



PMA2020 Nigeria Round 5 Follow-up Survey Female Questionnaire

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

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

<p>Only method used</p>	<p><input type="radio"/> Surgical procedure <input type="radio"/> Pills called mifepristone or misoprostol, for example Mariprist, Mifepak, Cytotec, Miso-Fem, or Misoclear; also called "mai-so" <input type="radio"/> Pills you take when you have a fever like antibiotics or anti-malarial medicine, for example quinine <input type="radio"/> Emergency contraception pills, for example Postinor <input type="radio"/> Other pills <input type="radio"/> Injection <input type="radio"/> Traditional methods, like herbs <input type="radio"/> Alcohol <input type="radio"/> Salt, potash, maggi, or kanwa</p>
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	<input type="radio"/> Lemon or lime <input type="radio"/> Cough syrup <input type="radio"/> Insert materials into the vagina <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
Only source	<input type="radio"/> Government Hospital <input type="radio"/> Government Health Center <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> TBA/Fieldworker (public) <input type="radio"/> Community event (public) <input type="radio"/> Private hospital/clinic <input type="radio"/> Pharmacy <input type="radio"/> Chemist/PMS Store <input type="radio"/> Private doctor or nurse <input type="radio"/> Mobile clinic (private) <input type="radio"/> TBA/Fieldworker (private) <input type="radio"/> Community event (private) <input type="radio"/> Shop <input type="radio"/> FBO/Church <input type="radio"/> Friend / relative <input type="radio"/> NGO <input type="radio"/> Traditional healer <input type="radio"/> Market / hawking <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
First method used	<input type="radio"/> Surgical procedure <input type="radio"/> Pills called mifepristone or misoprostol, for example Mariprist, Mifepak, Cytotec, Miso-Fem, or Misoclear; also called "mai-so" <input type="radio"/> Pills you take when you have a fever like antibiotics or anti-malarial medicine, for example quinine <input type="radio"/> Emergency contraception pills, for example Postinor <input type="radio"/> Other pills <input type="radio"/> Injection <input type="radio"/> Traditional methods, like herbs <input type="radio"/> Alcohol <input type="radio"/> Salt, potash, maggi, or kanwa <input type="radio"/> Lemon or lime <input type="radio"/> Cough syrup

	<input type="radio"/> Insert materials into the vagina <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
First source	<input type="radio"/> Government Hospital <input type="radio"/> Government Health Center <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> TBA/Fieldworker (public) <input type="radio"/> Community event (public) <input type="radio"/> Private hospital/clinic <input type="radio"/> Pharmacy <input type="radio"/> Chemist/PMS Store <input type="radio"/> Private doctor or nurse <input type="radio"/> Mobile clinic (private) <input type="radio"/> TBA/Fieldworker (private) <input type="radio"/> Community event (private) <input type="radio"/> Shop <input type="radio"/> FBO/Church <input type="radio"/> Friend / relative <input type="radio"/> NGO <input type="radio"/> Traditional healer <input type="radio"/> Market / hawking <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
Last method used	<input type="radio"/> Surgical procedure <input type="radio"/> Pills called mifepristone or misoprostol, for example Mariprist, Mifepak, Cytotec, Miso-Fem, or Misoclear; also called "mai-so" <input type="radio"/> Pills you take when you have a fever like antibiotics or anti-malarial medicine, for example quinine <input type="radio"/> Emergency contraception pills, for example Postinor <input type="radio"/> Other pills <input type="radio"/> Injection <input type="radio"/> Traditional methods, like herbs <input type="radio"/> Alcohol <input type="radio"/> Salt, potash, maggi, or kanwa <input type="radio"/> Lemon or lime <input type="radio"/> Cough syrup <input type="radio"/> Insert materials into the vagina <input type="radio"/> Other

	<input type="radio"/> Do not know <input type="radio"/> No response
Last source	<input type="radio"/> Government Hospital <input type="radio"/> Government Health Center <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> TBA/Fieldworker (public) <input type="radio"/> Community event (public) <input type="radio"/> Private hospital/clinic <input type="radio"/> Pharmacy <input type="radio"/> Chemist/PMS Store <input type="radio"/> Private doctor or nurse <input type="radio"/> Mobile clinic (private) <input type="radio"/> TBA/Fieldworker (private) <input type="radio"/> Community event (private) <input type="radio"/> Shop <input type="radio"/> FBO/Church <input type="radio"/> Friend / relative <input type="radio"/> NGO <input type="radio"/> Traditional healer <input type="radio"/> Market / hawking <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
Number of friends discussed during first survey <i>Enter 0, 1, or 2. Enter their information on the next screen.</i>	

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

	Respondent summary from Round 5
Head of household first name: \${hh_head_prev} Respondent first name: \${first_name_prev} Age: \${age_prev}	
EA name: \${ea_prev} Structure number: \${structure_prev} Household number: \${household_prev}	
What reported in prior round: Pregnancy removal	
What reported in prior round: Period regulation	



Only method: \${only_method_prev_lab} Only source: \${only_source_prev_lab} Year: \${event_year_prev}	
First method: \${first_method_prev_lab} First source: \${first_source_prev_lab} Last method: \${last_method_prev_lab} Last source: \${last_source_prev_lab} Year: \${event_year_prev}	

001a. Are you talking to the correct woman?	<input type="radio"/> Yes <input type="radio"/> No
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002. Your name: \${your_name} Is this your name?	<input type="radio"/> Yes <input type="radio"/> No
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002b. Enter your name below. <i>Please record your name</i>	<input type="text"/>
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003. Current date and time.	Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No

