

PMA India (Rajasthan) Phase 2 Survey Female Questionnaire

001a. Are you in the correct household?	<input type="radio"/> Yes <input type="radio"/> No
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001a. Are you in the correct household	<input type="radio"/> Yes <input type="radio"/> No
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002. Your ID:	
Is this your ID?	<input type="radio"/> Yes <input type="radio"/> No

002. Enter your ID below.	
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003a. Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
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003b. Record the correct date and time.	Jour:	Mois:	Année:
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004a. The following info is from the household questionnaire. Please review to make sure you are interviewing the correct respondent.	
004a. The following info is what you provided previously. Please review.	
District:	
Tehsil / Taluk:	
City / Town / Village: \${level3_unlinked}	
Enumeration Area: \${EA_unlinked}	
Structure number:	
Household number:	
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><input type="radio"/> Yes <input type="radio"/> No</p>
<p>006. Is the respondent present and available to be interviewed today?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>007. How well acquainted are you with the respondent?</p>	<p><input type="radio"/> Very well acquainted <input type="radio"/> Well acquainted <input type="radio"/> Not well acquainted <input type="radio"/> Not acquainted</p>
<p>INFORMED CONSENT</p>	
<p>Namaskar! My name is and I am working for the Indian Institute of Health Management Research University Jaipur. I belong to this/nearby village. The Indian Institute of Health Management Research in collaboration with the School of Public Health at Johns Hopkins University in the United States are conducting a study named PMA (Performance Monitoring for Action). We are conducting a local survey that asks women about migration, women girl empowerment, employment, and reproductive health issues, including knowledge, attitudes, and use of contraception. The result would help to identify gaps in family planning and health services that affect regular availability and quality of information, services, and products. This survey is conducted across Rajasthan.</p> <p>We are asking you to participate in this study because you have participated in a survey that we conducted last year and indicated that you would be willing to participate in a follow-up study. Although you previously consented to follow-up, you still have the right to decide not to participate at any time and your refusal will have no repercussions on you. However, we would be very grateful for your participation in the study, as the information we will collect will help inform the government to better plan health services. There is no physical risk associated with participating in this survey; however, some participants may experience distress in sharing information on personal and sometimes sensitive topics. If you agree to take part in this study, it will not benefit you directly. However, we believe that information gathered in</p>	

this study will help us and other groups like us to develop programs that will improve the lives of men and women in communities in Rajasthan and across India, thus we hope that you would take part in this survey.

Whatever information you provide will be kept confidential and only fully de-identified data will be used when conducting analyses, presenting results, or sharing data. We will never use your name while analyzing the data. The tracking sheet and the database with your responses will be kept on password-protected computers and on a secure server.

Participation in this study is entirely voluntary. If you do not wish to answer any question, feel free to inform me and I would skip to the next question. You can choose not to participate at all or to end the interview at any point. The survey usually takes between 30-40 minutes to complete. 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. Anoop Khanna at IIHMR University, in Jaipur, Rajasthan at +91-141-3924738.

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From every enumeration area, 35 households have been randomly selected. Your house was one of those households selected. We are asking you to

participate in this study because you are a woman between 15 and 49 years old. Have already asked questions regarding your household and entered the information on my Smartphone. Now, I would like to ask other questions to women in the household who are between 15 and 49 years old.

Though we would very much appreciate your participation in the survey, your refusal to take part in this survey will have no repercussions on you. Information provided by you would help us inform the government to better plan health services. There is no physical risk associated with participating in this survey; however, some participants may experience distress in sharing information on personal and sometimes sensitive topics. If you agree to take part in this study, it will not benefit you directly. However, we believe that information gathered in this study will help us and other groups like us to develop programs that will improve the lives of men and women in communities in Rajasthan and across India, thus we hope that you would take part in this survey.

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From every enumeration area, 35 households have been randomly selected. Your house was one of those households selected. We are asking you to participate in this study because you are a woman between 15 and 19 years old. Have already asked questions regarding your household and entered the information on my Smartphone. Now, I would like to ask other questions to women in the household who are between 15 and 19 years old.

