

PMA Kenya Phase 2 Survey Female Questionnaire

link: \${link}	
HHQ_GPS: \${HHQ_GPS}	
p1_age_auto: \${p1_age_auto}	
p1_woman_auto: \${p1_woman_auto}	
xs_woman_auto: \${xs_woman_auto}	
p1_fp_ever_user_auto: \${p1_fp_ever_user_auto}	
p1_ever_birth_auto: \${p1_ever_birth_auto}	
p1_survey_date_auto: \${p1_survey_date_auto}	
p1_age_at_first_sex_auto: \${p1_age_at_first_sex_auto}	
gbv_selected_auto: \${gbv_selected_auto}	
firstname_raw: \${firstname_raw}	
HQ_ODK_display_auto: \${HQ_ODK_display_auto}	
p1_fq_birthdate_y_auto: \${p1_fq_birthdate_y_auto}	
p1_fq_birthdate_m_auto: \${p1_fq_birthdate_m_auto}	
p1_fq_birthdate_auto: \${p1_fq_birthdate_auto}	
level: '\${level}'	
unlinked: \${unlinked}	
READ THIS WARNING: This female questionnaire is not linked to a household questionnaire. ONLY continue if there is no linked female questionnaire under the "Edit Saved Form" Menu.	
Press OK to continue	<input type="radio"/> OK
Did you check the Edit Saved forms menu for a linked female questionnaire?	<input type="radio"/> Yes <input type="radio"/> No
Provide your signature to acknowledge that there is no linked female questionnaire.	
Close and exit this form without saving. Look for a linked female questionnaire through the 'Edit Saved Forms' Menu.	
County:	
District:	<i>ODK will populate a list of appropriate district based on the</i>

	<i>selected county.</i>
Division:	<i>ODK will populate a list of appropriate division based on the selected district.</i>
Location:	<i>ODK will populate a list of appropriate location based on the selected division.</i>
Enumeration Area:	
Structure number:	
Household number:	
001a. Are you in the correct household? EA: \${EA} Structure #: \${structure} Household #: \${household}	<input type="radio"/> Yes <input type="radio"/> No
001a. Are you in the correct household? EA: \${EA} Household head: \${HQ_ODK_display_name}	<input type="radio"/> Yes <input type="radio"/> No
002. Your name:	
Is this your name?	<input type="radio"/> Yes <input type="radio"/> No
002. Enter your name below. <i>Please record your name</i>	
003a. Current date and time.	Day: Month: Year:
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
003b. Record the correct date and time.	Day: Month: Year:
004a. The following info is from the household questionnaire. Please review to make sure you are interviewing the correct respondent.	
004a. The following info is what you provided previously. Please review.	
County: \${level1_unlinked}	
District: \${level2_unlinked}	
Division: \${level3_unlinked}	
Location: \${level4_unlinked}	
Enumeration Area: \${EA_unlinked}	

Structure number: \${structure_unlinked}	
Household number: \${household_unlinked}	
004b. Is the above information correct?	<input type="radio"/> Yes <input type="radio"/> No
<p>005. CHECK: You should be attempting to interview \${firstname}. Is that correct?</p> <p><i>If misspelled, select "yes" and update the name in question "010." If this is the wrong person, you have two options: (1) exit and ignore changes to this form. Open the correct form. Or (2) find and interview the person whose name appears above.</i></p>	<input type="radio"/> Yes <input type="radio"/> No
006. Is the respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
007. How well acquainted are you with the respondent?	<input type="radio"/> Very well acquainted <input type="radio"/> Well acquainted <input type="radio"/> Not well acquainted <input type="radio"/> Not acquainted
<p>INFORMED CONSENT</p> <p><i>Find the woman between the ages of 15-49 associated with this Female Questionnaire. The interview must have auditory privacy. Administer the consent procedures.</i></p>	
<p>008a. Provide a paper copy of the Consent Form to the respondent and read it.</p> <p>Then, ask: May I begin the interview now?</p>	<input type="radio"/> Yes <input type="radio"/> No
008b. Respondent's signature	
<i>Please ask the respondent to sign or check the box in agreement of their participation.</i>	
Checkbox	<input type="radio"/>
<p>WARNING: The respondent has not signed or checked the box, despite agreeing to be interviewed in the previous question. To conduct the survey, the respondent must sign or touch the checkbox.</p> <p><i>You may go back to obtain a signature or check the box or you should go back to the previous question to indicate the respondent does not want to be interviewed.</i></p>	
<p>009. Interviewer's name: \${your_name}</p> <p><i>Mark your name as a witness to the consent process.</i></p>	<input type="radio"/>
<p>009. Interviewer's name</p> <p>Please record your name as a witness to the consent process. You previously entered "\${name_typed}."</p>	
<p>010. Respondent's first name.</p> <p><i>You may correct the spelling here if it is not correct, but you must be interviewing the person whose name appears below.</i></p>	

011. Was this woman interviewed in Phase 1? <i>Check list of Phase 1 panel women</i>	<input type="radio"/> Yes <input type="radio"/> No
This woman will receive the cross-sectional questions.	
This woman will receive the panel questions.	
<p>Section 1 – Respondent's Background, Marital Status, Employment, and Migration</p> <p><i>Now I would like to ask about your background and socioeconomic conditions.</i></p>	
101. In what month and year were you born? The age in the household roster is \${age}.	
101. In what month and year were you born?	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:
102. How old were you at your last birthday? <i>Must be more than 14. Must agree with 101.</i>	
	Age in the Household Roster:
<p>WARNING: The age you entered for 102 is \${FQ_age}, which makes her ineligible for interview. She must be at least 15 years old and not more than 49 years old.</p> <p>If that age is correct, update her age on this screen, hit the back key, and save changes to exit the interview. This form will be deleted automatically upon saving it.</p> <p>If that age is not correct, go back to the previous screen and enter the correct age.</p>	
<p>WARNING: The age you entered for 102 is \${FQ_age}. This does not agree with the household roster, but she is still eligible to be interviewed. If 102 is correct update the age on this screen to \${FQ_age}. Otherwise, return to the previous screen and enter the correct age.</p>	

<p>The age in the roster agrees with the age in 102. Go to the next screen without changing the number on this screen.</p>	
<p>#####</p>	
<p>102a. CHECK: Based on the response you entered in 101, the respondent's age is more than 1 year different than she answered during phase 1. Did you enter 101 correctly? Phase 1 age: \${p1_age} Age from this questionnaire: \${age}</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>103. Have you attended school in the past 12 months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>104. 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></p>	<p><input type="radio"/> Never Attended <input type="radio"/> Primary <input type="radio"/> Post-Primary/Vocational <input type="radio"/> Secondary/'A' Level <input type="radio"/> College (Middle Level) <input type="radio"/> University <input type="radio"/> No response</p>
<p>105. What is the highest [GRADE/ FORM / STANDARD / YEAR] you completed at that level? <i>Enter -99 for no response.</i></p>	
<p>XS_101. How old were you when you left school?</p>	
<p>COV_1. Following the emergence of Coronavirus (COVID-19), schools were closed for a time. Were you attending school at that time?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>COV_2. Has your school reopened ?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>COV_3. Did you resume school when your school opened after Coronavirus (COVID-19) restrictions were lifted?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>COV_4. Did you stop school in the past 12 months for any other reason than Coronavirus (COVID-19)?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>107. What was the main reason for stopping your education?</p>	<p><input type="radio"/> Finished education <input type="radio"/> Failed exams <input type="radio"/> Did not enjoy school <input type="radio"/> School was too far <input type="radio"/> Wanted to start working <input type="radio"/> Got married <input type="radio"/> Got pregnant <input type="radio"/> Parents did not want you to continue <input type="radio"/> Economic reasons <input type="radio"/> Menstruation / period</p>

	<input type="radio"/> Illness <input type="radio"/> Other <input type="radio"/> No response
108. Are you currently enrolled in any training program?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
109. 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>	<input type="radio"/> Yes, currently married <input type="radio"/> Yes, living with a man <input type="radio"/> Not currently in union: Divorced / separated <input type="radio"/> Not currently in union: Widow <input type="radio"/> No, never in union <input type="radio"/> No response
110. What is the highest level of schooling he attended, no schooling, primary, secondary, or higher?	<input type="radio"/> Never Attended <input type="radio"/> Primary <input type="radio"/> Post-Primary/Vocational <input type="radio"/> Secondary/'A' Level <input type="radio"/> College (Middle Level) <input type="radio"/> University <input type="radio"/> No response
PL_101. Did you start living with your current husband / partner in past 12 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
111. How much were you involved in the decision to get married – very much, not very much or not at all?	<input type="radio"/> Very much <input type="radio"/> Not very much <input type="radio"/> Not at all <input type="radio"/> No response
112. How much do you think you will be involved in the decision to get married – very much, not very much or not at all?	<input type="radio"/> Very much <input type="radio"/> Not very much <input type="radio"/> Not at all <input type="radio"/> No response
113. Have you ever had a partner / boyfriend?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
XS_102. How old were you the first time you had a boyfriend or partner?	
114. Do you currently have a boyfriend or partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
XS_103. How many times have you been married or lived with a man as if married? <i>Enter -99 for no response.</i>	
XS_104. In what month and year did you start living with your FIRST husband / partner? <i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i>	