003b. Record the correct date and time.	Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>
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004a. The following information is from the previous female questionnaire. Please review to make sure you are interviewing the correct respondent.	
Enumeration area: \${ea_prev} Structure number: \${structure_prev} Household number: \${household_prev}	
First name: \${first_name_prev} Age: \${age_prev}	
Is the above information correct? If misspelled, select "no" here and update the information. If this is the wrong person, find and interview the person whose name appears above. If this is the wrong person but she is also a respondent, exit and select the correct form from among your list.	<input type="radio"/> Yes <input type="radio"/> No

	Enter corrections
Enumeration area <i>Previous enumeration area: \${ea_prev}</i>	<input type="text"/>
Structure number <i>Previous structure number: \${structure_prev}</i>	<input type="text"/>



Houshold number <i>Previous houshold number: \${household_prev}</i>	<input type="text"/>
First name <i>Previous first name: \${first_name_prev}</i>	<input type="text"/>
Age <i>Previous age: \${age_prev}</i>	<input type="text"/>

004c. Has the respondent moved since Round 5?	<input type="radio"/> No, living in same household <input type="radio"/> Yes, moved within LGA <input type="radio"/> Yes, moved outside LGA, within state <input type="radio"/> Yes, moved outside state <input type="radio"/> Yes, moved outside country <input type="radio"/> Do not know
005. Is the respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
006. Did you interview the respondent in the previous round?	<input type="radio"/> Yes <input type="radio"/> No

INFORMED CONSENT

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

Hello. My name is
and I am working for Center for Research, Evaluation Resources, and Development and the Centre for Advance Medical Research. This study is being conducted by a team of researchers at Performance, Monitoring and Accountability 2020 (PMA2020), based at Johns Hopkins Bloomberg School of Public Health, in partnership with the Center for Research, Evaluation and Resources Development (CRERD).

Purpose: The purpose of this study is to better understand women's pregnancy removal and period regulation experiences in Nigeria. We are interested in women's knowledge about pregnancy removal services, procedures, and safety, their decision-making processes when seeking care, their experiences accessing care, any complications that occur, and any subsequent treatment they receive.

Participation: We invited you to participate in the survey because you participated in the PMA2020 survey last year where you reported a prior pregnancy removal or period regulation and indicated you were willing to be re-contacted for another interview on the topic. The survey will take between 30 and 40 minutes to complete.

Risks: There are no physical risks associated with participation in this study. However, you may be uncomfortable answering some of the questions.

You do not have to answer all of the questions and may stop the interview at any time. With any study, there is a small risk that someone outside the study may see your information, but we will do our best to keep your information private and confidential. If any questions make you uncomfortable and you would like to discuss this with a professional, you will be given a phone number at the end of the interview and our study staff will help you contact someone who will assist you in getting the help you seek.

Benefits: There are no direct benefits associated with participation in this study. However, some participants may feel a sense that they are helping others by being involved in research that will help better understand the reproductive experiences of women, and how to improve their health and well-being. This information will also help us inform the government to better plan health services.

Confidentiality: Your participation in this study and any information you provide will be kept strictly confidential. We will remove your name and any other personally identifiable information before analyzing the data, presenting or publishing results, or sharing data.

Compensation: You will receive a small gift to thank you for your participation.

Voluntary participation: Participation is entirely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question. You can choose not to participate at all or to you can stop the interview at any time. However, we hope that you will participate in this survey since your views and your specific experience are important.

If you have any questions about the study and your right as a research participant, you may ask me now or you may also contact Dr. Elizabeth Omoluobi at Center for Research, Evaluation Resources and Development in Ile-ife, Nigeria at +2348033816486.

At this time, do you want to ask me anything about the survey?

007. Read the consent form and verbal consent text.
Then, ask: May I begin the interview now?

- Yes
- No

<p>008. Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i></p>	<input style="width: 100px; height: 20px;" type="text"/>
<p>Checkbox</p>	<input type="checkbox"/>

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

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

Commented [MB1]: Many questions are duplicated to account for the pregnancy removal/period regulation language. Leave as separate?

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

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

<p>In the prior PMA2020 survey that we conducted in April and May of 2018, you told the interviewer that you had done something to REMOVE A PREGNANCY WHEN YOU WERE PREGNANT OR WORRIED YOU WERE PREGNANT.</p>	
<p>In the prior PMA2020 survey that we conducted in April and May of 2018, you told the interviewer that you had done something to REGULATE YOUR PERIOD AT A TIME WHEN YOU WERE WORRIED YOU WERE PREGNANT.</p>	
<p>100a. You told the interviewer this took place in \${event_year_prev}. Is this correct?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>100b. In what year did this event occur? <i>Enter 2020 if do not know.</i></p>	<p>Year: <input type="text"/></p>
<p>100c. Approximately how long ago did this event occur? <i>Read answers aloud.</i></p>	<p> <input type="radio"/> 1 up to 3 years ago <input type="radio"/> 3 up to 5 years ago <input type="radio"/> 5 or more years ago <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>100d. You told the interviewer you DID MULTIPLE THINGS to try to REMOVE THE PREGNANCY. Is this correct?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>100d. You told the interviewer you DID MULTIPLE THINGS to try to REGULATE YOUR PERIOD. Is this correct?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>