Though we would very much appreciate your participation in the survey, your refusal to take part in this survey will have no repercussions on you. Information provided by you would help us inform the government to better plan health services. There is no physical risk associated with participating in this survey; however, some participants may experience distress in sharing information on personal and sometimes sensitive topics. If you agree to take part in this study, it will not benefit you directly. However, we believe that information gathered in this study will help us and other groups like us to develop programs that will improve the lives of men and women in communities in Rajasthan and across India, thus we hope that you would take part in this survey.

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008a. Provide a paper copy of the Consent Form to the respondent and read it.

Then, ask: May I begin the interview now?

Yes
 No

008b. Respondent's signature	
Checkbox	<input type="checkbox"/>

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.

009. Interviewer's ID:

009. Interviewer's ID

Please record your ID as a witness to the consent process. You previously entered "\${your_name_text}."

010. Respondent's first name.

011. Was this woman interviewed in Phase 1?
 Yes
 No

Section 1 – Respondent's Background, Marital Status, Employment, and Migration

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

101. In what month and year were you born?	
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The age in the household roster is \${hq_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:	

102. How old were you at your last birthday?	
Age in the Household Roster: \${hq_age}	
Phase 1 Birthday: \${p1_fq_birthdate}	

WARNING: The age you entered for 102 is \${age}, which makes her ineligible for interview. She must be at least 15 years old and not more than 49 years old.

If that age is not correct, go back to the previous screen and enter the correct age.

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?	<input type="radio"/> Yes <input type="radio"/> No
Phase 1 age: \${p1_age} Age from this questionnaire: \${age}	

103. Have you attended school in the past 12 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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<p>104. What is the highest level of school you attended?</p>	<p><input type="radio"/> Never attended <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Higher secondary <input type="radio"/> Graduate and above <input type="radio"/> No response</p>
<p>105. What is the highest GRADE you completed at that level?</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 <input type="radio"/> Illness <input type="radio"/> Other <input type="radio"/> No response</p>
<p>108. Are you currently enrolled in any training program?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>

<p>109. Are you currently married or living together with a man as if married?</p>	<p> <input type="radio"/> Yes, currently married <input type="radio"/> Yes, married, gauna not performed <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 </p>
<p>110. What is the highest level of schooling your husband/partner attended, attended, no schooling, primary, secondary, or higher?</p>	<p> <input type="radio"/> Never attended <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Higher secondary <input type="radio"/> Graduate and above <input type="radio"/> No response </p>
<p>PL_101. Did you start living with your current husband / partner in past 12 months?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>111. How much were you involved in the decision to get married – very much, not very much or not at all?</p>	<p> <input type="radio"/> Very much <input type="radio"/> Not very much <input type="radio"/> Not at all <input type="radio"/> No response </p>
<p>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?</p>	<p> <input type="radio"/> Very much <input type="radio"/> Not very much <input type="radio"/> Not at all <input type="radio"/> No response </p>
<p>113. Have you ever had a partner / boyfriend?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>XS_102. How old were you the first time you had a boyfriend or partner?</p>	
<p>114. Do you currently have a boyfriend or partner?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>XS_103. How many times have you been married or lived with a man as if married?</p>	
<p>XS_104. In what month and year did you start living with your FIRST husband / partner?</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:	