<p>Month:</p>	<p> <input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know </p>
<p>Year:</p>	<p>Year:</p>
<p>Date cannot be in the future. You entered: \${husband_cohabit_start_first_lab} Today: \${today}</p>	
<p>Date of first living with husband/partner cannot be before respondent's birth. You entered: \${husband_cohabit_start_first_lab} Respondent's birth: \${birthdate_lab}</p>	
<p>Date of first living with husband/partner cannot be before respondent's birth. You entered: \${hcf_y_lab} Respondent's birth: \${birthdate_lab}</p>	
<p>XS_104a. CHECK: Based on the response you entered in XS_104, the respondent was possibly 15 years old or younger at the time of her first marriage. Did you enter XS_104 correctly?</p>	
<p>115. Now I would like to ask about when you started living with your CURRENT husband / partner. In what month was that? <i>Select 'Do not know' for month to indicate 'No Response'.</i></p>	
<p>115. Now I would like to ask about when you started living with your CURRENT husband / partner. In what month and year was that? <i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i></p>	
<p>Month:</p>	<p> <input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September </p>

	<input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:
Date cannot be in the future. You entered: \${husband_cohabit_start_cur_lab} Today: \${today}	
Date of living with current / most recent husband/partner cannot be before respondent's birth. You entered: \${husband_cohabit_start_cur_lab} Respondent's birth: \${birthdate_lab}	
Date of living with current / most recent husband/partner cannot be before respondent's birth. You entered: \${hcr_y_lab} Respondent's birth: \${birthdate_lab}	
Date of living with current / most recent husband/partner cannot be before date respondent started living with first partner. You entered: \${husband_cohabit_start_cur_lab} Date started living with first partner: \${husband_cohabit_start_first_lab}	
Year of living with current / most recent husband/partner cannot be before year respondent started living with first partner. You entered: \${hcr_y_lab} Year started living with first partner: \${hcf_y_lab}	
115a. CHECK: Based on the response you entered in 115, the respondent was possibly 15 years old or younger at the time of her current or most recent marriage. Did you enter 115 correctly?	<input type="radio"/> Yes <input type="radio"/> No
LCL_101. Does your husband / partner have other wives or does he live with other women as if married?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
XS_109. How long have you been living continuously in [NAME OF CURRENT PLACE OF RESIDENCE]? <i>Enter answer in years. Enter 0 if less than 1 year. Enter -95 for always. Enter -96 for visitor. Enter -99 for no response.</i>	
XS_106. How long have you been living continuously in this particular house / structure? <i>Enter answer in years. Enter 0 if less than 1 year. Enter -95 for always. Enter -96 for visitor. Enter -99 for no response.</i>	

<p>116. In the last 12 months, for how many nights have you slept away from your community? PROBE: Community is the area where you are currently living <i>Enter -99 for no response.</i></p>	
<p>117. In the last 12 months, for how many nights has your husband/partner slept away from your community? PROBE: Community is the area where you are currently living <i>Enter -99 for no response.</i></p>	
<p>COV_5. You previously mentioned that you spent some time away from your current community this year, did you leave your current community to avoid being infected with Coronavirus (COVID-19)?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>118. As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Aside from your own housework, have you done any work in the last seven days?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>119. Aside from your own housework, have you done any work in the last 12 months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>120. Are you paid in cash or kind for this work or are you not paid at all?</p>	<p><input type="radio"/> Cash <input type="radio"/> Cash and kind <input type="radio"/> In-kind <input type="radio"/> Not paid <input type="radio"/> No response</p>
<p>121. Who usually makes decisions about making large household purchases: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>
<p>122. Who usually makes decisions about making household purchases for daily needs: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>
<p>123. Who usually makes decisions about getting medical treatment for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>
<p>EMP_1. Who usually makes decisions about buying clothes for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>

<p>EMP_2. Who usually makes decisions about how your earnings will be used: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>
<p>EMP_3. Who usually makes decisions about how your husband/partner's earnings will be used: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>
<p>EMP_4. Do you own any land, either jointly or by yourself? PROBE: This does not include land owned only by your husband.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>EMP_5. Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?</p>	<p><input type="radio"/> More <input type="radio"/> Less <input type="radio"/> Same <input type="radio"/> No response</p>
<p>COV_6. Are you currently economically reliant on your husband/partner for basic needs?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>EMP_6. Did you take part in any of these activities over the past 30 days? <i>Read each option aloud and select if yes.</i></p>	<p><input type="checkbox"/> Agricultural work <input type="checkbox"/> Raising poultry / livestock <input type="checkbox"/> Producing ghee / cheese / butter <input type="checkbox"/> Collecting fuel / wood-cutting <input type="checkbox"/> Preparing food <input type="checkbox"/> Sewing / embroidery / crocheting <input type="checkbox"/> Producing straw products / carpets / textile / ropes <input type="checkbox"/> Offering services for others in a house, shop, or hotel <input type="checkbox"/> Independent paid work <input type="checkbox"/> Buying / selling goods in the market / the street / at home <input type="checkbox"/> Helping in construction work <input type="checkbox"/> Learning a skill <input type="checkbox"/> None of the above <input type="checkbox"/> No response</p>
<p>FIN_1. Do you currently have any savings for the future, such as a bank account, savings group, or cash?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FIN_2. Do you currently have any mobile money accounts (e.g. Mpesa or M-Shwari)?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FIN_3. When it comes to managing your money and financial matters, what is your level of knowledge?</p>	<p><input type="radio"/> Not knowledgeable at all <input type="radio"/> Not very knowledgeable <input type="radio"/> Somewhat knowledgeable</p>

	<input type="radio"/> Very knowledgeable <input type="radio"/> No response
FIN_4. Do you know where to go for financial information or advice?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FIN_5. Do you have financial goals toward which you are working? PROBE: These are specific financial goals you have setup for yourself.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
Section 2 – Reproduction, Pregnancy & Fertility Preferences	
201. Now I would like to ask about all the births you have had during your life. Have you ever given birth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
202. How many times have you given birth? <i>Enter -99 for no response.</i>	
PL_201. Have you had any births since $\{p1_survey_date_lab\}$?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
PL_202. When was that birth? <i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'. CALENDAR: Enter the birth and duration of pregnancy in the calendar.</i>	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:
Date cannot be in the future. You entered: $\{panel_birth_lab\}$ Today: $\{today\}$	
This birth cannot be before respondent was 10 years of age. You entered: $\{panel_birth_lab\}$ Respondent's birth date: $\{birthdate_lab\}$	

CALENDAR: Add a "birth" annotation next to the month $\{panel_birth_lab\}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
<p>XS_201. When was your FIRST birth? <i>Please record the date of the first live birth. Date should be found by calculating forward or backward from memorable events if needed.</i> Select 'Do not know' for month and '2030' for year to indicate 'No Response'. CALENDAR: If the birth was after $\{cc_start_date_lab\}$ enter the birth and duration of pregnancy in the calendar.</p>	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:
Date cannot be in the future. You entered: $\{first_birth_lab\}$ Today: $\{today\}$	
First birth cannot be before respondent was 10 years of age. You entered: $\{first_birth_lab\}$ Respondent's birth date: $\{birthdate_lab\}$	
CALENDAR: Add a "birth" annotation next to the month $\{first_birth_lab\}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
<p>XS_202. When was your MOST RECENT birth? <i>Please record the date of the first live birth. Date should be found by calculating forward or backward from memorable events if needed.</i> Select 'Do not know' for month and '2030' for year to indicate 'No Response'. CALENDAR: If the birth was after $\{cc_start_date_lab\}$ enter the birth and duration of pregnancy in the calendar.</p>	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June

	<input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:
Date cannot be in the future. You entered: \${recent_birth_lab} Today: \${today}	
Date of most recent birth cannot be before respondent was 10 years of age. You entered: \${recent_birth_lab} Respondent's birth date: \${birthdate_lab}	
Date of most recent birth must be at least 6 months after the first birth. You entered: \${recent_birth_lab} First birth: \${first_birth_lab}	
Year of most recent birth cannot be before first birth. You entered: \${rb_y_lab} Year of first birth: \${fb_y_lab}	
CALENDAR: Add a "birth" annotation next to the month \${recent_birth_lab} in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
XS_203. Have you had any other births since \${cc_start_date_lab}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
XS_204. When was that birth? <i>Please record the date of the MOST RECENT live birth. The date should be found by calculating backwards from memorable events if needed.</i> <i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i> <i>CALENDAR: Enter the birth and duration of pregnancy in the calendar.</i>	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know

Year:	Year:
XS_204 ERROR Go back and correct entry. Entry must be no earlier than: \${cc_start_date_lab} Date entered: \${other_birth_lab}	
CALENDAR: Add a "birth" annotation next to the month \${other_birth_lab} in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
XS_205. Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth since \${cc_start_date_lab}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
XS_206. When did that pregnancy end? <i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i> CALENDAR: Enter the termination and duration of pregnancy in the calendar.	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:
XS_206 ERROR Go back and correct entry. Entry must be no earlier than: \${cc_start_date_lab} Date entered: \${pregnancy_end_lab}	
CALENDAR: Add a "termination" annotation next to the month \${pregnancy_end_lab} in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
PL_203. Have you had a pregnancy that miscarried, was aborted, or ended in a stillbirth since \${p1_survey_date_lab}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
PL_204. When did that pregnancy end? <i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i>	