	<input type="radio"/> Do not know <input type="radio"/> No response
100d. You told the interviewer you DID NOT DO MULTIPLE THINGS to try to REMOVE THE PREGNANCY. Is this correct?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
100d. You told the interviewer you DID NOT DO MULTIPLE THINGS to try to REGULATE YOUR PERIOD. Is this correct?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
100e. Did you do multiple things?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
101a. You told the interviewer that you ONLY used \${only_method_prev_lab}. Is this correct?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
101a. You told the interviewer that you FIRST used \${first_method_prev_lab}. Is this correct?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
101b. What was the ONLY method you used?	<input type="radio"/> Surgical procedure <input type="radio"/> Pills called mifepristone or misoprostol, for example Mariprist, Mifepak, Cytotec, Miso-Fem, or Misoclear; also called "mai-so" <input type="radio"/> Pills you take when you have a fever like antibiotics or anti-malarial medicine, for example quinine <input type="radio"/> Emergency contraception pills, for example Postinor <input type="radio"/> Other pills <input type="radio"/> Injection <input type="radio"/> Traditional methods, like herbs <input type="radio"/> Alcohol <input type="radio"/> Salt, potash, maggi, or kanwa <input type="radio"/> Lemon or lime <input type="radio"/> Cough syrup <input type="radio"/> Insert materials into the vagina <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response

<p>101b. What was the FIRST method you used?</p>	<ul style="list-style-type: none"> <input type="radio"/> Surgical procedure <input type="radio"/> Pills called mifepristone or misoprostol, for example Mifepriest, Mifepak, Cytotec, Miso-Fem, or Misoclear; also called "mai-so" <input type="radio"/> Pills you take when you have a fever like antibiotics or anti-malarial medicine, for example quinine <input type="radio"/> Emergency contraception pills, for example Postinor <input type="radio"/> Other pills <input type="radio"/> Injection <input type="radio"/> Traditional methods, like herbs <input type="radio"/> Alcohol <input type="radio"/> Salt, potash, maggi, or kanwa <input type="radio"/> Lemon or lime <input type="radio"/> Cough syrup <input type="radio"/> Insert materials into the vagina <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>101c. You said you took pills. Did you take any of these specific medications? <i>Show pictures of misoprostol and misoprostol/mifepristone packs as well as antibiotics, anti-malarial, EC, and contraceptive medicines. Refer to local brand names as well.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Contraceptive pills <input type="checkbox"/> Emergency contraception <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>Specify "other" <i>You said you took pills. Did you take any of these specific medications?</i></p>	<input style="width: 60px; height: 15px;" type="text"/>
<p>101d. Please describe what you first used in more detail.</p>	<ul style="list-style-type: none"> <input type="radio"/> Injection into arm <input type="radio"/> Injection into area other than arm <input type="radio"/> Drank household cleaning products <input type="radio"/> Drank large amount of alcohol <input type="radio"/> Drank large amount of alcohol in combination with something else <input type="radio"/> Drank or ate herbs or natural products <input type="radio"/> Put herbs or natural products into the vagina <input type="radio"/> Deep massage of abdomen <input type="radio"/> Tried to injure self physically <input type="radio"/> Other (Specify) <input type="radio"/> Do not know <input type="radio"/> No response
<p>Specify "other"</p>	<input style="width: 60px; height: 15px;" type="text"/>

<i>Please describe what you first used in more detail.</i>	
102a. You told the interviewer that you got the <code>#{only_method_lab}</code> from <code>#{only_source_prev_lab}</code> . Is this correct?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
102a. You told the interviewer that you got the <code>#{first_method_lab}</code> from <code>#{first_source_prev_lab}</code> . Is this correct?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
102b. Where did you go to get the <code>#{only_method_lab}</code> ?	<input type="radio"/> Government Hospital <input type="radio"/> Government Health Center <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> TBA/Fieldworker (public) <input type="radio"/> Community event (public) <input type="radio"/> Private hospital/clinic <input type="radio"/> Pharmacy <input type="radio"/> Chemist/PMS Store <input type="radio"/> Private doctor or nurse <input type="radio"/> Mobile clinic (private) <input type="radio"/> TBA/Fieldworker (private) <input type="radio"/> Community event (private) <input type="radio"/> Shop <input type="radio"/> FBO/Church <input type="radio"/> Friend / relative <input type="radio"/> NGO <input type="radio"/> Traditional healer <input type="radio"/> Market / hawking <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
102b. Where did you go to get the <code>#{first_method_lab}</code> ?	<input type="radio"/> Government Hospital <input type="radio"/> Government Health Center <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> TBA/Fieldworker (public) <input type="radio"/> Community event (public) <input type="radio"/> Private hospital/clinic <input type="radio"/> Pharmacy <input type="radio"/> Chemist/PMS Store <input type="radio"/> Private doctor or nurse <input type="radio"/> Mobile clinic (private) <input type="radio"/> TBA/Fieldworker (private) <input type="radio"/> Community event (private)

	<input type="radio"/> Shop <input type="radio"/> FBO/Church <input type="radio"/> Friend / relative <input type="radio"/> NGO <input type="radio"/> Traditional healer <input type="radio"/> Market / hawking <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>103a. You told the interviewer that you LAST used \${last_method_prev_lab}. Is this correct?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>103b. What was the LAST method used?</p>	<input type="radio"/> Surgical procedure <input type="radio"/> Pills called mifepristone or misoprostol, for example Mariprist, Mifepak, Cytotec, Miso-Fem, or Misoclear; also called "mai-so" <input type="radio"/> Pills you take when you have a fever like antibiotics or anti-malarial medicine, for example quinine <input type="radio"/> Emergency contraception pills, for example Postinor <input type="radio"/> Other pills <input type="radio"/> Injection <input type="radio"/> Traditional methods, like herbs <input type="radio"/> Alcohol <input type="radio"/> Salt, potash, maggi, or kanwa <input type="radio"/> Lemon or lime <input type="radio"/> Cough syrup <input type="radio"/> Insert materials into the vagina <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>103c. You said you took pills. Did you take any of these specific medications? <i>Show pictures of misoprostol and misoprostol/mifepristone packs as well as antibiotics, anti-malarial, EC, and contraceptive medicines. Refer to local brand names as well.</i></p>	<input type="checkbox"/> Contraceptive pills <input type="checkbox"/> Emergency contraception <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-malarial <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>Specify "other" <i>You said you took pills. Did you take any of these specific medications?</i></p>	<input type="text"/>