<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.</p> <p>Did you enter XS_104 correctly?</p>	<input type="radio"/> Yes <input type="radio"/> No
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<p>115. Now I would like to ask about when you started living with your CURRENT husband / partner. In what month was that?</p>	
<p>115. Now I would like to ask about when you started living with your CURRENT/MOST RECENT husband / partner. In what month and year was that?</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:	
<p>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.</p> <p>Did you enter 115 correctly?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>LCL_101. Does your husband / partner have other wives or does he live with other women as if married?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>XS_105. How long have you been living continuously in $\\${level3}$?</p>	
<p>XS_106. How long have you been living continuously in this particular house / structure?</p>	
<p>116. In the last 12 months, for how many nights have you slept away from your community?</p> <p>PROBE: Community is the area where you are currently living</p>	
<p>117. In the last 12 months, for how many nights has your husband/partner slept away from your community?</p> <p>PROBE: Community is the area where you are currently living</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?</p> <p>PROBE: This does not include land owned only by your husband.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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</p> <p><input type="radio"/> Less</p> <p><input type="radio"/> Same</p> <p><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</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>EMP_6. Did you take part in any of these activities over the past 30 days?</p>	<p><input type="checkbox"/> Agricultural work</p> <p><input type="checkbox"/> Raising poultry / livestock</p> <p><input type="checkbox"/> Producing ghee / cheese / butter</p> <p><input type="checkbox"/> Collecting fuel / wood-cutting</p> <p><input type="checkbox"/> Preparing food</p> <p><input type="checkbox"/> Sewing / embroidery / crocheting</p> <p><input type="checkbox"/> Producing straw products / carpets / textile / ropes</p> <p><input type="checkbox"/> Offering services for others in a house, shop, or hotel</p> <p><input type="checkbox"/> Independent paid work</p> <p><input type="checkbox"/> Buying / selling goods in the market / the street / at home</p> <p><input type="checkbox"/> Helping in construction work</p> <p><input type="checkbox"/> Learning a skill</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> No response</p>

Section 2 – Reproduction, Pregnancy & Fertility Preferences

<p>201. Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>202. How many times have you given birth?</p>	
<p>Note: This respondent reported in Phase 1 that she has given birth.</p>	

PL_201. Have you had any births since
\${p1_survey_date_lab}?

- Yes
- No
- No response

PL_202. When was that birth?	
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:	

XS_201. When was your FIRST birth?	
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:	

XS_202. When was your MOST RECENT birth?	
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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:	

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
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R	
XS_204. When was that birth?	
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:	

XS_205. Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth since $\{\{cc_start_date_lab\}\}$?

- Yes
- No
- No response

XS_206. When did that pregnancy end?	
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:	

PL_203. Have you had a pregnancy that miscarried, was aborted, or ended in a stillbirth since $\{\{p1_survey_date_lab\}\}$?

- Yes
- No
- No response

PL_204. When did that pregnancy end?	
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:	

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}	
205. When did your last menstrual period start?	<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?	<input type="radio"/> Yes <input type="radio"/> No
205. Enter \${menstrual_period_lab}	
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?	<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?	<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.	

<p>At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any more children at all?</p>	<p><input type="radio"/> Then <input type="radio"/> Later <input type="radio"/> Not at all <input type="radio"/> No response</p>
<p>At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any children at all?</p>	<p><input type="radio"/> Then <input type="radio"/> Later <input type="radio"/> Not at all <input type="radio"/> No response</p>
<p>207a. Before you became pregnant with your last birth, which best describes your situation?</p>	<p><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</p>
<p>207b. Before you became pregnant with your current pregnancy, which best describes your situation?</p>	<p><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</p>
<p>Now I have some questions about the future.</p>	
<p>208a. Would you like to have a child or would you prefer not to have any children?</p>	<p><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</p>
<p>208a. Would you like to have another child or would you prefer not to have any more children?</p>	<p><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</p>
<p>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?</p>	<p><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</p>

<p>209a. How long would you like to wait from now before the birth of a child?</p>	<p> <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 </p>
<p>209a. How long would you like to wait from now before the birth of another child?</p>	<p> <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 </p>
<p>209b. After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p> <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 </p>
<p>209c. Enter the number of $\{waitchild\}$ you would like to wait:</p>	
<p>210a. When you found out you were pregnant, how did you feel?</p>	<p> <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>
<p>210b. If you got pregnant now, how would you feel?</p>	<p> <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>
<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>

