>Select all that apply.</i></p>	<p> <input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <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>
<p>402. Now I will read a list of situations that describe some people. Tell me which of the following describes your situation at the time you became pregnant: <i>Read all options aloud. Select all that apply.</i></p>	<p> <input type="checkbox"/> Wanted to become pregnant <input type="checkbox"/> Did not need contraception because did not have regular sex <input type="checkbox"/> Did not think could become pregnant <input type="checkbox"/> Did not know where to get contraception <input type="checkbox"/> Contraception was too expensive <input type="checkbox"/> Contraception was difficult to access <input type="checkbox"/> Partner or others did not want me to use contraception <input type="checkbox"/> Did not want to use contraception <input type="checkbox"/> Fear of contraceptive side effects that had heard about from others <input type="checkbox"/> Fear of contraceptive side effects that had previously experienced <input type="checkbox"/> Other (Specify) <input type="checkbox"/> No response </p>
<p>Specify "other" <i>Which of the following best describes your situation at the time you became pregnant:</i></p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

<p>403. At the time you became pregnant, had you or your partner considered using a contraceptive method to avoid or delay pregnancy?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>403b. At the time you became pregnant, had you and your partner been trying to avoid having sex on certain days of the month when you were most at risk of becoming pregnant?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>404a. In the process of REMOVING THE PREGNANCY, did you want to talk with anyone about using contraception?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>404a. In the process of BRINGING BACK YOUR PERIOD, did you want to talk with anyone about using contraception?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>404b. Did anyone talk to you about using contraception?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>405. Who discussed using contraception with you? <i>Probe to determine location if she reports a provider type that could be at many locations.</i></p>	<p> <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Family planning clinic <input type="checkbox"/> Mobile clinic (public) <input type="checkbox"/> Other public <input type="checkbox"/> Private hospital / clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Private doctor <input type="checkbox"/> Mobile clinic (private) <input type="checkbox"/> Health agent <input type="checkbox"/> Other private <input type="checkbox"/> Store <input type="checkbox"/> Religious organizations <input type="checkbox"/> Community event <input type="checkbox"/> Friend / parent <input type="checkbox"/> Community health agent <input type="checkbox"/> Street vendor <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response </p>
<p>406. After this event, did you begin using contraception to avoid another pregnancy?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>407a. Did you feel you had a choice about whether to use contraception?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>

	<input type="radio"/> Do not know <input type="radio"/> No response
<p>407b. Did you feel you had a choice about which contraceptive method to use?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>408. Which method did you use? Anything else? <i>Select all that apply.</i></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
<p>409. Were you able to start using this method when you wanted?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>410. How long after you ENDED THE PREGNANCY did you start using THIS METHOD?</p>	<input type="radio"/> Less than 1 week <input type="radio"/> 1 to 4 weeks <input type="radio"/> 1 to 2 months <input type="radio"/> 3 to 6 months <input type="radio"/> Greater than 6 months <input type="radio"/> Do not know <input type="radio"/> No response
<p>410. How long after you ENDED THE PREGNANCY did you start using THESE METHODS?</p>	<input type="radio"/> Less than 1 week <input type="radio"/> 1 to 4 weeks <input type="radio"/> 1 to 2 months <input type="radio"/> 3 to 6 months <input type="radio"/> Greater than 6 months <input type="radio"/> Do not know <input type="radio"/> No response
<p>410. How long after you BROUGHT BACK YOUR PERIOD did you start using THIS METHOD?</p>	<input type="radio"/> Less than 1 week <input type="radio"/> 1 to 4 weeks <input type="radio"/> 1 to 2 months <input type="radio"/> 3 to 6 months <input type="radio"/> Greater than 6 months

	<input type="radio"/> Do not know <input type="radio"/> No response
<p>410. How long after you BROUGHT BACK YOUR PERIOD did you start using THESE METHODS?</p>	<input type="radio"/> Less than 1 week <input type="radio"/> 1 to 4 weeks <input type="radio"/> 1 to 2 months <input type="radio"/> 3 to 6 months <input type="radio"/> Greater than 6 months <input type="radio"/> Do not know <input type="radio"/> No response
<p>411. Now I will read a list of situations that describe some people. Tell me which of the following describes your situation after the pregnancy ended: <i>Read options aloud. Select all that apply.</i></p>	<input type="checkbox"/> Wanted to become pregnant <input type="checkbox"/> Did not need contraception because did not have regular sex <input type="checkbox"/> Did not need contraception because was not having any sex <input type="checkbox"/> Did not think could become pregnant <input type="checkbox"/> Did not know where to get contraception <input type="checkbox"/> Contraception was too expensive <input type="checkbox"/> Contraception was difficult to access <input type="checkbox"/> Partner or others did not want me to use contraception <input type="checkbox"/> Did not want to use contraception <input type="checkbox"/> Fear of contraceptive side effects that had heard about from others <input type="checkbox"/> Fear of contraceptive side effects that had previously experienced <input type="checkbox"/> Other (Specify) <input type="checkbox"/> No response