<p>103d. Please describe what you used in more detail.</p>	<ul style="list-style-type: none"> <input type="radio"/> Injection into arm <input type="radio"/> Injection into area other than arm <input type="radio"/> Drank household cleaning products <input type="radio"/> Drank large amount of alcohol <input type="radio"/> Drank large amount of alcohol in combination with something else <input type="radio"/> Drank or ate herbs or natural products <input type="radio"/> Put herbs or natural products into the vagina <input type="radio"/> Deep massage of abdomen <input type="radio"/> Tried to injure self physically <input type="radio"/> Other (Specify) <input type="radio"/> Do not know <input type="radio"/> No response
<p>Specify "other"</p>	<input style="width: 100px; height: 20px;" type="text"/>
<p>104a. You told the interviewer that you got the \${last_method_lab} from \${last_source_prev_lab}. Is this correct?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>104b. Where did you go to get the \${last_method_lab}?</p>	<ul style="list-style-type: none"> <input type="radio"/> Government Hospital <input type="radio"/> Government Health Center <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> TBA/Fieldworker (public) <input type="radio"/> Community event (public) <input type="radio"/> Private hospital/clinic <input type="radio"/> Pharmacy <input type="radio"/> Chemist/PMS Store <input type="radio"/> Private doctor or nurse <input type="radio"/> Mobile clinic (private) <input type="radio"/> TBA/Fieldworker (private) <input type="radio"/> Community event (private) <input type="radio"/> Shop <input type="radio"/> FBO/Church <input type="radio"/> Friend / relative <input type="radio"/> NGO <input type="radio"/> Traditional healer <input type="radio"/> Market / hawking <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>105a. Besides this method, did you do anything else to attempt to REMOVE THE PREGNANCY?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Surgical procedure <input type="checkbox"/> Pills called mifepristone or misoprostol, for example Mariprist, Mifepak, Cytotec, Miso-Fem, or

	<p>Misoclear; also called "mai-so"</p> <p><input type="checkbox"/> Pills you take when you have a fever like antibiotics or anti-malarial medicine, for example quinine</p> <p><input type="checkbox"/> Emergency contraception pills, for example Postinor</p> <p><input type="checkbox"/> Contraceptive pills</p> <p><input type="checkbox"/> Other pills</p> <p><input type="checkbox"/> Injection</p> <p><input type="checkbox"/> Traditional methods, like herbs</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Salt, potash, maggi, or kanwa</p> <p><input type="checkbox"/> Lemon or lime</p> <p><input type="checkbox"/> Cough syrup</p> <p><input type="checkbox"/> Insert materials into the vagina</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> No response</p>
<p>105a. Besides these methods, did you do anything else to attempt to REMOVE THE PREGNANCY?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Surgical procedure</p> <p><input type="checkbox"/> Pills called mifepristone or misoprostol, for example Mariprist, Mifepak, Cytotec, Miso-Fem, or Misoclear; also called "mai-so"</p> <p><input type="checkbox"/> Pills you take when you have a fever like antibiotics or anti-malarial medicine, for example quinine</p> <p><input type="checkbox"/> Emergency contraception pills, for example Postinor</p> <p><input type="checkbox"/> Contraceptive pills</p> <p><input type="checkbox"/> Other pills</p> <p><input type="checkbox"/> Injection</p> <p><input type="checkbox"/> Traditional methods, like herbs</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Salt, potash, maggi, or kanwa</p> <p><input type="checkbox"/> Lemon or lime</p> <p><input type="checkbox"/> Cough syrup</p> <p><input type="checkbox"/> Insert materials into the vagina</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> No response</p>
<p>105a. Besides this method, did you do anything else to attempt to BRING BACK YOUR PERIOD?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Surgical procedure</p> <p><input type="checkbox"/> Pills called mifepristone or misoprostol, for example Mariprist, Mifepak, Cytotec, Miso-Fem, or Misoclear; also called "mai-so"</p> <p><input type="checkbox"/> Pills you take when you have a fever like</p>

	<p>antibiotics or anti-malarial medicine, for example quinine</p> <p><input type="checkbox"/> Emergency contraception pills, for example Postinor</p> <p><input type="checkbox"/> Contraceptive pills</p> <p><input type="checkbox"/> Other pills</p> <p><input type="checkbox"/> Injection</p> <p><input type="checkbox"/> Traditional methods, like herbs</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Salt, potash, maggi, or kanwa</p> <p><input type="checkbox"/> Lemon or lime</p> <p><input type="checkbox"/> Cough syrup</p> <p><input type="checkbox"/> Insert materials into the vagina</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> No response</p>
<p>105a. Besides these methods, did you do anything else to attempt to BRING BACK YOUR PERIOD?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Surgical procedure</p> <p><input type="checkbox"/> Pills called mifepristone or misoprostol, for example Mariprist, Mifepak, Cytotec, Miso-Fem, or Misoclear; also called "mai-so"</p> <p><input type="checkbox"/> Pills you take when you have a fever like antibiotics or anti-malarial medicine, for example quinine</p> <p><input type="checkbox"/> Emergency contraception pills, for example Postinor</p> <p><input type="checkbox"/> Contraceptive pills</p> <p><input type="checkbox"/> Other pills</p> <p><input type="checkbox"/> Injection</p> <p><input type="checkbox"/> Traditional methods, like herbs</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Salt, potash, maggi, or kanwa</p> <p><input type="checkbox"/> Lemon or lime</p> <p><input type="checkbox"/> Cough syrup</p> <p><input type="checkbox"/> Insert materials into the vagina</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> No response</p>