Section 3 – Contraception

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

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

<p>301a. Have you ever heard of female sterilization?</p> <p>PROBE: Women can have an operation to avoid having any more children.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301b. Have you ever heard of male sterilization?</p> <p>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?</p> <p>PROBE: Women can have one or several small rods placed in her upper arm by a doctor or nurse, which can prevent pregnancy for one or more years.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301d. Have you ever heard of the IUD?</p> <p>PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301e. Have you ever heard of injectables?</p> <p>PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301h. Have you ever heard of the (birth control) pill?</p> <p>PROBE: Women can take a pill every day to avoid becoming pregnant.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>

<p>301i. Have you ever heard of emergency contraception?</p> <p>PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within five days to prevent pregnancy.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>301j. Have you ever heard of male condoms?</p> <p>PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>301k. Have you ever heard of female condoms?</p> <p>PROBE: Women can put a sheath in their vagina before sexual intercourse.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>301n. Have you ever heard of the standard days method or Cycle Beads?</p> <p>PROBE: A Woman can use a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she and her partner use a condom or do not have sexual intercourse.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>301p. Have you ever heard of the rhythm method?</p> <p>PROBE: Women can avoid pregnancy by not having sexual intercourse on the days of the month they think they can get pregnant.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>301q. Have you ever heard of the withdrawal method?</p> <p>PROBE: Men can be careful and pull out before climax.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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</p> <p><input type="radio"/> No</p> <p><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?</p>	<p><input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD / PPIUD / PAIUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male condom / nirodh <input type="checkbox"/> Female condom <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_300. Have you ever been sterilized?</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 \${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>	<p><input type="radio"/> Govt./Municipal Hospital <input type="radio"/> Govt. Dispensary</p>

	<ul style="list-style-type: none"> <input type="radio"/> UFWC/UHC/UHP <input type="radio"/> CHC/Rural Hospital/PHC <input type="radio"/> Sub-Centre/ANM <input type="radio"/> Govt. Mobile clinic <input type="radio"/> Camp <input type="radio"/> Anganwadi/ICDS Centre <input type="radio"/> ASHA <input type="radio"/> Other Community-Based Worker <input type="radio"/> NGO or Trust Hospital/Clinic <input type="radio"/> Pvt hospital <input type="radio"/> Pvt. Doctor/Clinic <input type="radio"/> Pvt. Mobile Clinic <input type="radio"/> Vaidya/Hakim/Homeopath (Ayush) <input type="radio"/> Traditional Healer <input type="radio"/> Pharmacy/Drugstore <input type="radio"/> Dai (TBA) <input type="radio"/> Shop <input type="radio"/> Friend / parent / relative <input type="radio"/> Community event <input type="radio"/> Other <input type="radio"/> Do not 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.</p> <p>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.</p>	<ul style="list-style-type: none"> <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> No response

<p>PROBE: This question is specifically about your feelings.</p>	
<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>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>311. Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<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 / PPIUD / PAIUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom / nirodh <input type="radio"/> Female condom <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>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</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

decision to delay or avoid pregnancy with your husband/partner?	<input type="radio"/> Do not know <input type="radio"/> No response
316. Before you started using family planning, had you discussed the decision to delay or avoid pregnancy with your husband/partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
317. Would you say that using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together?	<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

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:	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"/>

319. Since what month and year have you been using \${current_method_label} without stopping?	
319. Since what month and year have you been using family planning without stopping?	