Section 5 – Abortion Preferences

<p>501. Thinking about this PREGNANCY REMOVAL, which of the following aspects of care could have been improved: <i>Read all options aloud. Select all that apply.</i></p>	<input type="checkbox"/> Cost <input type="checkbox"/> Distance <input type="checkbox"/> How long it took to receive service <input type="checkbox"/> Privacy <input type="checkbox"/> Cleanliness (if facility) <input type="checkbox"/> How provider treated you <input type="checkbox"/> Your knowledge of method options before service <input type="checkbox"/> Explanation of process at time of service <input type="checkbox"/> Method effectiveness <input type="checkbox"/> Method safety <input type="checkbox"/> Level of pain <input type="checkbox"/> Side effects (other than pain) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Nothing - was fully satisfied with
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	<p>process</p> <p><input type="checkbox"/> No response</p>
<p>501. Thinking about this PERIOD REGULATION, which of the following aspects of care could have been improved: <i>Read all options aloud. Select all that apply.</i></p>	<p><input type="checkbox"/> Cost</p> <p><input type="checkbox"/> Distance</p> <p><input type="checkbox"/> How long it took to receive service</p> <p><input type="checkbox"/> Privacy</p> <p><input type="checkbox"/> Cleanliness (if facility)</p> <p><input type="checkbox"/> How provider treated you</p> <p><input type="checkbox"/> Your knowledge of method options before service</p> <p><input type="checkbox"/> Explanation of process at time of service</p> <p><input type="checkbox"/> Method effectiveness</p> <p><input type="checkbox"/> Method safety</p> <p><input type="checkbox"/> Level of pain</p> <p><input type="checkbox"/> Side effects (other than pain)</p> <p><input type="checkbox"/> Other (Specify)</p> <p><input type="checkbox"/> Nothing - was fully satisfied with process</p> <p><input type="checkbox"/> No response</p>
<p>Specify "other" <i>Thinking about this PREGNANCY REMOVAL / PERIOD REGULATION, which of the following aspects of care could have been improved:</i></p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>502a. Beyond those aspects of care, would it have improved your experience if you had better support from your: <i>Read all options aloud. Select all that apply.</i></p>	<p><input type="checkbox"/> Partner</p> <p><input type="checkbox"/> Family</p> <p><input type="checkbox"/> Friends</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> No response</p>
<p>502b. Is this because you received enough support from these people?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>503. Although you used $\{first_only_method_lab\}$, was there another method you would have preferred to use?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>504. What would be your preferred method?</p>	<p><input type="radio"/> No</p> <p><input type="radio"/> Surgical procedure (curettage, MVA, etc.)</p> <p><input type="radio"/> Pills called mifepristone or misoprostol (Cytotec)</p> <p><input type="radio"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Novaquine, Cyphaquine)</p> <p><input type="radio"/> Other pills</p>

	<ul style="list-style-type: none"> <input type="radio"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions) <input type="radio"/> Ingested industrial products (bleach, Coke-Nescafé mix, etc.) <input type="radio"/> Insert materials into the vagina (stem, herb ball, kanigban, etc.) <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>Specify "other" What would be your preferred method?</p>	<input style="width: 100px; height: 20px;" type="text"/>
<p>505a. Although you used \${first_only_source_lab}, was there another source you would have preferred to use?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>505b. What would be your preferred source?</p>	<ul style="list-style-type: none"> <input type="radio"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> Other public <input type="radio"/> Private hospital / clinic <input type="radio"/> Pharmacy <input type="radio"/> Private doctor <input type="radio"/> Mobile clinic (private) <input type="radio"/> Health agent <input type="radio"/> Other private <input type="radio"/> Store <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Friend / parent <input type="radio"/> Community health agent <input type="radio"/> Street vendor <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>506. At the time of the event we have been discussing, what prevented you from USING THIS METHOD? <i>Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Cost <input type="checkbox"/> Inconvenient <input type="checkbox"/> Too far <input type="checkbox"/> Not private <input type="checkbox"/> Method not available <input type="checkbox"/> Provider had bad reputation <input type="checkbox"/> Partner encouraged use of other method <input type="checkbox"/> Family/friend encouraged use of other method <input type="checkbox"/> Provider refused <input type="checkbox"/> Provider not available <input type="checkbox"/> Side effects associated with method

	<input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>506. At the time of the event we have been discussing, what prevented you from GOING TO THIS SOURCE? <i>Select all that apply.</i></p>	<input type="checkbox"/> Cost <input type="checkbox"/> Inconvenient <input type="checkbox"/> Too far <input type="checkbox"/> Not private <input type="checkbox"/> Method not available <input type="checkbox"/> Provider had bad reputation <input type="checkbox"/> Partner encouraged use of other method <input type="checkbox"/> Family/friend encouraged use of other method <input type="checkbox"/> Provider refused <input type="checkbox"/> Provider not available <input type="checkbox"/> Side effects associated with method <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>506. At the time of the event we have been discussing, what prevented you from USING THIS METHOD AND SOURCE? <i>Select all that apply.</i></p>	<input type="checkbox"/> Cost <input type="checkbox"/> Inconvenient <input type="checkbox"/> Too far <input type="checkbox"/> Not private <input type="checkbox"/> Method not available <input type="checkbox"/> Provider had bad reputation <input type="checkbox"/> Partner encouraged use of other method <input type="checkbox"/> Family/friend encouraged use of other method <input type="checkbox"/> Provider refused <input type="checkbox"/> Provider not available <input type="checkbox"/> Side effects associated with method <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>Specify "other" <i>At the time of the pregnancy we have been discussing, what prevented you from USING THIS METHOD / GOING TO THIS SOURCE / USING THIS METHOD AND SOURCE?</i></p>	<input type="text"/>

Section 6 – Pregnancy Removal versus Period Regulation

601. Some women describe ending a pregnancy as a pregnancy removal while others talk about bringing back their periods when they think they are pregnant. Do you view these experiences as the same or different?