<p>105b. Where did you go to obtain this method?</p>	<p><input type="checkbox"/> Government Hospital</p> <p><input type="checkbox"/> Government Health Center</p> <p><input type="checkbox"/> Family planning clinic</p> <p><input type="checkbox"/> Mobile clinic (public)</p> <p><input type="checkbox"/> TBA/Fieldworker (public)</p> <p><input type="checkbox"/> Community event (public)</p> <p><input type="checkbox"/> Private hospital/clinic</p>
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	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Chemist/PMS Store <input type="checkbox"/> Private doctor or nurse <input type="checkbox"/> Mobile clinic (private) <input type="checkbox"/> TBA/Fieldworker (private) <input type="checkbox"/> Community event (private) <input type="checkbox"/> Shop <input type="checkbox"/> FBO/Church <input type="checkbox"/> Friend / relative <input type="checkbox"/> NGO <input type="checkbox"/> Traditional healer <input type="checkbox"/> Market / hawking <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>105b. Where did you go to obtain these methods?</p>	<input type="checkbox"/> Government Hospital <input type="checkbox"/> Government Health Center <input type="checkbox"/> Family planning clinic <input type="checkbox"/> Mobile clinic (public) <input type="checkbox"/> TBA/Fieldworker (public) <input type="checkbox"/> Community event (public) <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Chemist/PMS Store <input type="checkbox"/> Private doctor or nurse <input type="checkbox"/> Mobile clinic (private) <input type="checkbox"/> TBA/Fieldworker (private) <input type="checkbox"/> Community event (private) <input type="checkbox"/> Shop <input type="checkbox"/> FBO/Church <input type="checkbox"/> Friend / relative <input type="checkbox"/> NGO <input type="checkbox"/> Traditional healer <input type="checkbox"/> Market / hawking <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>Check here to acknowledge you considered all options.</p>	<input type="radio"/>

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

- Very certain
- Somewhat certain
- Not at all certain
- No response

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

<p><i>Read all options aloud. Select all that apply.</i></p>	<p>pregnancy or bring back a period, for example Cytotec, Miso-Fem, Misoclear</p> <p><input type="checkbox"/> Mifepristone with misoprostol pill – two drugs used in combination, where a woman takes one tablet of one drug followed by several tablets of the other drug, for example, Mariprist or Mifepak</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> No response</p>
<p>114. Among the following methods for pregnancy removal or bringing back a period, which ones were you aware of at the time you BROUGHT BACK YOUR PERIOD:</p> <p><i>Read all options aloud. Select all that apply.</i></p>	<p><input type="checkbox"/> Clinical procedure, like D&C, performed in a hospital or other health facility</p> <p><input type="checkbox"/> Misoprostol pill (“mai-so”) – a single drug that a woman can take several tablets of to remove a pregnancy or bring back a period, for example Cytotec, Miso-Fem, Misoclear</p> <p><input type="checkbox"/> Mifepristone with misoprostol pill – two drugs used in combination, where a woman takes one tablet of one drug followed by several tablets of the other drug, for example, Mariprist or Mifepak</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> No response</p>
<p>115. At any point in the process of REMOVING THE PREGNANCY did someone refuse to provide the services or medicines you requested?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>115. At any point in the process of REGULATING YOUR PERIOD did someone refuse to provide the services or medicines you requested?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>116a. Did you talk to any of the following people about the decision to REMOVE THE PREGNANCY?</p> <p><i>Read options aloud. Select all that apply.</i></p>	<p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Partner</p> <p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Mother-in-law</p> <p><input type="checkbox"/> Other female relative</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Other male relative</p> <p><input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Health provider</p> <p><input type="checkbox"/> Traditional healer</p> <p><input type="checkbox"/> Other (Specify)</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> No response</p>
<p>Specify "other"</p> <p>Who ultimately decided that you would do something to REMOVE THE PREGNANCY?</p>	<div style="border: 1px solid black; width: 60px; height: 15px;"></div>

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

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

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

Note: The following questions are about the only source you reported going to, \${only_source_lab}.

Section 2 – Details of Source

Note: The following questions are about the first source you reported going to, \${first_source_lab}.

200. Before deciding to use \${only_method_lab} from \${only_source_lab}, did you seek input or information from any of the following sources: <i>Read options aloud. Select all that apply.</i>	<input type="checkbox"/> Partner <input type="checkbox"/> Family members <input type="checkbox"/> Friends <input type="checkbox"/> Medical provider at a facility
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	<input type="checkbox"/> Community health worker <input type="checkbox"/> Pharmacist/chemist <input type="checkbox"/> Internet <input type="checkbox"/> Hotline (phone numbers) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> No response
Specify "other" <i>Before deciding to use \${only_method_lab} from \${only_source_lab}, did you seek input or information from any of the following sources:</i>	<input type="text"/>
200. Before deciding to use \${first_method_lab} from \${first_source_lab}, did you seek input or information from any of the following sources: <i>Read options aloud. Select all that apply.</i>	<input type="checkbox"/> Partner <input type="checkbox"/> Family members <input type="checkbox"/> Friends <input type="checkbox"/> Medical provider at a facility <input type="checkbox"/> Community health worker <input type="checkbox"/> Pharmacist/chemist <input type="checkbox"/> Internet <input type="checkbox"/> Hotline (phone numbers) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> No response
Specify "other" <i>Before deciding to use \${first_method_lab} from \${first_source_lab}, did you seek input or information from any of the following sources:</i>	<input type="text"/>
201. Was \${first_only_source_lab} the nearest source you knew of that could provide services or medicines to REMOVE A PREGNANCY?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
201. Was \${first_only_source_lab} the nearest source you knew of that could provide services or medicines to REGULATE YOUR PERIOD?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
202. Did any of the following reasons factor into your choice of this source? <i>Read all options aloud. Select all that apply.</i>	<input type="checkbox"/> Cost <input type="checkbox"/> Convenience <input type="checkbox"/> Location <input type="checkbox"/> Privacy / confidentiality <input type="checkbox"/> Method offered <input type="checkbox"/> Recommended <input type="checkbox"/> Provider had good reputation <input type="checkbox"/> Knew provider (personally or through friend/family member) <input type="checkbox"/> Only option knew of nearby <input type="checkbox"/> Other (Specify)