<i>CALENDAR: Enter the termination and duration of pregnancy in the calendar.</i>	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:
203. Are you pregnant now?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/> No response
204. How many months pregnant are you?	
The most recent birth was: \${rec_birth_date}	
##### <i>Please record the number of completed months. Enter -88 for do not know, -99 for No response. CALENDAR: Enter number of months pregnant in the calendar.</i>	
Add a "pregnant" annotation next to the current date \${today_ym} in the contraceptive calendar paper aid.	
Add a "pregnant" annotation next to the most recent \${months_pregnant} months, including in \${today_ym}, in the contraceptive calendar paper aid.	
205. When did your last menstrual period start? <i>If you select days, weeks, months, or years, you will enter a number for X on the next screen. Enter 0 days for today, not 0 weeks/months/years.</i>	<input type="radio"/> X days ago <input type="radio"/> X weeks ago <input type="radio"/> X months ago <input type="radio"/> X years ago <input type="radio"/> Menopausal / Hysterectomy <input type="radio"/> Before last birth <input type="radio"/> Never menstruated <input type="radio"/> No response
You entered "Never menstruated" in 205 but the respondent indicates she previously gave birth. Is that what she said? <i>If no, return to the previous screen and change the response.</i>	<input type="radio"/> Yes <input type="radio"/> No
205. Enter \${menstrual_period_lab}	

<i>Enter 0 days for today, not 0 weeks/months/years.</i>	
You entered that the respondent is \${months_pregnant} months pregnant, but she said her last menstrual period started \${menstrual_period_value} (\${menstrual_period_lab}) ago. Is that what she said? <i>If no, return to the previous screen and change the response.</i>	<input type="radio"/> Yes <input type="radio"/> No
You entered "Never menstruated" in 205 but 203 indicates that the respondent is pregnant currently. Is that what she said? <i>If no, return to the previous screen and change the response.</i>	<input type="radio"/> Yes <input type="radio"/> No
206a. Now I would like to ask a question about your last birth.	
206b. Now I would like to ask a question about your current pregnancy.	
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?	
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?	
#####	<input type="radio"/> Then <input type="radio"/> Later <input type="radio"/> Not at all <input type="radio"/> No response
207a. Before you became pregnant with your last birth, which best describes your situation? <i>Read response options and select one</i>	<input type="radio"/> You and your partner had agreed for you to get pregnant <input type="radio"/> You and your partner had discussed having children together but had not agreed for you to get pregnant <input type="radio"/> You and your partner had never discussed having children together <input type="radio"/> No response
207b. Before you became pregnant with your current pregnancy, which best describes your situation? <i>Read response options and select one</i>	<input type="radio"/> You and your partner had agreed for you to get pregnant <input type="radio"/> You and your partner had discussed having children together but had not agreed for you to get pregnant <input type="radio"/> You and your partner had never discussed having children together <input type="radio"/> No response
Now I have some questions about the future.	
208a. Would you like to have a child or would you prefer not to have any children?	<input type="radio"/> Have a child <input type="radio"/> Prefer no children <input type="radio"/> Says she can't get pregnant

	<input type="radio"/> Undecided / Do not know <input type="radio"/> No response
208a. Would you like to have another child or would you prefer not to have any more children?	<input type="radio"/> Have another child <input type="radio"/> No more <input type="radio"/> Says she can't get pregnant <input type="radio"/> Undecided / Do not know <input type="radio"/> No response
208b. After the child you are expecting now, would you like to have another child or would you prefer not to have any more children?	<input type="radio"/> Have another child <input type="radio"/> No more <input type="radio"/> Says she can't get pregnant <input type="radio"/> Undecided / Do not know <input type="radio"/> No response
209a. How long would you like to wait from now before the birth of a child? <i>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.</i>	<input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> Says she can't get pregnant <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
209a. How long would you like to wait from now before the birth of another child? <i>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.</i>	<input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> Says she can't get pregnant <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
209b. After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? <i>If you select months or years, you will enter a number for X on the next screen. Select "Years" if more than 36 months. Please check that you correctly entered the value for months/years.</i>	<input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> Says she can't get pregnant <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
209c. Enter the number of $\{waitchild\}$ you would like to wait:	
210a. When you found out you were pregnant, how did you feel?	<input type="radio"/> Very happy <input type="radio"/> Sort of happy <input type="radio"/> Mixed happy and unhappy <input type="radio"/> Sort of unhappy <input type="radio"/> Very unhappy <input type="radio"/> No response
210b. If you got pregnant now, how would you feel?	<input type="radio"/> Very happy <input type="radio"/> Sort of happy <input type="radio"/> Mixed happy and unhappy <input type="radio"/> Sort of unhappy <input type="radio"/> Very unhappy <input type="radio"/> No response

<p>COV_7. Have you changed your mind about wanting to get pregnant due to concerns about Coronavirus (COVID-19)?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>Section 3 – Contraception</p> <p><i>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</i></p> <p><i>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.</i></p>	
<p>301a. Have you ever heard of female sterilization? PROBE: Women can have an operation to avoid having any more children.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301b. Have you ever heard of male sterilization? PROBE: Men can have an operation to avoid having any more children.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301c. Have you ever heard of the contraceptive implant? 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. [implant_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301d. Have you ever heard of the IUD? PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse. [IUD_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301e. Have you ever heard of injectables? PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. [sayana_depo_150x300.jpg]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301f. Have you heard that there is a type of injectable that you can inject yourself?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301g. From whom did you hear about it?</p>	<p><input type="radio"/> Provider <input type="radio"/> Community health worker <input type="radio"/> Pharmacist <input type="radio"/> Friend <input type="radio"/> Husband/partner <input type="radio"/> Other family member <input type="radio"/> Radio/TV <input type="radio"/> Books/Magazine <input type="radio"/> Advertisement/Flyer <input type="radio"/> Other <input type="radio"/> No response</p>

<p>301h. Have you ever heard of the (birth control) pill? PROBE: Women can take a pill every day to avoid becoming pregnant. [pill_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301i. Have you ever heard of emergency contraception? PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within five days to prevent pregnancy.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301j. Have you ever heard of male condoms? PROBE: Men can put a rubber sheath on their penis before sexual intercourse. [male_condom_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301k. Have you ever heard of female condoms? PROBE: Women can put a sheath in their vagina before sexual intercourse. [female_condom_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301l. Have you ever heard of the diaphragm? PROBE: Women can place a thin flexible disk in their vagina before sexual intercourse. [diaphragm_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301m. Have you ever heard of foam or jelly as a contraceptive method? PROBE: Women can place a suppository, jelly, or cream in their vagina before sexual intercourse to prevent pregnancy. [spermicide_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301n. Have you ever heard of the standard days method or Cycle Beads? 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. [SDM-beads_only.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301o. Have you ever heard of the Lactational Amenorrhea Method or LAM?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301p. Have you ever heard of the rhythm method? PROBE: Women can avoid pregnancy by not having sexual intercourse on the days of the month they think they can get pregnant.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301q. Have you ever heard of the withdrawal method? PROBE: Men can be careful and pull out before climax.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301r. Have you ever heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>

<p>302. Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>303. Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>304. Which method or methods are you using? PROBE: Anything else? <i>Select all methods mentioned. SCROLL TO THE BOTTOM to see all choices.</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>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>
<p>LCL_301. PROBE: Was the injection administered via syringe or small needle? <i>Show the image to the respondent.</i> [sayana_depo_150x300.jpg]</p>	<p><input type="radio"/> Syringe <input type="radio"/> Small needle (Sayana Press) <input type="radio"/> No response</p>
<p>LCL_302. Who administered the injection?</p>	<p><input type="radio"/> Self <input type="radio"/> Partner/husband <input type="radio"/> Other family/friend <input type="radio"/> Doctor/nurse/midwife <input type="radio"/> Pharmacist/Drug shop employee <input type="radio"/> CHW <input type="radio"/> Another user I know <input type="radio"/> No response</p>
<p>305. Does your husband/partner know that you are using \${current_method_label}?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>305. Does your husband/partner know that you are using family planning?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>LCL_303. Did the provider tell you or your partner that this method was permanent?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>