- Same
- Different
- Do not know
- No response

602. Which of the following situations would you consider to be removing a pregnancy:

Read response options aloud. Select all that apply.

- Taking a pill within a couple days of unprotected sex
- Taking pills after missing one or two periods without pregnancy confirmation
- Having a surgery after missing one or two periods without pregnancy confirmation
- Taking pills when a woman is sure she is early in a pregnancy
- Having a surgery when a woman is sure she is early in a pregnancy
- Taking pills when the pregnancy has been confirmed
- Having a surgery when the pregnancy has been confirmed
- Taking pills after a miscarriage
- Having a surgery after a miscarriage
- None of the above
- No response

603. Which of the following situations would you consider to be regulating a period:

Read response options aloud. Select all that apply.

- Taking a pill within a couple days of unprotected sex
- Taking pills after missing one or two periods without pregnancy confirmation
- Having a surgery after missing one or two periods without pregnancy confirmation
- Taking pills when a woman is sure she is early in a pregnancy
- Having a surgery when a woman is sure she is early in a pregnancy
- Taking pills when the pregnancy has been confirmed
- Having a surgery when the pregnancy has been confirmed
- Taking pills after a miscarriage
- Having a surgery after a miscarriage
- None of the above
- No response

<p>604. Sometimes words or phrases can have multiple meanings. The following question is for me to clarify that I understand correctly the specifics of the event we have been discussing during this interview. At the time you REMOVED THE PREGNANCY were you in a situation where you intentionally ended the pregnancy or did it end naturally?</p>	<p> <input type="radio"/> Intentionally ended <input type="radio"/> Miscarriage <input type="radio"/> No response </p>
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<h3>Section 7 – Abortion Law</h3>

<p>701. Is there a law on abortion in Ivory Coast?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
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<p>702. Are there currently any situations when it is legal to have an abortion in Ivory Coast?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
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<p>703. In your opinion, in which of the following situations should a woman be able to obtain an abortion in Ivory Coast? <i>Read response options aloud. Select all that apply.</i></p>	<p> <input type="checkbox"/> If continuing the pregnancy puts the woman's life at risk <input type="checkbox"/> In cases of rape <input type="checkbox"/> In cases of incest <input type="checkbox"/> If her physical health is at risk <input type="checkbox"/> If her mental health is at risk <input type="checkbox"/> If the pregnancy is not developing properly and would not result in a healthy birth <input type="checkbox"/> If she is too poor to feed another child <input type="checkbox"/> If her husband is not supportive of having another child <input type="checkbox"/> If she is not married <input type="checkbox"/> If she already has many children <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> No response </p>
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<p>Specify "other" <i>In your opinion, in which of the following situations should a woman be able to obtain an abortion in Nigeria?</i></p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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<h3>Location and Questionnaire Result</h3>
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<p>095. Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6 m.</i></p>	
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<p>096a. Result of attempted phone contact</p>	<p> <input type="radio"/> No phone number provided <input type="radio"/> Made contact with respondent <input type="radio"/> Did not make contact with respondent </p>
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<p>096b. How many times have you visited this household to interview this female respondent? <i>Enter 0 if reached respondent using the phone number she provided and she is not eligible for interview because moved too far away or is unwilling to participate.</i></p>	<p> <input type="radio"/> 0 times <input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time </p>
<p>097. In what language was this interview conducted?</p>	<p> <input type="radio"/> English <input type="radio"/> French <input type="radio"/> Arabic <input type="radio"/> Baoule <input type="radio"/> Senoufo <input type="radio"/> Yacouba <input type="radio"/> Agni <input type="radio"/> Attie <input type="radio"/> Guere <input type="radio"/> Bete <input type="radio"/> Dioula <input type="radio"/> Abbey <input type="radio"/> Mahou <input type="radio"/> Wobe <input type="radio"/> Lobi <input type="radio"/> Other </p>
<p>098. Questionnaire result <i>Record the result of the female respondent survey</i></p>	<p> <input type="radio"/> Completed <input type="radio"/> Not at home <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Incapacitated <input type="radio"/> Died <input type="radio"/> Could not find respondent or get information on her whereabouts <input type="radio"/> Said did not have pregnancy removal/period regulation <input type="radio"/> Moved out of state or to distant LGA <input type="radio"/> Moved out of country <input type="radio"/> Other (Specify) </p>
<p>Specify "other" <i>Questionnaire result</i></p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>