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

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

<p><i>Select do not know if the woman was not involved in the interaction and does not know.</i></p>	<input type="radio"/> Do not know <input type="radio"/> No response
<p>210b. Did the provider and staff treat you with respect during the service?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>210c. Did you feel comfortable communicating your questions if you wanted to?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>210d. Did you receive care or consultation in a space where no one other than the provider could see you?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>210b. Did the provider and staff treat your $\\$(method_who_obtained_lab)$ with respect during the service? <i>Select do not know if the woman was not involved in the interaction and does not know.</i></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>210c. Did your $\\$(method_who_obtained_lab)$ feel comfortable communicating any questions if your $\\$(method_who_obtained_lab)$ wanted to? <i>Select do not know if the woman was not involved in the interaction and does not know.</i></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>210d. Did your $\\$(method_who_obtained_lab)$ receive care or consultation in a space where no one other than the provider could see your $\\$(method_who_obtained_lab)$? <i>Select do not know if the woman was not involved in the interaction and does not know.</i></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>211. Did you have the chance to include a family member or friend with you during your service if desired?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Did not want <input type="radio"/> Do not know <input type="radio"/> No response
<p>212. Were you given a choice of surgery or medication to end the possible pregnancy?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>213. Did the provider:</p>	<input type="checkbox"/> Try to determine how many weeks along the pregnancy was? <input type="checkbox"/> Explain what to expect in a way that was easy to understand? <input type="checkbox"/> Offer something to ease any pain?

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

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

Section 3 – Symptoms and Complications

300. Did you experience no pain, mild pain, or severe pain during the process of REMOVING THE PREGNANCY?	<input type="radio"/> No pain <input type="radio"/> Mild pain <input type="radio"/> Severe pain <input type="radio"/> Do not know <input type="radio"/> No response
300. Did you experience no pain, mild pain, or severe pain during the process of REGULATING YOUR PERIOD?	<input type="radio"/> No pain <input type="radio"/> Mild pain <input type="radio"/> Severe pain <input type="radio"/> Do not know <input type="radio"/> No response

<p>301. Were providers attentive to your pain levels during the service?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>302a. Did you take any pain medications?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>302b. Did the providers or staff give you any pain medication?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>303. Do you feel the providers managed your pain effectively?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>304. Did you experience any of the following problems after using \${first_only_method_lab}: <i>Read all options aloud. Select all that apply.</i></p>	<p> <input type="checkbox"/> The process was not complete <input type="checkbox"/> Little or no bleeding <input type="checkbox"/> Heavy bleeding to the point of feeling dizzy <input type="checkbox"/> Bleeding for more than 3 weeks <input type="checkbox"/> Fever for more than 1 day <input type="checkbox"/> Pain in your belly that did not go away after 3 days <input type="checkbox"/> Severe pain <input type="checkbox"/> Discharge from vagina that smelled bad <input type="checkbox"/> Punctured uterus or other internal injury requiring surgery <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> No response </p>
<p>Specify "other" 304. Did you experience any of the following problems after using \${first_only_method_lab}:</p>	<p><input type="text"/></p>
<p>305. Did you consult anybody about THIS PROBLEM?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>305. Did you consult anybody about THESE PROBLEMS?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>

	<input type="radio"/> Do not know <input type="radio"/> No response
<p>306. Whom did you consult? Anybody else? <i>Read options aloud. Select all that apply.</i></p>	<input type="checkbox"/> Partner <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Doctor/nurse/midwife <input type="checkbox"/> Pharmacist/chemist <input type="checkbox"/> Traditional healer <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>Specify "other" <i>Whom did you consult? Anybody else?</i></p>	<input type="text"/>
<p>307. Did you receive any of the following treatments for these problems? <i>Read options aloud. Select all that apply.</i></p>	<input type="checkbox"/> Additional medicines to complete the process <input type="checkbox"/> Surgery <input type="checkbox"/> Blood transfusion <input type="checkbox"/> Antibiotics <input type="checkbox"/> Pain medication <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>Specify "other" <i>Did you receive any of the following treatments for these problems?</i></p>	<input type="text"/>
<p>308. Where did you receive this treatment? <i>Select all that apply.</i></p>	<input type="checkbox"/> Government Hospital <input type="checkbox"/> Government Health Center <input type="checkbox"/> Family planning clinic <input type="checkbox"/> Mobile clinic (public) <input type="checkbox"/> TBA/Fieldworker (public) <input type="checkbox"/> Community event (public) <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Chemist/PMS Store <input type="checkbox"/> Private doctor or nurse <input type="checkbox"/> Mobile clinic (private) <input type="checkbox"/> TBA/Fieldworker (private) <input type="checkbox"/> Community event (private) <input type="checkbox"/> Shop <input type="checkbox"/> FBO/Church <input type="checkbox"/> Friend / relative <input type="checkbox"/> NGO <input type="checkbox"/> Traditional healer <input type="checkbox"/> Market / hawking

-
- Other
 - Do not know
 - No response

Section 4 – Contraceptive Use

401a. Immediately before this event, were you or your partner using anything to avoid or delay getting pregnant?