<p>306. If you needed family planning, where would you go?</p>	<ul style="list-style-type: none"> <input type="radio"/> Govt. Hospital / polyclinic <input type="radio"/> Govt. Health Center <input type="radio"/> Govt. Dispensary <input type="radio"/> Other Public <input type="radio"/> Private Hospital/Clinic <input type="radio"/> Pharmacy/Chemist <input type="radio"/> Nursing/Maternity Home <input type="radio"/> Faith-based, church, mission hospital/clinic <input type="radio"/> Family options/FHOK clinic <input type="radio"/> Other private medical sector <input type="radio"/> Shop <input type="radio"/> Mobile clinic <input type="radio"/> Community-based distributor <input type="radio"/> Community health volunteer/CHV <input type="radio"/> Community event <input type="radio"/> Friend/relative <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No Response
<p>307. Why would you choose this location?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Close to home <input type="checkbox"/> Discreet location <input type="checkbox"/> Know confidentiality will be respected <input type="checkbox"/> Have the method that I want <input type="checkbox"/> Providers have a good reputation <input type="checkbox"/> Recommend by friend/relative <input type="checkbox"/> Method available for low cost/free <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>308. Please tell me if you agree or disagree with the following statement: I would feel too shy or embarrassed to get family planning at a clinic, health center or physician's office if needed. PROBE: This question is specifically about your feelings.</p>	<ul style="list-style-type: none"> <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> No response
<p>309. Please tell me if you agree or disagree with the following statement: I would feel too shy or embarrassed to get family planning at the pharmacy or chemist if needed. PROBE: This question is specifically about your feelings.</p>	<ul style="list-style-type: none"> <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> No response
<p>310. 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>	<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>311. Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?</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>312. When do you think you will start using a method?</p>	<p> <input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> After the birth of this child <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>Enter \${fp_start_lab}:</p>	
<p>313. What method do you think you will use?</p>	<p> <input type="radio"/> Female sterilization <input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Diaphragm <input type="radio"/> Foam/Jelly <input type="radio"/> Standard Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional method <input type="radio"/> No response </p>
<p>314. Who would you prefer to have administer the injectable? <i>Read all options</i></p>	<p> <input type="radio"/> Health professional <input type="radio"/> Self <input type="radio"/> Partner/friend/family <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>315. Would your husband/partner be supportive of you using family planning?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>316. Before you started using \${current_method_label}, had you discussed the decision to delay or avoid pregnancy with your husband/partner?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>317. Would you say that using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together?</p>	<p> <input type="radio"/> Mainly respondent <input type="radio"/> Mainly husband/partner <input type="radio"/> Joint decision <input type="radio"/> Other <input type="radio"/> No response </p>

Now I'm going to ask you a few sensitive questions about your relationship with your husband/partner. You do not have to answer these questions if you do not want to. We can pause at any time. If you do not feel comfortable answering any of the questions, let me know and I will either move onto the next statement or skip this section entirely.

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

318. In the last 12 months has your husband/partner: <i>1 = Yes 0 = No -99 = No Response</i>			
	1	0	-99
318a. Made you feel bad or treated you badly for wanting to use a FP method to delay or prevent pregnancy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
318b. Tried to force or pressure you to become pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
318c. Said he would leave you if you did not get pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
318d. Told you he would have a baby with someone else if you did not get pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
318e. Taken away your family planning or kept you from going to the clinic to get family planning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
318f. Hurt you physically because you did not get pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

319. Since what month and year have you been using \${current_method_label} without stopping? <i>Calculate backwards from memorable events if needed.</i> <i>CALENDAR: Enter episode of contraceptive use in the calendar.</i>	
Most Recent Birth: \${rec_birth_date}	
Recent miscarriage, abortion, stillbirth: \${pregnancy_end_lab}	
Current Marriage: \${rec_husband_date}	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September

	<input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:
Date cannot be in the future. You entered: $\{begin_using_full_lab\}$ Today: $\{today\}$	
Date of starting $\{current_method_label\}$ cannot be before 10 years of age. You entered: $\{begin_using_full_lab\}$ Respondent's birth date: $\{birthdate_lab\}$	
Date of starting $\{current_method_label\}$ without stopping cannot be before most recent birth. You entered: $\{begin_using_full_lab\}$ Most recent birth: $\{recent_birth_lab\}$	
Date of starting $\{current_method_label\}$ without stopping cannot be before most recent birth. You entered: $\{bus_y_lab\}$ Most recent birth: $\{rb_y_lab\}$	
Date of starting $\{current_method_label\}$ without stopping cannot be before recent miscarriage, abortion, or stillbirth. You entered: $\{begin_using_full_lab\}$ Recent miscarriage, abortion, or stillbirth: $\{pregnancy_end_lab\}$	
Date of starting $\{current_method_label\}$ without stopping cannot be before recent miscarriage, abortion, or stillbirth. You entered: $\{bus_y_lab\}$ Recent miscarriage, abortion, or stillbirth: $\{ab_y_lab\}$	
Add an annotation for $\{current_method_label\}$ next to the current date $\{today_ym\}$ in the contraceptive calendar paper aid.	
Add an annotation for $\{current_method_label\}$ from $\{ccal_start_date_lab\}$ to the current date $\{today_ym\}$ in the contraceptive calendar paper aid.	
<p>320. You first started using $\{current_method_label\}$ on $\{start_date_lab\}$. Where did you or your partner get it at that time? <i>Scroll to bottom to see all choices.</i></p>	<input type="radio"/> Govt. Hospital / polyclinic <input type="radio"/> Govt. Health Center <input type="radio"/> Govt. Dispensary <input type="radio"/> Other Public <input type="radio"/> Private Hospital/Clinic <input type="radio"/> Pharmacy/Chemist <input type="radio"/> Nursing/Maternity Home <input type="radio"/> Faith-based, church, mission hospital/clinic <input type="radio"/> Family options/FHOK clinic <input type="radio"/> Other private medical sector <input type="radio"/> Shop

	<input type="radio"/> Mobile clinic <input type="radio"/> Community-based distributor <input type="radio"/> Community health volunteer/CHV <input type="radio"/> Community event <input type="radio"/> Friend/relative <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No Response
<p>320. Where did you or your partner get $\\${current_method_label}$ when you first started using it? Scroll to bottom to see all choices.</p>	<input type="radio"/> Govt. Hospital / polyclinic <input type="radio"/> Govt. Health Center <input type="radio"/> Govt. Dispensary <input type="radio"/> Other Public <input type="radio"/> Private Hospital/Clinic <input type="radio"/> Pharmacy/Chemist <input type="radio"/> Nursing/Maternity Home <input type="radio"/> Faith-based, church, mission hospital/clinic <input type="radio"/> Family options/FHOK clinic <input type="radio"/> Other private medical sector <input type="radio"/> Shop <input type="radio"/> Mobile clinic <input type="radio"/> Community-based distributor <input type="radio"/> Community health volunteer/CHV <input type="radio"/> Community event <input type="radio"/> Friend/relative <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No Response
<p>Check here to acknowledge you considered all options.</p>	<input type="radio"/>
<p>321. When you obtained your $\\${current_method_label}$, were you told by the provider about side effects or problems you might have with a method to delay or avoid pregnancy?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>322. Were you told what to do if you experienced side effects or problems?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>IMP_301. CHECK. In question 304, the respondent mentioned that she had been using implants. Is that correct? If she says she is not currently using implants, please verify her answer and go back to 303 and select the correct method.</p>	<input type="radio"/> Yes <input type="radio"/> No
<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>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>IMP_303. How long were you told ?</p>	<input type="radio"/> X months <input type="radio"/> X years

<p>If you select months or years, you will enter a number for X on the next screen. Please check that you correctly entered the value for months/years.</p>	<p><input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>IMP_303. Enter the number of \${implant_duration_lab} you were told: If more than 12 months record in years</p>	
<p>IMP_304. Were you told where you could go to have the implant removed? Provider: \${provider_label}</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>323. At that time, were you told by the family planning provider about methods of family planning other than the \${current_method_label} that you could use?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>324. At that time, were you told that you could switch to a different method in the future?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>325. During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Did not have a preference <input type="radio"/> No response</p>
<p>326. Why didn't you obtain the method you wanted?</p>	<p><input type="radio"/> Method out of stock that day <input type="radio"/> Method not available at all <input type="radio"/> Provider not trained to provide the method <input type="radio"/> Provider recommended a different method <input type="radio"/> Not eligible for method <input type="radio"/> Decided not to adopt a method <input type="radio"/> Too costly <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>327a. During that visit, who made the final decision about what method you got?</p>	<p><input type="radio"/> You alone <input type="radio"/> Provider <input type="radio"/> Partner <input type="radio"/> You and provider <input type="radio"/> You and partner <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>327b. Who made the final decision to use rhythm?</p>	<p><input type="radio"/> You alone <input type="radio"/> Provider <input type="radio"/> Partner <input type="radio"/> You and provider <input type="radio"/> You and partner <input type="radio"/> Other</p>

	<input type="radio"/> Do not know <input type="radio"/> No response
327b. Who made the final decision to use LAM?	<input type="radio"/> You alone <input type="radio"/> Provider <input type="radio"/> Partner <input type="radio"/> You and provider <input type="radio"/> You and partner <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
328. Would you return to this provider? Provider: \${provider_label}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
329. Would you refer your relative or friend to this provider / facility? Provider: \${provider_label}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
330. When you started using \${current_method_label}, did you feel pressured by your provider to accept a specific method?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Did not have a preference <input type="radio"/> No response
331. Which method did you feel pressured to use?	<input type="radio"/> Female sterilization <input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Diaphragm <input type="radio"/> Foam/Jelly <input type="radio"/> Standard Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional method <input type="radio"/> No response
332. Right before you started using \${current_method_label} in \${begin_using_full_lab}, were you doing something else or using a different method to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
333. Which method were you using?	<input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill

	<input type="radio"/> Emergency Contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Diaphragm <input type="radio"/> Foam/Jelly <input type="radio"/> Standard Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional method <input type="radio"/> No response
<p>LCL_304. PROBE: Was the injection administered via syringe or small needle? [sayana_depo_150x300.jpg]</p>	<input type="radio"/> Syringe <input type="radio"/> Small needle (Sayana Press) <input type="radio"/> No response
<p>IMP_305. In the past 12 months, have you tried to have your current implant removed?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>IMP_306. Where did you go or who attempted to remove your implant?</p>	<input type="radio"/> Govt. Hospital / polyclinic <input type="radio"/> Govt. Health Center <input type="radio"/> Govt. Dispensary <input type="radio"/> Other Public <input type="radio"/> Private Hospital/Clinic <input type="radio"/> Pharmacy/Chemist <input type="radio"/> Nursing/Maternity Home <input type="radio"/> Faith-based, church, mission hospital/clinic <input type="radio"/> Family options/FHOK clinic <input type="radio"/> Other private medical sector <input type="radio"/> Shop <input type="radio"/> Mobile clinic <input type="radio"/> Community-based distributor <input type="radio"/> Community health volunteer/CHV <input type="radio"/> Community event <input type="radio"/> Friend/relative <input type="radio"/> Self <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No Response
<p>IMP_307. Why were you not able to have your implant removed?</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"/> Do not know <input type="checkbox"/> No response
334. Have you ever done anything or tried in any way to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
XS_301. 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. <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>	
Check: You entered that the respondent first used family planning at the age of \${age_at_first_use}. Is that what she said? <i>Go back and change XS_301 if that is not correct.</i>	<input type="radio"/> Yes <input type="radio"/> No
335. How many living children did you have at that time, if any? Note: the respondent said that she gave birth \${birth_events} times in 202. <i>Enter -99 for no response.</i>	
WARNING: you entered that the respondent gave birth \${birth_events} times in 202, and you entered that the respondent had \${age_at_first_use_children} children alive at the time she first used a method to delay or avoid getting pregnant in 335. Is this what the respondent said? <i>It may be that the answers to 202 and 335 are correct. This screen is a warning for verification.</i>	<input type="radio"/> Yes <input type="radio"/> No
336. Have you used emergency contraception at any time in the last 12 months? PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within five days to prevent pregnancy.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
337. You said that you do not want a child soon and that you are not using a method to avoid pregnancy.	
337. You said that you do not want another child soon and that you are not using a method to avoid pregnancy.	
337. You said that you do not want any children and that you are not using a method to avoid pregnancy.	
337. You said that you do not want any more children and that you are not using a method to avoid pregnancy.	
Can you tell me why you are not using a method to prevent pregnancy? PROBE: Any other reason?	<input type="checkbox"/> Not married <input type="checkbox"/> Infrequent sex / Not having sex <input type="checkbox"/> Menopausal / Hysterectomy

RECORD ALL REASONS MENTIONED Cannot select "Not Married" if 109 is "Yes, currently married".
Scroll to bottom to see all choices.

- Subfecund / Infecund
- Not menstruated since last birth
- Breastfeeding
- Husband away for multiple days
- Up to God / fatalistic
- Respondent opposed
- Husband / partner opposed
- Others opposed
- Religious prohibition
- Knows no method
- Knows no source
- Fear of side effects
- Health concerns
- Lack of access / too far
- Costs too much
- Preferred method not available
- No method available
- Inconvenient to use
- Interferes with body's processes
- Other
- Do not know
- No response

Check here to acknowledge you considered all options.

COV_8. Can you tell me if any of the following Coronavirus (COVID-19) related reasons contribute to why you are not using a method to prevent pregnancy?
Read each option aloud and select if yes.

- Healthcare facility or doctor's office closed, appointment not possible, services not available
- Desired product(s) not available
- Unable to access services because of government restrictions on movement
- Fear of being infected with COVID-19 at healthcare facilities
- Other
- None of the above
- No response

338. Would you say that not 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

339. In the last 12 months, were you visited by a community health worker who talked to you about family planning?

- Yes
- No
- No response

340. In the last 12 months, have you visited a health facility or camp for care for yourself?
For any health services.

- Yes
- No
- No response

4 = Strongly agree 3 = Agree 2 = Disagree 1 = Strongly disagree -99 = No response					
	4	3	2	1	-99
344a. Adolescents who use family planning are promiscuous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
344b. Using family planning preserves a woman's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
344c. Family planning is only for women who are married.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
344d. Women who use family planning can better support their children's schooling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
344e. Family planning is only for women who don't want any more children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
344f. People who use family planning have a better quality of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
345. How important is it for you to achieve the following in the next two years: 1 = Very important 2 = Somewhat important 3 = Not important -99 = No Response					
	1	2	3	-99	
345a. Complete secondary school / technical school / vocation school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
345b. Attend university / tertiary institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
345c. Have a good job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
345d. Start a business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
345e. Find a partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
345f. Get married	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
345g. Have children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
346. Do you have any health insurance or are you a member of a mutual health organization?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response				
347. What type of health insurance do you have? RECORD ALL MENTIONED	<input type="checkbox"/> National Hospital Insurance Fund (NHIF) <input type="checkbox"/> Health insurance through employer <input type="checkbox"/> Mutual health organization/Community-based health insurance <input type="checkbox"/> Linda Mama <input type="checkbox"/> Other privately purchased commercial health insurance				

	<input type="checkbox"/> Other <input type="checkbox"/> No response
LCL_302. Have you used your insurance to pay for family planning services in the past year?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<h3>Section 4 – Sexual Activity</h3> <p><i>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</i></p>	
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.	
401. How old were you when you first had sexual intercourse?	
Current age: \${age}	
Number of live births: \${birth_events}	
The respondent is 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>	
WARNING: you entered -77, but the respondent is currently pregnant or has given birth before. Go back and fix. <i>The timing of the number of births should agree with 401</i>	
WARNING: the respondent gave birth \${birth_events} times, but first had sex at the age of \${age_at_first_sex}, only \${years_since_first_sex} years ago. Is that correct? <i>The timing of the number of births should agree with 401.</i>	<input type="radio"/> Yes <input type="radio"/> No
You entered that the respondent was \${p2_age_at_first_sex} years old the first time she had sexual intercourse. Is that what the she said? <i>Go back and change 401 if it is not correct.</i>	<input type="radio"/> Yes <input type="radio"/> No
You entered that the respondent's age at first sex was \${p2_age_at_first_sex}. Previously the respondent said she has given birth at an earlier age: \${age_first_birth}. Is that correct? <i>Go back and change "age at first sex" if it is not correct</i>	<input type="radio"/> Yes <input type="radio"/> No
402. Looking back to the first time you had sexual intercourse, do you think you would have preferred to:	<input type="radio"/> Waited longer <input type="radio"/> Not have waited so long

have waited longer before having sex with anyone, not have waited so long, or was it the right time?	<input type="radio"/> It was the right time <input type="radio"/> No response
403. The first time you had sexual intercourse, would you say you and your partner were both equally willing to have sexual intercourse was one of you more willing than the other?	<input type="radio"/> Equally willing <input type="radio"/> Respondent more willing <input type="radio"/> Partner more willing <input type="radio"/> No response
404. Which of these applied to you at the first time you had sex? <i>Read each option aloud and select if yes.</i>	<input type="checkbox"/> I was curious <input type="checkbox"/> I was carried away <input type="checkbox"/> I was under the influence of a substance <input type="checkbox"/> I was doing what was expected of me <input type="checkbox"/> I was forced against my will <input type="checkbox"/> None of the above <input type="checkbox"/> No response
405. Did you and your partner want to avoid a pregnancy the first time you had sexual intercourse?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
406. Did you or your partner do something or use any method to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
407. When was the last time you had sexual intercourse?	
Respondent is \${months_pregnant} months pregnant.	
Answer must be in days or weeks up to 4 weeks or 30 days	
##### <i>If less than 12 months ago, answer must be recorded in months, weeks, or days. Enter 0 days for today. You will enter a number for X on the next screen.</i>	<input type="radio"/> X days ago <input type="radio"/> X weeks ago <input type="radio"/> X months ago <input type="radio"/> X years ago <input type="radio"/> No response
407. Enter \${last_time_sex_lab}. <i>If today, enter zero days only, not zero weeks/months/years. Must agree with the age of first sexual intercourse and the pregnancy status.</i>	
The respondent is pregnant. The time since last sex must not be earlier than one month prior to the start of pregnancy. If number of months pregnant is unknown, then the time since last sex must be less than 11 months. Months pregnant: \${months_pregnant} Last time sex units: \${last_time_sex} Last time sex value: \${last_time_sex_value}	
The respondent cannot enter a time since last sex that would be before her age at first sex.	

Age at first sex: \${age_at_first_sex} Current age: \${age} Last time sex units: \${last_time_sex} Last time sex value: \${last_time_sex_value}			
408. The last time you had sex did you or your partner use any method to avoid or prevent a pregnancy?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response	
409. What method did you or your partner use?		<input type="radio"/> Female sterilization <input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Diaphragm <input type="radio"/> Foam/Jelly <input type="radio"/> Standard Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional method <input type="radio"/> No response	
410. Whose choice was it to use that method?		<input type="radio"/> Respondent <input type="radio"/> Respondent and partner <input type="radio"/> Partner <input type="radio"/> Someone else <input type="radio"/> No response	
WGE_1. At the last time you had sex, did any of the following happen? <i>1 = Yes 0 = No -99 = No Response</i>			
	1	0	-99
WGE_1a. I did not want to have sex at that time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WGE_1b. I felt pressured by my husband / partner to have sex then	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WGE_1c. I did not consent (was forced) to have sex then	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WGE_1d. I felt at risk of physical violence if I declined to have sex at that time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 5 – Women and Girls Empowerment Section

Now I'm going to ask you a series of statements about family planning and contraception. Please indicate how much you think these statements could apply to you by indicating how strongly you agree or disagree with the statement. Some will seem similar but we would like you to consider each one as different. We can pause at any time. If you do not feel comfortable answering any of the statements, let me know and I will move onto the next statement.