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:	

<p>320. You first started using \${current_method_label} on \${start_date_lab}.</p> <p>Where did you or your partner get it at that time?</p>	<input type="radio"/> Govt./Municipal Hospital <input type="radio"/> Govt. Dispensary <input type="radio"/> UFWC/UHC/UHP <input type="radio"/> CHC/Rural Hospital/PHC <input type="radio"/> Sub-Centre/ANM <input type="radio"/> Govt. Mobile clinic <input type="radio"/> Camp <input type="radio"/> Anganwadi/ICDS Centre <input type="radio"/> ASHA <input type="radio"/> Other Community-Based Worker <input type="radio"/> NGO or Trust Hospital/Clinic <input type="radio"/> Pvt hospital <input type="radio"/> Pvt. Doctor/Clinic <input type="radio"/> Pvt. Mobile Clinic <input type="radio"/> Vaidya/Hakim/Homeopath (Ayush) <input type="radio"/> Traditional Healer <input type="radio"/> Pharmacy/Drugstore <input type="radio"/> Dai (TBA) <input type="radio"/> Shop <input type="radio"/> Friend / parent / relative <input type="radio"/> Community event <input type="radio"/> Other
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	<input type="radio"/> Do not know <input type="radio"/> No response
<p>320. Where did you or your partner get \${current_method_label} when you first started using it?</p>	<input type="radio"/> Govt./Municipal Hospital <input type="radio"/> Govt. Dispensary <input type="radio"/> UFWC/UHC/UHP <input type="radio"/> CHC/Rural Hospital/PHC <input type="radio"/> Sub-Centre/ANM <input type="radio"/> Govt. Mobile clinic <input type="radio"/> Camp <input type="radio"/> Anganwadi/ICDS Centre <input type="radio"/> ASHA <input type="radio"/> Other Community-Based Worker <input type="radio"/> NGO or Trust Hospital/Clinic <input type="radio"/> Pvt hospital <input type="radio"/> Pvt. Doctor/Clinic <input type="radio"/> Pvt. Mobile Clinic <input type="radio"/> Vaidya/Hakim/Homeopath (Ayush) <input type="radio"/> Traditional Healer <input type="radio"/> Pharmacy/Drugstore <input type="radio"/> Dai (TBA) <input type="radio"/> Shop <input type="radio"/> Friend / parent / relative <input type="radio"/> Community event <input type="radio"/> Other <input type="radio"/> Do not 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>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>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

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

	<input type="radio"/> IUD / PPIUD / PAIUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom / nirodh <input type="radio"/> Female condom <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>334. Have you ever done anything or tried in any way to delay or avoid getting pregnant?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>XS_301. How old were you when you first used a method to delay or avoid getting pregnant?</p> <p>The respondent said she was $\{age\}$ years old at her last birthday.</p>	
<p>Check: You entered that the respondent first used family planning at the age of $\{age_at_first_use\}$. Is that what she said?</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>335. How many living children did you have at that time, if any?</p> <p>Note: the respondent said that she gave birth $\{birth_events\}$ times in 202.</p>	
<p>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?</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>336. Have you used emergency contraception at any time in the last 12 months?</p> <p>PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within five days to prevent pregnancy.</p>	<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.	
<p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>PROBE: Any other reason?</p>	<input type="checkbox"/> Not married <input type="checkbox"/> Infrequent sex / Not having sex <input type="checkbox"/> Menopausal / Hysterectomy <input type="checkbox"/> Subfecund / Infecund <input type="checkbox"/> Not menstruated since last birth <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Husband away for multiple days <input type="checkbox"/> Up to God / fatalistic <input type="checkbox"/> Respondent opposed <input type="checkbox"/> Husband / partner opposed <input type="checkbox"/> Others opposed <input type="checkbox"/> Religious prohibition <input type="checkbox"/> Knows no method <input type="checkbox"/> Knows no source <input type="checkbox"/> Fear of side effects <input type="checkbox"/> Health concerns <input type="checkbox"/> Lack of access / too far <input type="checkbox"/> Costs too much <input type="checkbox"/> Preferred method not available <input type="checkbox"/> No method available <input type="checkbox"/> Inconvenient to use <input type="checkbox"/> Interferes with body's processes <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

COV_8. Can you tell me if any of the following Coronavirus (COVID-19) related reasons contribute