- Yes
- No
- Do not know
- No response

401b. What method were you using? Anything else?
Select all that apply.

- Female sterilization
- Male sterilization
- Implant
- IUD
- Injectables
- Pill
- Emergency Contraception
- Male condom
- Female condom
- Diaphragm
- Foam/Jelly
- Standard Days/Cycle beads
- LAM
- Rhythm method
- Withdrawal
- Other traditional method
- No response

402. Now I will read a list of situations that describe some people. Tell me which of the following describes your situation at the time you became pregnant:

Read all options aloud. Select all that apply.

- Wanted to become pregnant
- Did not need contraception because did not have regular sex
- Did not think could become pregnant
- Did not know where to get contraception
- Contraception was too expensive
- Contraception was difficult to access
- Partner or others did not want me to use contraception
- Did not want to use contraception
- Fear of contraceptive side effects that had heard about from others
- Fear of contraceptive side effects that had previously experienced
- Other (Specify)
- No response

Specify "other"

Which of the following best describes your situation at the time you became pregnant:

<p>403. At the time you became pregnant, had you or your partner considered using a contraceptive method to avoid or delay pregnancy?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>403b. At the time you became pregnant, had you and your partner been trying to avoid having sex on certain days of the month when you were most at risk of becoming pregnant?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>404a. In the process of REMOVING THE PREGNANCY, did you want to talk with anyone about using contraception?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>404a. In the process of BRINGING BACK YOUR PERIOD, did you want to talk with anyone about using contraception?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>404b. Did anyone talk to you about using contraception?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>405. Who discussed using contraception with you? <i>Probe to determine location if she reports a provider type that could be at many locations.</i></p>	<p> <input type="checkbox"/> Government Hospital <input type="checkbox"/> Government Health Center <input type="checkbox"/> Family planning clinic <input type="checkbox"/> Mobile clinic (public) <input type="checkbox"/> TBA/Fieldworker (public) <input type="checkbox"/> Community event (public) <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Chemist/PMS Store <input type="checkbox"/> Private doctor or nurse <input type="checkbox"/> Mobile clinic (private) <input type="checkbox"/> TBA/Fieldworker (private) <input type="checkbox"/> Community event (private) <input type="checkbox"/> Shop <input type="checkbox"/> FBO/Church <input type="checkbox"/> Friend / relative <input type="checkbox"/> NGO <input type="checkbox"/> Traditional healer <input type="checkbox"/> Market / hawking <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response </p>

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

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

Section 5 – Abortion Preferences

501. Thinking about this PREGNANCY REMOVAL, which of the following aspects of care could have been improved: <i>Read all options aloud. Select all that apply.</i>	<input type="checkbox"/> Cost <input type="checkbox"/> Distance <input type="checkbox"/> How long it took to receive service <input type="checkbox"/> Privacy <input type="checkbox"/> Cleanliness (if facility) <input type="checkbox"/> How provider treated you <input type="checkbox"/> Your knowledge of method options before
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	<p>service</p> <ul style="list-style-type: none"> <input type="checkbox"/> Explanation of process at time of service <input type="checkbox"/> Method effectiveness <input type="checkbox"/> Method safety <input type="checkbox"/> Level of pain <input type="checkbox"/> Side effects (other than pain) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Nothing - was fully satisfied with process <input type="checkbox"/> No response
<p>501. Thinking about this PERIOD REGULATION, which of the following aspects of care could have been improved: <i>Read all options aloud. Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Cost <input type="checkbox"/> Distance <input type="checkbox"/> How long it took to receive service <input type="checkbox"/> Privacy <input type="checkbox"/> Cleanliness (if facility) <input type="checkbox"/> How provider treated you <input type="checkbox"/> Your knowledge of method options before service <input type="checkbox"/> Explanation of process at time of service <input type="checkbox"/> Method effectiveness <input type="checkbox"/> Method safety <input type="checkbox"/> Level of pain <input type="checkbox"/> Side effects (other than pain) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Nothing - was fully satisfied with process <input type="checkbox"/> No response
<p>Specify "other" <i>Thinking about this PREGNANCY REMOVAL / PERIOD REGULATION, which of the following aspects of care could have been improved:</i></p>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<p>502a. Beyond those aspects of care, would it have improved your experience if you had better support from your: <i>Read all options aloud. Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Partner <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> None of the above <input type="checkbox"/> No response
<p>502b. Is this because you received enough support from these people?</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>503. Although you used \${first_only_method_lab}, was there another method you would have preferred to use?</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>504. What would be your preferred method?</p>	<ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Surgical procedure

	<input type="radio"/> Pills called mifepristone or misoprostol, for example Mifepriest, Mifepak, Cytotec, Miso-Fem, or Misoclear; also called "mai-so" <input type="radio"/> Pills you take when you have a fever like antibiotics or anti-malarial medicine, for example quinine <input type="radio"/> Emergency contraception pills, for example Postinor <input type="radio"/> Contraceptive pills <input type="radio"/> Other pills <input type="radio"/> Injection <input type="radio"/> Traditional methods, like herbs <input type="radio"/> Alcohol <input type="radio"/> Salt, potash, maggi, or kanwa <input type="radio"/> Lemon or lime <input type="radio"/> Cough syrup <input type="radio"/> Insert materials into the vagina <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
Specify "other" <i>What would be your preferred method?</i>	<input type="text"/>
505a. Although you used $\$(first_only_source_lab)$, was there another source you would have preferred to use?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
505b. What would be your preferred source?	<input type="radio"/> Government Hospital <input type="radio"/> Government Health Center <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> TBA/Fieldworker (public) <input type="radio"/> Community event (public) <input type="radio"/> Private hospital/clinic <input type="radio"/> Pharmacy <input type="radio"/> Chemist/PMS Store <input type="radio"/> Private doctor or nurse <input type="radio"/> Mobile clinic (private) <input type="radio"/> TBA/Fieldworker (private) <input type="radio"/> Community event (private) <input type="radio"/> Shop <input type="radio"/> FBO/Church <input type="radio"/> Friend / relative <input type="radio"/> NGO <input type="radio"/> Traditional healer <input type="radio"/> Market / hawking <input type="radio"/> Other