501. If I use family planning, my husband/partner may seek another sexual partner.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
502. If I use family planning, I may have trouble getting pregnant the next time I want to.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
503a. There could be conflict in my relationship/marriage if I use family planning.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
503b. There will be conflict in my relationship/marriage if I use family planning.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
504. If I use family planning, my children may not be born normal.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
505. If I use family planning, my body may experience side effects that will disrupt my relations with my husband/partner.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Strongly agree (5)

	<input type="radio"/> Do not know <input type="radio"/> No response
WGE_2. I can decide to switch from one family planning method to another if I want to.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_3. I feel confident telling my provider what is important for me when selecting a family planning method.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_4. I feel confident discussing family planning with my husband/partner.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
Now I'm going to ask you a series of statements about pregnancy and childbearing. Please indicate how much you think these statements could apply to you by indicating how strongly you agree or disagree with the statement. Some will seem similar but we would like you to consider each one as different. We can pause at any time. If you do not feel comfortable answering any of the statements, let me know and I will move onto the next statement.	
WGE_5a. I want to complete my education before I have a child.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_5b. I wanted to complete my education before I had a child.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_6. If I rest between pregnancies, I can take better care of my family.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3

	<input type="radio"/> 4 <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_7a. I can decide when I want to start having children.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_7b. I could decide when I wanted to start having children.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_8. I feel confident discussing with my husband/partner when to start having children.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_9. I can decide when to have another child.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_10a. I will be able to negotiate with my husband/partner when to stop having children.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_10b. I can negotiate with my husband/partner when to stop having children.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response

Section 6 – COVID-19 (Coronavirus)

We understand that Coronavirus (COVID-19) has impacted many people's lives. We are interested in learning more about how you are being affected.

<p>COV_9. How concerned are you about getting infected with Coronavirus (COVID-19) yourself? <i>Read all options</i></p>	<p><input type="radio"/> Very concerned <input type="radio"/> Concerned <input type="radio"/> A little concerned <input type="radio"/> Not concerned <input type="radio"/> I was infected with Coronavirus (COVID-19) <input type="radio"/> No response</p>
<p>COV_10. During the last 12 months, how much of a loss of income did your household experience? <i>Read all options</i></p>	<p><input type="radio"/> None <input type="radio"/> Complete <input type="radio"/> Partial <input type="radio"/> No response</p>
<p>COV_11. Was the income loss resulting from Coronavirus (COVID-19) restrictions?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>COV_12. Has your household income recovered partially or fully in the past 4 weeks?</p>	<p><input type="radio"/> Yes, partially recovered <input type="radio"/> Yes, fully Recovered <input type="radio"/> Not recovered <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>COV_13. During the past 4 weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>COV_14. During the past 4 weeks, how often did this happen?</p>	<p><input type="radio"/> Rarely (1-2 times) <input type="radio"/> Sometimes (3-10 times) <input type="radio"/> Often (more than 10 times) <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>COV_15. During the past 4 weeks, did you want to visit a health facility for any of the following services? <i>Read each option aloud and select if yes.</i></p>	<p><input type="checkbox"/> Family planning services <input type="checkbox"/> Abortion / post-abortion services <input type="checkbox"/> ANC <input type="checkbox"/> Delivery <input type="checkbox"/> PNC <input type="checkbox"/> Child's health <input type="checkbox"/> Immunization <input type="checkbox"/> Pick up of regular medications <input type="checkbox"/> HIV <input type="checkbox"/> Emergency services <input type="checkbox"/> General health services <input type="checkbox"/> Other <input type="checkbox"/> Did not want to access a health</p>

	facility <input type="checkbox"/> No response																
COV_16. During the past 4 weeks, did you experience any of the following difficulties in accessing healthcare services? <i>Read each option aloud and select if yes.</i>	<input type="checkbox"/> Healthcare facility or doctor's office closed, appointment not possible, services not available <input type="checkbox"/> Desired product(s) not available <input type="checkbox"/> Partner does not approve <input type="checkbox"/> No transportation to access healthcare services <input type="checkbox"/> Unable to access services because of government restrictions on movement <input type="checkbox"/> Unable to afford healthcare services <input type="checkbox"/> Fear of being infected with COVID-19 at healthcare facilities <input type="checkbox"/> Other <input type="checkbox"/> Did not experience difficulties accessing care <input type="checkbox"/> No response																
COV_17. Did you successfully access the health services you needed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response																
COV_18. Did you stop or interrupt your contraceptive use at any time due to Coronavirus (COVID-19) restrictions?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response																
<p>Section 7 – Violence Against Women and Girls</p> <p><i>CHECK FOR THE PRESENCE OF OTHERS. DO NOT CONTINUE UNTIL YOU CAN ENSURE COMPLETE PRIVACY.</i></p> <p><i>We know that relationships can sometimes have conflict and difficulty. These next questions ask about conflicts you may have had in relationships. Remember, you can skip any question you do not want to answer.</i></p>																	
VIO_1a. Were you able to obtain complete privacy?	<input type="radio"/> Yes <input type="radio"/> No																
VIO_1. In the last 12 months, has your husband/partner: <i>1 = Yes 0 = No -99 = No Response</i>																	
	<table border="1"> <thead> <tr> <th></th> <th>1</th> <th>0</th> <th>-99</th> </tr> </thead> <tbody> <tr> <td>a. Insulted you, yelled at you, screamed or made humiliating remarks?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>b. Slapped, hit or physically hurt you?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>c. Threatened with a weapon or attempted to strangle or kill you?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>		1	0	-99	a. Insulted you, yelled at you, screamed or made humiliating remarks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b. Slapped, hit or physically hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c. Threatened with a weapon or attempted to strangle or kill you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	0	-99														
a. Insulted you, yelled at you, screamed or made humiliating remarks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>														
b. Slapped, hit or physically hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>														
c. Threatened with a weapon or attempted to strangle or kill you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>														

d. Pressured or insisted on having sex when you did not want to (without physical force)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Physically forced you to have sex when you did not want to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIO_2a. How many times has this happened? <i>Insulted you, yelled at you, screamed or made humiliating remarks?</i>	<input type="radio"/> One time <input type="radio"/> 1-2 times <input type="radio"/> 3 to 10 times <input type="radio"/> More than 10 times <input type="radio"/> Every day or almost <input type="radio"/> No response		
VIO_3a. Since the Coronavirus (COVID-19) restrictions began, is it more frequent, less frequent or the same? <i>Insulted you, yelled at you, screamed or made humiliating remarks?</i>	<input type="radio"/> More frequent <input type="radio"/> Less frequent <input type="radio"/> About the same <input type="radio"/> No response		
VIO_2b. How many times has this happened? <i>Slapped, hit or physically hurt you?</i>	<input type="radio"/> One time <input type="radio"/> 1-2 times <input type="radio"/> 3 to 10 times <input type="radio"/> More than 10 times <input type="radio"/> Every day or almost <input type="radio"/> No response		
VIO_3b. Since the Coronavirus (COVID-19) restrictions began, is it more frequent, less frequent or the same? <i>Slapped, hit or physically hurt you?</i>	<input type="radio"/> More frequent <input type="radio"/> Less frequent <input type="radio"/> About the same <input type="radio"/> No response		
VIO_2c. How many times has this happened? <i>Threatened with a weapon or attempted to strangle or kill you?</i>	<input type="radio"/> One time <input type="radio"/> 1-2 times <input type="radio"/> 3 to 10 times <input type="radio"/> More than 10 times <input type="radio"/> Every day or almost <input type="radio"/> No response		
VIO_3c. Since the Coronavirus (COVID-19) restrictions began, is it more frequent, less frequent or the same? <i>Threatened with a weapon or attempted to strangle or kill you?</i>	<input type="radio"/> More frequent <input type="radio"/> Less frequent <input type="radio"/> About the same <input type="radio"/> No response		
VIO_2d. How many times has this happened? <i>Pressured or insisted on having sex when you did not want to (without physical force)?</i>	<input type="radio"/> One time <input type="radio"/> 1-2 times <input type="radio"/> 3 to 10 times <input type="radio"/> More than 10 times <input type="radio"/> Every day or almost <input type="radio"/> No response		
VIO_3d. Since the Coronavirus (COVID-19) restrictions began, is it more frequent, less frequent or the same? <i>Pressured or insisted on having sex when you did not want to (without physical force)?</i>	<input type="radio"/> More frequent <input type="radio"/> Less frequent <input type="radio"/> About the same <input type="radio"/> No response		
VIO_2e. How many times has this happened?	<input type="radio"/> One time <input type="radio"/> 1-2 times		