Healthcare facility or doctor's office closed, appointment not possible, services not available

to why you are not using a method to prevent pregnancy?	<input type="checkbox"/> Desired product(s) not available <input type="checkbox"/> Unable to access services because of government restrictions on movement <input type="checkbox"/> Fear of being infected with COVID-19 at healthcare facilities <input type="checkbox"/> Other <input type="checkbox"/> None of the above <input type="checkbox"/> 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?	<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
339. In the last 12 months, were you visited by a community health worker who talked to you about family planning?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
340. In the last 12 months, have you visited a health facility or camp for care for yourself?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
340. In the last 12 months, have you visited a health facility or camp for care for yourself or your children?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
341. Did any staff member at the health facility speak to you about family planning methods?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

342. In the last 12 months have you:	1	0	-99
342a. Heard about family planning on the radio?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
342b. Seen anything about family planning on the television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
342c. Read about family planning in a newspaper or magazine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
342d. Received a voice or text message about family planning on a mobile phone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
342e. Seen anything on social media about family planning that is Facebook, Viber, Twitter, WhatsApp or others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADL_1. Have you ever been taught about family planning?	<input type="radio"/> Yes, in the last 12 months <input type="radio"/> Yes, but not in the last 12 months <input type="radio"/> No <input type="radio"/> No response
ADL_2. Where or from whom were you taught about family planning?	<input type="checkbox"/> School-based programs <input type="checkbox"/> Community-based programs <input type="checkbox"/> Mass media campaigns <input type="checkbox"/> Social Media campaigns <input type="checkbox"/> Health worker/provider <input type="checkbox"/> Other <input type="checkbox"/> No response
ADL_3. Which program did you find most informative?	<input type="radio"/> School-based programs <input type="radio"/> Community-based programs <input type="radio"/> Mass media campaigns <input type="radio"/> Social Media campaigns <input type="radio"/> Health worker/provider <input type="radio"/> Other <input type="radio"/> No response

ADL_4. Which of the following statements are true about the information you received through this program/campaign?			
	1	0	-99
a. The information addressed most of your questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The information was too complicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You wish there could be more information about FP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

343. People have different opinions about family planning. In your community, would you say most people, some people or few people have the following opinions about family planning:				
	1	2	3	-99
343a. Adolescents who use family planning are promiscuous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
343b. Using family planning preserves a woman's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
343c. Family planning is only for women who are married.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
343d. Women who use family planning can better support their children's schooling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

343e. 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"/>
343f. People who use family planning have a better quality of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

344. Now, we would now like to know about your personal opinions about these issues. Do you strongly agree, agree, disagree, strongly disagree with the following statements?					
	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	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
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- Ayushman Bharat
- Health insurance through government Employer ESIS/CGHS etc

347. What type of health insurance do you have?

RECORD ALL MENTIONED

- Health insurance through private employer
- Bhamashah
- Chiranjeevi Yojana (Jan Aadhar)
- Other privately purchased commercial health insurance
- Other
- Do not know
- No response

Section 4 – Sexual Activity

Check for the presence of others. Before continuing, make every effort to ensure privacy.

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

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.	

402. Looking back to the first time you had sexual intercourse, do you think you would have preferred to: have waited longer before having sex with anyone, not have waited so long, or was it the right time?

- Waited longer
- Not have waited so long
- It was the right time
- 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?

- Equally willing
- Respondent more willing
- Partner more willing
- No response

404. Which of these applied to you at the first time you had sex?	<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	
	<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}.	
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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 / PPIUD / PAIUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom / nirodh <input type="radio"/> Female condom
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	<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?			
	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"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (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"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3)

	<input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
<p>503a. There could be conflict in my relationship/marriage if I use family planning.</p>	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
<p>503b. There will be conflict in my relationship/marriage if I use family planning.</p>	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
<p>504. If I use family planning, my children may not be born normal.</p>	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
<p>505. If I use family planning, my body may experience side effects that will disrupt my relations with my husband/partner.</p>	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
<p>WGE_2. I can decide to switch from one family planning method to another if I want to.</p>	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response

<p>WGE_3. I feel confident telling my provider what is important for me when selecting a family planning method.</p>	<p> <input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>WGE_4. I feel confident discussing family planning with my husband/partner.</p>	<p> <input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>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.</p>	
<p>WGE_5a. I want to complete my education before I have a child.</p>	<p> <input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>WGE_5b. I wanted to complete my education before I had a child.</p>	<p> <input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>WGE_6. If I rest between pregnancies, I can take better care of my family.</p>	<p> <input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) </p>

	<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"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (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"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (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"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (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"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (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"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (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"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4)

- Strongly agree (5)
- Do not know
- 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.