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

	<input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
Specify "other" <i>At the time of the pregnancy we have been discussing, what prevented you from USING THIS METHOD / GOING TO THIS SOURCE / USING THIS METHOD AND SOURCE?</i>	<input style="width: 60px; height: 15px;" type="text"/>

Section 6 – Pregnancy Removal versus Period Regulation

601. Some women describe ending a pregnancy as a pregnancy removal while others talk about bringing back their periods when they think they are pregnant. Do you view these experiences as the same or different?	<input type="radio"/> Same <input type="radio"/> Different <input type="radio"/> Do not know <input type="radio"/> No response
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602. Which of the following situations would you consider to be removing a pregnancy: <i>Read response options aloud. Select all that apply.</i>	<input type="checkbox"/> Taking a pill within a couple days of unprotected sex <input type="checkbox"/> Taking pills after missing one or two periods without pregnancy confirmation <input type="checkbox"/> Having a surgery after missing one or two periods without pregnancy confirmation <input type="checkbox"/> Taking pills when a woman is sure she is early in a pregnancy <input type="checkbox"/> Having a surgery when a woman is sure she is early in a pregnancy <input type="checkbox"/> Taking pills when the pregnancy has been confirmed <input type="checkbox"/> Having a surgery when the pregnancy has been confirmed <input type="checkbox"/> Taking pills after a miscarriage <input type="checkbox"/> Having a surgery after a miscarriage <input type="checkbox"/> None of the above <input type="checkbox"/> No response
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603. Which of the following situations would you consider to be regulating a period: <i>Read response options aloud. Select all that apply.</i>	<input type="checkbox"/> Taking a pill within a couple days of unprotected sex <input type="checkbox"/> Taking pills after missing one or two periods without pregnancy confirmation <input type="checkbox"/> Having a surgery after missing one or two periods without pregnancy confirmation <input type="checkbox"/> Taking pills when a woman is sure she is early in a pregnancy <input type="checkbox"/> Having a surgery when a woman is sure she is early in a pregnancy <input type="checkbox"/> Taking pills when the pregnancy has been confirmed <input type="checkbox"/> Having a surgery when the pregnancy has been confirmed
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	<input type="checkbox"/> Taking pills after a miscarriage <input type="checkbox"/> Having a surgery after a miscarriage <input type="checkbox"/> None of the above <input type="checkbox"/> No response
604. At the time you REMOVED THE PREGNANCY were you in a situation where you intentionally ended the pregnancy or did it end naturally?	<input type="radio"/> Intentionally ended <input type="radio"/> Miscarriage <input type="radio"/> No response

Section 7 – Abortion Law

701. Is there a law on abortion in Nigeria?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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702. Are there currently any situations when it is legal to have an abortion in Nigeria?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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703. In your opinion, in which of the following situations should a woman be able to obtain an abortion in Nigeria? <i>Read response options aloud. Select all that apply.</i>	<input type="checkbox"/> If continuing the pregnancy puts the woman's life at risk <input type="checkbox"/> In cases of rape <input type="checkbox"/> In cases of incest <input type="checkbox"/> If her physical health is at risk <input type="checkbox"/> If her mental health is at risk <input type="checkbox"/> If the pregnancy is not developing properly and would not result in a healthy birth <input type="checkbox"/> If she is too poor to feed another child <input type="checkbox"/> If her husband is not supportive of having another child <input type="checkbox"/> If she is not married <input type="checkbox"/> If she already has many children <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> No response
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Specify "other" <i>In your opinion, in which of the following situations should a woman be able to obtain an abortion in Nigeria?</i>	<input type="text"/>
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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>	
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<p>096a. Result of attempted phone contact</p>	<p> <input type="radio"/> No phone number provided <input type="radio"/> Made contact with respondent <input type="radio"/> Did not make contact with respondent </p>
<p>096b. How many times have you visited this household to interview this female respondent? <i>Enter 0 if reached respondent using the phone number she provided and she is not eligible for interview because moved too far away or is unwilling to participate.</i></p>	<p> <input type="radio"/> 0 times <input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time </p>
<p>097. In what language was this interview conducted?</p>	<p> <input type="radio"/> English <input type="radio"/> Hausa <input type="radio"/> Igbo <input type="radio"/> Yoruba <input type="radio"/> Pidgin <input type="radio"/> Other </p>
<p>098. Questionnaire result <i>Record the result of the female respondent survey</i></p>	<p> <input type="radio"/> Completed <input type="radio"/> Not at home <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Incapacitated <input type="radio"/> Died <input type="radio"/> Could not find respondent or get information on her whereabouts <input type="radio"/> Said did not have pregnancy removal/period regulation <input type="radio"/> Moved out of state or to distant LGA <input type="radio"/> Moved out of country <input type="radio"/> Other (Specify) </p>
<p>Specify "other" <i>Questionnaire result</i></p>	<input type="text"/>