Physically forced you to have sex when you did not want to?	<input type="radio"/> 3 to 10 times <input type="radio"/> More than 10 times <input type="radio"/> Every day or almost <input type="radio"/> No response		
VIO_3e. Since the Coronavirus (COVID-19) restrictions began, is it more frequent, less frequent or the same? <i>Physically forced you to have sex when you did not want to?</i>	<input type="radio"/> More frequent <input type="radio"/> Less frequent <input type="radio"/> About the same <input type="radio"/> No response		
VIO_4. In the last 12 months, has a member of your household that is not your spouse or partner: <i>1 = Yes 0 = No -99 = No Response</i>			
	1	0	-99
VIO_4a. Insulted you, yelled at you, screamed or made humiliating remarks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIO_4b. Slapped, hit or physically hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIO_4c. Threatened with a weapon or attempted to strangle or kill you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIO_4d. Pressured or insisted on having sex when you did not want to (without physical force)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIO_4e. Physically forced you to have sex when you did not want to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIO_5a. How many times has this happened? <i>Insulted you, yelled at you, screamed or made humiliating remarks?</i>	<input type="radio"/> One time <input type="radio"/> 1-2 times <input type="radio"/> 3 to 10 times <input type="radio"/> More than 10 times <input type="radio"/> Every day or almost <input type="radio"/> No response		
VIO_6a. Since the Coronavirus (COVID-19) restrictions began, is it more frequent, less frequent or the same? <i>Insulted you, yelled at you, screamed or made humiliating remarks?</i>	<input type="radio"/> More frequent <input type="radio"/> Less frequent <input type="radio"/> About the same <input type="radio"/> No response		
VIO_5b. How many times has this happened? <i>Slapped, hit or physically hurt you?</i>	<input type="radio"/> One time <input type="radio"/> 1-2 times <input type="radio"/> 3 to 10 times <input type="radio"/> More than 10 times <input type="radio"/> Every day or almost <input type="radio"/> No response		
VIO_6b. Since the Coronavirus (COVID-19) restrictions began, is it more frequent, less frequent or the same? <i>Slapped, hit or physically hurt you?</i>	<input type="radio"/> More frequent <input type="radio"/> Less frequent <input type="radio"/> About the same <input type="radio"/> No response		
VIO_5c. How many times has this happened? <i>Threatened with a weapon or attempted to strangle or kill you?</i>	<input type="radio"/> One time <input type="radio"/> 1-2 times <input type="radio"/> 3 to 10 times		

	<input type="radio"/> More than 10 times <input type="radio"/> Every day or almost <input type="radio"/> No response
<p>VIO_6c. Since the Coronavirus (COVID-19) restrictions began, is it more frequent, less frequent or the same? <i>Threatened with a weapon or attempted to strangle or kill you?</i></p>	<input type="radio"/> More frequent <input type="radio"/> Less frequent <input type="radio"/> About the same <input type="radio"/> No response
<p>VIO_5d. How many times has this happened? <i>Pressured or insisted on having sex when you did not want to (without physical force)?</i></p>	<input type="radio"/> One time <input type="radio"/> 1-2 times <input type="radio"/> 3 to 10 times <input type="radio"/> More than 10 times <input type="radio"/> Every day or almost <input type="radio"/> No response
<p>VIO_6d. Since the Coronavirus (COVID-19) restrictions began, is it more frequent, less frequent or the same? <i>Pressured or insisted on having sex when you did not want to (without physical force)?</i></p>	<input type="radio"/> More frequent <input type="radio"/> Less frequent <input type="radio"/> About the same <input type="radio"/> No response
<p>VIO_5e. How many times has this happened? <i>Physically forced you to have sex when you did not want to?</i></p>	<input type="radio"/> One time <input type="radio"/> 1-2 times <input type="radio"/> 3 to 10 times <input type="radio"/> More than 10 times <input type="radio"/> Every day or almost <input type="radio"/> No response
<p>VIO_6e. Since the Coronavirus (COVID-19) restrictions began, is it more frequent, less frequent or the same? <i>Physically forced you to have sex when you did not want to?</i></p>	<input type="radio"/> More frequent <input type="radio"/> Less frequent <input type="radio"/> About the same <input type="radio"/> No response
<p>VIO_7. Thinking about the experiences of relationship conflict we have just discussed, have you tried to seek help in the last 12 months?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>VIO_8. From whom have you sought help? Probe: Anyone else? <i>Record all mentioned.</i></p>	<input type="checkbox"/> Own family <input type="checkbox"/> Husband's/partner's family <input type="checkbox"/> Current/former husband/partner <input type="checkbox"/> Current/former boyfriend <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Religious leader <input type="checkbox"/> Doctor/medical personnel <input type="checkbox"/> Police <input type="checkbox"/> Lawyer <input type="checkbox"/> Social service organization <input type="checkbox"/> Violence support program or hotline <input type="checkbox"/> No response
<p>Thank you for sharing your personal experiences with me. I know it may have been difficult for you to talk about your experiences with me. If you would like to talk</p>	

<p>further about these experiences, I can refer you to a place that can provide you with help.</p>	
<p>VIO_9. Did you have to interrupt the interview during this section because some adult was trying to listen, came into the room, or interfered in any other way?</p>	
<p>VIO_9a. Husband / partner?</p>	<p><input type="radio"/> Yes, once <input type="radio"/> Yes, more than once <input type="radio"/> No</p>
<p>VIO_9b. Other male adult?</p>	<p><input type="radio"/> Yes, once <input type="radio"/> Yes, more than once <input type="radio"/> No</p>
<p>VIO_9c. Female adult?</p>	<p><input type="radio"/> Yes, once <input type="radio"/> Yes, more than once <input type="radio"/> No</p>
<p>Follow-up Consent</p>	
<p>801. Thank you for the time you have kindly granted us. Would you be willing to participate in another survey one year from now?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>802. Do you own a phone?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>803. Can I have your primary phone number in case we would like to follow up with you in the future? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i></p>	
<p>804. Can you repeat the number again? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i></p>	
<p>805. Can I have your secondary phone number in case we would like to follow up with you in the future? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i></p>	
<p>806. Can you repeat the number again? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i></p>	
<p>805. Is \${firstname_raw} the name you go by in your household?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>806. What is the name you go by in your household?</p>	
<p>807. Is \${firstname_raw} the name you go by in your community?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>

808. What is the name you go by in your community?	
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>	
Thank you. <i>There are still more questions for you to complete outside the home.</i>	

Location and Questionnaire result

095. Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6 m.</i>	
096. How many times have you visited this household to interview this female respondent?	<input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time
097. In what language was this interview conducted?	<input type="radio"/> English <input type="radio"/> Kiswahili <input type="radio"/> Other
098. Questionnaire Result <i>Record the result of the questionnaire.</i>	<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"/> Deceased <input type="radio"/> Moved out of the study area

CONTRACEPTIVE CALENDAR

Please enter answers from visual aid paper

CALENDAR: Add a "birth" annotation next to the month $\${panel_birth_lab}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
CALENDAR: Add a "birth" annotation next to the month $\${first_birth_lab}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
CALENDAR: Add a "birth" annotation next to the month $\${recent_birth_lab}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
CALENDAR: Add a "birth" annotation next to the month $\${other_birth_lab}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
CALENDAR: Add a "termination" annotation next to the month $\${pregnancy_end_lab}$ in the contraceptive	

calendar paper aid and enter the duration of the pregnancy.	
Add a "pregnant" annotation next to the current date \${today_ym} in the contraceptive calendar paper aid.	
Add a "pregnant" annotation next to the most recent \${months_pregnant} months, including in \${today_ym}, in the contraceptive calendar paper aid.	
Add an annotation for \${current_method_label} next to the current date \${today_ym} in the contraceptive calendar paper aid.	
Add an annotation for \${current_method_label} from \${ccal_start_date_label} to the current date \${today_ym} in the contraceptive calendar paper aid.	
Is the information above consistent with what you have written in the paper aid?	<input type="radio"/> Yes <input type="radio"/> No
2021: ENTER VALUE FROM COL. 1	
Enter Value December 2021	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Enter Value November 2021	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception

	<input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value October 2021</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value September 2021</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods

<p>Enter Value August 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value July 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value June 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill

	<input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value May 2021</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value April 2021</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods

<p>Enter Value March 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value February 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value January 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill

	<input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Please verify your inputs for 2021. Are they correct?	<input type="radio"/> Yes <input type="radio"/> No
2020: ENTER VALUE FROM COL. 1	
Enter Value December 2020	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Enter Value November 2020	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads

	<input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value October 2020</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value September 2020</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value August 2020</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization

	<input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value July 2020</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value June 2020</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads

	<input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value May 2020</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value April 2020</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value March 2020</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization

	<input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value February 2020</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value January 2020</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads

	<input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Please verify your inputs for 2020. Are they correct?	<input type="radio"/> Yes <input type="radio"/> No
<p>CHECK: You just recorded in the calendar that the respondent is not using any method. However, earlier in the survey, the respondent said she has used "\${current_method_label}" since "\${begin_using_full_lab}".</p> <p>Please go back and correct this inconsistency.</p>	
<p>CHECK: You just recorded in the calendar that the respondent is currently using "\${cc_current_method_lab}". However, earlier in the survey, the respondent said she is not using any contraceptive method.</p> <p>Please go back and correct this inconsistency.</p>	
<p>CHECK: You just recorded in the calendar that the respondent is currently using "\${cc_current_method_lab}". However, earlier in the survey, the respondent said she has used "\${current_method_label}" since "\${begin_using_full_lab}". The methods are different.</p> <p>Please go back and correct this inconsistency.</p>	
2019: ENTER VALUE FROM COL. 1	
Enter Value December 2019	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods

<p>Enter Value November 2019</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value October 2019</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value September 2019</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill

	<input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value August 2019</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value July 2019</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods

<p>Enter Value June 2019</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value May 2019</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value April 2019</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill

	<input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value March 2019</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value February 2019</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods

<p>Enter Value January 2019</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Please verify your inputs for 2019. Are they correct?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
<p>2018: ENTER VALUE FROM COL. 1</p>	
<p>Enter Value December 2018</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value November 2018</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization

	<input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value October 2018</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value September 2018</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly

	<input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Enter Value August 2018	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Enter Value July 2018	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Enter Value June 2018	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization

	<input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value May 2018</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value April 2018</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly

	<input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Enter Value March 2018	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Enter Value February 2018	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Enter Value January 2018	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization

	<input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Please verify your inputs for 2018. Are they correct?	<input type="radio"/> Yes <input type="radio"/> No
Look for COL. 2 on the visual aid paper	
2021: ENTER VALUE FROM COL. 2	
Enter Value December 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value November 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic

	<input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value October 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value September 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value August 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic

	<input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value July 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value June 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value May 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic

	<input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value April 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value March 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value February 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic

	<input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value January 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
2020: ENTER VALUE FROM COL. 2	
Enter Value December 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value November 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far

	<input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value October 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value September 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value August 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far

	<input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value July 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value June 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value May 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far

	<input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value April 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value March 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value February 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far

	<input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value January 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
2019: ENTER VALUE FROM COL. 2	
Enter Value December 2019	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value November 2019	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective

	<p>method</p> <p><input type="radio"/> 6. Side effects / health concerns</p> <p><input type="radio"/> 7. Lack of access / too far</p> <p><input type="radio"/> 8. Costs too much</p> <p><input type="radio"/> 9. Inconvenient to use</p> <p><input type="radio"/> 10. Up to god / fatalistic</p> <p><input type="radio"/> 11. Difficult to get pregnant / menopausal</p> <p><input type="radio"/> 12. Marital dissolution / separation</p> <p><input type="radio"/> 96. Other</p>
<p>Enter Value October 2019</p>	<p><input type="radio"/> 1. Infrequent sex / husband away</p> <p><input type="radio"/> 2. Became pregnant while using</p> <p><input type="radio"/> 3. Wanted to become pregnant</p> <p><input type="radio"/> 4. Husband / partner disapproved</p> <p><input type="radio"/> 5. Wanted more effective method</p> <p><input type="radio"/> 6. Side effects / health concerns</p> <p><input type="radio"/> 7. Lack of access / too far</p> <p><input type="radio"/> 8. Costs too much</p> <p><input type="radio"/> 9. Inconvenient to use</p> <p><input type="radio"/> 10. Up to god / fatalistic</p> <p><input type="radio"/> 11. Difficult to get pregnant / menopausal</p> <p><input type="radio"/> 12. Marital dissolution / separation</p> <p><input type="radio"/> 96. Other</p>
<p>Enter Value September 2019</p>	<p><input type="radio"/> 1. Infrequent sex / husband away</p> <p><input type="radio"/> 2. Became pregnant while using</p> <p><input type="radio"/> 3. Wanted to become pregnant</p> <p><input type="radio"/> 4. Husband / partner disapproved</p> <p><input type="radio"/> 5. Wanted more effective method</p> <p><input type="radio"/> 6. Side effects / health concerns</p> <p><input type="radio"/> 7. Lack of access / too far</p> <p><input type="radio"/> 8. Costs too much</p> <p><input type="radio"/> 9. Inconvenient to use</p> <p><input type="radio"/> 10. Up to god / fatalistic</p> <p><input type="radio"/> 11. Difficult to get pregnant / menopausal</p> <p><input type="radio"/> 12. Marital dissolution / separation</p> <p><input type="radio"/> 96. Other</p>
<p>Enter Value August 2019</p>	<p><input type="radio"/> 1. Infrequent sex / husband away</p> <p><input type="radio"/> 2. Became pregnant while using</p> <p><input type="radio"/> 3. Wanted to become pregnant</p> <p><input type="radio"/> 4. Husband / partner disapproved</p> <p><input type="radio"/> 5. Wanted more effective</p>

	<p>method</p> <ul style="list-style-type: none"> <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value July 2019</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value June 2019</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value May 2019</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective

	<p>method</p> <ul style="list-style-type: none"> <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value April 2019</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value March 2019</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value February 2019</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective

	<p>method</p> <p><input type="radio"/> 6. Side effects / health concerns</p> <p><input type="radio"/> 7. Lack of access / too far</p> <p><input type="radio"/> 8. Costs too much</p> <p><input type="radio"/> 9. Inconvenient to use</p> <p><input type="radio"/> 10. Up to god / fatalistic</p> <p><input type="radio"/> 11. Difficult to get pregnant / menopausal</p> <p><input type="radio"/> 12. Marital dissolution / separation</p> <p><input type="radio"/> 96. Other</p>
<p>Enter Value January 2019</p>	<p><input type="radio"/> 1. Infrequent sex / husband away</p> <p><input type="radio"/> 2. Became pregnant while using</p> <p><input type="radio"/> 3. Wanted to become pregnant</p> <p><input type="radio"/> 4. Husband / partner disapproved</p> <p><input type="radio"/> 5. Wanted more effective method</p> <p><input type="radio"/> 6. Side effects / health concerns</p> <p><input type="radio"/> 7. Lack of access / too far</p> <p><input type="radio"/> 8. Costs too much</p> <p><input type="radio"/> 9. Inconvenient to use</p> <p><input type="radio"/> 10. Up to god / fatalistic</p> <p><input type="radio"/> 11. Difficult to get pregnant / menopausal</p> <p><input type="radio"/> 12. Marital dissolution / separation</p> <p><input type="radio"/> 96. Other</p>
<p>2018: ENTER VALUE FROM COL. 2</p>	
<p>Enter Value December 2018</p>	<p><input type="radio"/> 1. Infrequent sex / husband away</p> <p><input type="radio"/> 2. Became pregnant while using</p> <p><input type="radio"/> 3. Wanted to become pregnant</p> <p><input type="radio"/> 4. Husband / partner disapproved</p> <p><input type="radio"/> 5. Wanted more effective method</p> <p><input type="radio"/> 6. Side effects / health concerns</p> <p><input type="radio"/> 7. Lack of access / too far</p> <p><input type="radio"/> 8. Costs too much</p> <p><input type="radio"/> 9. Inconvenient to use</p> <p><input type="radio"/> 10. Up to god / fatalistic</p> <p><input type="radio"/> 11. Difficult to get pregnant / menopausal</p> <p><input type="radio"/> 12. Marital dissolution / separation</p> <p><input type="radio"/> 96. Other</p>
<p>Enter Value November 2018</p>	<p><input type="radio"/> 1. Infrequent sex / husband away</p> <p><input type="radio"/> 2. Became pregnant while using</p> <p><input type="radio"/> 3. Wanted to become pregnant</p>

	<input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value October 2018	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value September 2018	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value August 2018	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant

	<input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value July 2018	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value June 2018	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value May 2018	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant

	<input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value April 2018	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value March 2018	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value February 2018	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant

	<input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value January 2018	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Please verify your inputs for 2021. Compare with your paper aide. COL. 1 COL. 2 MONTH \${cc_2021_12_s}. \${cc_2021_11_s}. \${cc_2021_10_s}. \${cc_2021_09_s}. \${cc_2021_08_s}. \${cc_2021_07_s}. \${cc_2021_06_s}. \${cc_2021_05_s}. \${cc_2021_04_s}. \${cc_2021_03_s}. \${cc_2021_02_s}. \${cc_2021_01_s}. Are they correct?	<input type="radio"/> Yes <input type="radio"/> No
Please verify your inputs for 2020. Compare with your paper aide. COL. 1 COL. 2 MONTH \${cc_2020_12_s}. \${cc_2020_11_s}. \${cc_2020_10_s}. \${cc_2020_09_s}. \${cc_2020_08_s}. \${cc_2020_07_s}. \${cc_2020_06_s}. \${cc_2020_05_s}. \${cc_2020_04_s}. \${cc_2020_03_s}. \${cc_2020_02_s}. \${cc_2020_01_s}. Are they correct?	<input type="radio"/> Yes <input type="radio"/> No
Please verify your inputs for 2019. Compare with your paper aide.	<input type="radio"/> Yes <input type="radio"/> No

<p>COL. 1 COL. 2 MONTH \${cc_2019_12_s}. \${cc_2019_11_s}. \${cc_2019_10_s}. \${cc_2019_09_s}. \${cc_2019_08_s}. \${cc_2019_07_s}. \${cc_2019_06_s}. \${cc_2019_05_s}. \${cc_2019_04_s}. \${cc_2019_03_s}. \${cc_2019_02_s}. \${cc_2019_01_s}. Are they correct?</p>	
<p>Please verify your inputs for 2018. Compare with your paper aide. COL. 1 COL. 2 MONTH \${cc_2018_12_s}. \${cc_2018_11_s}. \${cc_2018_10_s}. \${cc_2018_09_s}. \${cc_2018_08_s}. \${cc_2018_07_s}. \${cc_2018_06_s}. \${cc_2018_05_s}. \${cc_2018_04_s}. \${cc_2018_03_s}. \${cc_2018_02_s}. \${cc_2018_01_s}. Are they correct?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Take picture of contraceptive calendar visual aid</p>	