COV_9. How concerned are you about getting infected with Coronavirus (COVID-19) yourself?

- Very concerned
- Concerned
- A little concerned
- Not concerned
- I was infected with Coronavirus (COVID-19)
- No response

COV_10. During the last 12 months, how much of a loss of income did your household experience?

- None
- Complete
- Partial
- No response

COV_11. Was the income loss resulting from Coronavirus (COVID-19) restrictions?

- Yes
- No
- Do not know
- No response

COV_12. Has your household income recovered partially or fully in the past 4 weeks?

- Yes, partially recovered
- Yes, fully Recovered
- Not recovered
- Do not know
- No response

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?

- Yes
- No
- Do not know
- No response

COV_14. During the past 4 weeks, how often did this happen?

- Rarely (1-2 times)
- Sometimes (3-10 times)
- Often (more than 10 times)
- Do not know
- No response

<p>COV_15. During the past 4 weeks, did you want to visit a health facility for any of the following services?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Family planning 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"/> Emergency services <input type="checkbox"/> General health services <input type="checkbox"/> Other <input type="checkbox"/> Did not want to access a health facility <input type="checkbox"/> No response
<p>COV_16. During the past 4 weeks, did you experience any of the following difficulties in accessing healthcare services?</p>	<ul style="list-style-type: none"> <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
<p>COV_17. Did you successfully access the health services you needed?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>COV_18. Did you stop or interrupt your contraceptive use at any time due to Coronavirus (COVID-19) restrictions?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

Section 7 – Confidantes

<p>ADL_5. Now I want to ask some questions about your female friends. How many close female friends do you have in Rajasthan who are between the ages of 15 and 19?</p>	
<p>ADL_6. Please picture your closest female friend in Rajasthan who is between the ages of 15 and 19. For ease of referencing this friend, please provide a fake name.</p>	

ADL_7. How old was \${ADL_friend} at her last birthday?	
ADL_8. Has \${ADL_friend} attended school in the past 12 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
ADL_9. What is the highest level of school \${ADL_friend} attended?	<input type="radio"/> Never attended <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Higher secondary <input type="radio"/> Graduate and above <input type="radio"/> No response
ADL_10. Aside from her own housework, has she done any work in the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ADL_11a. Does she live in the same area as you do?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ADL_11b. Does she live in a city, a town, or in a rural area?	<input type="radio"/> City <input type="radio"/> Town <input type="radio"/> Rural <input type="radio"/> No response
ADL_12. Has she ever had a partner / boyfriend?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ADL_13. Has \${ADL_friend} ever had sexual intercourse?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ADL_14. How old was \${ADL_friend} when she first had sexual intercourse? NOTE: \${ADL_friend} current age: \${ADL_friend_age}	

<p>ADL_15. The first time your friend had sexual intercourse, would you say she and her partner were equally willing to have sexual intercourse or was one more willing than the other?</p>	<p><input type="radio"/> Equally willing <input type="radio"/> Friend more willing <input type="radio"/> Partner more willing <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ADL_16. Is \${ADL_friend} currently married or living together with a man?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>ADL_17. Has \${ADL_friend} even been pregnant?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ADL_18. At the time that she last became pregnant, did she want to become pregnant then, did she want to wait until later, or did she not want to have a child at all?</p>	<p><input type="radio"/> Then <input type="radio"/> Later <input type="radio"/> Not at all <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ADL_19. Does \${ADL_friend} have children?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ADL_20. Does \${ADL_friend} intend to have children in the next year?</p>	<p><input type="radio"/> Currently Pregnant <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ADL_21. Has \${ADL_friend} ever used family planning (that is, has she ever done something or is she currently using any method to delay or avoid getting pregnant)?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ADL_22. Is she or her 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"/> Do not know <input type="radio"/> No response</p>

	<p><input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant</p>
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ADL_23. What method is she or her partner using?	<input type="checkbox"/> IUD / PPIUD / PAIUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male condom / nirodh <input type="checkbox"/> Female condom <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
Check here to acknowledge you considered all options.	<input type="radio"/>

Follow-up Consent

<p>801. Thank you for the time you have kindly granted us.</p> <p>Would you be willing to participate in another survey one year from now?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>802. Do you have access to a phone?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>803a. Can I have your primary phone number in case we would like to follow up with you in the future?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>803b. What is your primary phone number?</p>	
<p>803c. Can you repeat the number again?</p>	
<p>803d. Is this your personal phone number?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>804a. Can I have your secondary phone number in case we would like to follow up with you in the future?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

804b. What is your secondary phone number?	
804c. Can you repeat the number again?	
804d. Is this your personal phone number?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
805. Is \${firstname_raw} the name you go by in your household?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
806. What is the name you go by in your household?	
807. Is \${firstname_raw} the name you go by in your community?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
808. What is the name you go by in your community?	
Thank the respondent for her time.	
Thank you.	

Location and Questionnaire result

095. Location	
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"/> Hindi <input type="radio"/> Other
098. Questionnaire Result	<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 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.	
CALENDAR: Add a "termination" annotation next to the month $\{\{panel_preg_end\}\}$ 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
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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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<p>Enter Value August 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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<p>Enter Value July 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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<p>Enter Value June 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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<p>Enter Value March 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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<p>Enter Value February 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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<p>Enter Value January 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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly

	<ul style="list-style-type: none"> <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 <input type="radio"/> -99. No response (method not specified)
<p>Enter Value October 2020</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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<p>Enter Value September 2020</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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
Please verify your inputs for 2020. Are they correct?	<input type="radio"/> Yes <input type="radio"/> No

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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
Enter Value November 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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill

	<ul style="list-style-type: none"> <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception

	<ul style="list-style-type: none"> <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<p>Enter Value August 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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<p>Enter Value July 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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh

	<ul style="list-style-type: none"> <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <input type="radio"/> 10. Female Condom

	<ul style="list-style-type: none"> <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<p>Enter Value March 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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm

	<ul style="list-style-type: none"> <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 <input type="radio"/> -99. No response (method not specified)
<p>Enter Value February 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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
<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 / PPIUD / PAIUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male condom / nirodh <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 <input type="radio"/> -99. No response (method not specified)
Please verify your inputs for 2019. 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
<p>Enter Value October 2021</p>	<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 September 2021</p>	<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 August 2021</p>	<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 July 2021</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 2021</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 2021</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 April 2021</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

	<ul style="list-style-type: none"> <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 2021</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 2021</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 January 2021</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
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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
<p>Enter Value September 2020</p>	<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 August 2020</p>	<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 July 2020</p>	<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 2020</p>	<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 2020</p>	<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 April 2020</p>	<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 2020</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 2020</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 January 2020</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>2019: ENTER VALUE FROM COL. 2</p>	

<p>Enter Value December 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 November 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 October 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 September 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

	<ul style="list-style-type: none"> <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 August 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 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>	<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 April 2019</p>	<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>	<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 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 January 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

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?

- Yes
- No

<p>Please verify your inputs for 2020. Compare with your paper aide.</p> <p>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}.</p> <p>Are they correct?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Please verify your inputs for 2019. Compare with your paper aide.</p> <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}.</p> <p>Are they correct?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Take picture of contraceptive calendar visual aid</p>	