

PMA Kenya Phase 3 Survey Female Questionnaire

<p>READ THIS WARNING: This female questionnaire is not linked to a household questionnaire. ONLY continue if there is no linked female questionnaire under the "Edit Saved Form" Menu.</p>	
<p>Press OK to continue</p>	<p><input type="radio"/> OK</p>

<p>Did you check the Edit Saved forms menu for a linked female questionnaire?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Provide your signature to acknowledge that there is no linked female questionnaire.</p>	<input style="width: 100%;" type="text"/>
<p>Close and exit this form without saving. Look for a linked female questionnaire through the 'Edit Saved Forms' Menu.</p>	<input style="width: 100%;" type="text"/>

<p>County:</p>	<input style="width: 100%;" type="text"/>
<p>District:</p>	<input style="width: 100%;" type="text"/>
<p>Division:</p>	<input style="width: 100%;" type="text"/>
<p>Location:</p>	<input style="width: 100%;" type="text"/>
<p>Enumeration Area:</p>	<input style="width: 100%;" type="text"/>
<p>Structure number:</p>	<input style="width: 100%;" type="text"/>
<p>Household number:</p>	<input style="width: 100%;" type="text"/>

<p>001a. Are you in the correct household? EA: \${EA_nice} Household head: \${HQ_ODK_display_name} Structure #: \${structure} Household #: \${household}</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>001a. Are you in the correct household? EA: \${EA_nice} Household head: \${HQ_ODK_display_name}</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

<p>002a. Your name:</p>	<input style="width: 100%;" type="text"/>
<p>Is this your name?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

<p>002a. Enter your name below. <i>Please record your name</i></p>	<input style="width: 100%;" type="text"/>
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003a. Is this date and time correct? \${today_formatted}	<input type="radio"/> Yes <input type="radio"/> No
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003b. Record the correct date and time.	Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>
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004a. The following info is from the household questionnaire. Please review to make sure you are interviewing the correct respondent.	
004a. The following info is what you provided previously. Please review.	
County: \${level1_unlinked}	<input type="text"/>
District: \${level2_unlinked}	<input type="text"/>
Division: \${level3_unlinked}	<input type="text"/>
Location: \${level4_unlinked}	<input type="text"/>
Enumeration Area: \${EA_unlinked}	<input type="text"/>
Structure number: \${structure_unlinked}\${hq_structure}	
Household number: \${household_unlinked}\${hq_household}	
004a. Is the above information correct?	<input type="radio"/> Yes <input type="radio"/> No

005. CHECK: You should be attempting to interview \${firstname}. Is that correct? <i>If misspelled, select "yes" and update the name in question "010." If this is the wrong person, you have two options: (1) exit and ignore changes to this form. Open the correct form. Or (2) find and interview the person whose name appears above.</i>	<input type="radio"/> Yes <input type="radio"/> No
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006. Is the respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
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007. How well acquainted are you with the respondent?	<input type="radio"/> Very well acquainted <input type="radio"/> Well acquainted <input type="radio"/> Not well acquainted <input type="radio"/> Not acquainted
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INFORMED CONSENT

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

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 <i>Please ask the respondent to sign or check the box in agreement of their participation.</i>	<input type="text"/>
Checkbox	<input type="radio"/>

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.
You may go back to obtain a signature or check the box or you should go back to the previous question to indicate the respondent does not want to be interviewed.

009. Interviewer's name: \${your_name}
Mark your name as a witness to the consent process.

009. Interviewer's name
Please record your name as a witness to the consent process.
You previously entered "\${your_name_text}."

010. Respondent's first name: \${firstname_raw_auto}
Did you want to update the respondent's first name?
You may correct the spelling here if it is not correct, but you must be interviewing the person whose name appears.

Yes
 No

010. Respondent's first name:

011. Was this woman interviewed in ANY previous survey?
Check your list of panel women

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? 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:	Year: <input type="text"/>

102. How old were you at your last birthday? Age in the Household Roster: \${hq_age} <i>Must be more than 14. Must agree with 101.</i>	
Previous 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 102, the respondent's age is more than 1 year different than she answered during the previous annual survey. Did you enter 102 correctly? Previous age: \${p1_age} Age from this questionnaire: \${age}	<input type="radio"/> Yes <input type="radio"/> No
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102c. In general, would you say your health is very good, good, moderate, bad, or very bad?	<input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Moderate <input type="radio"/> Bad <input type="radio"/> Very bad <input type="radio"/> No response
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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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104. What is the highest level of school you attended? <i>Only record formal schooling. Do not record bible or koranic school or short courses.</i>	<input type="radio"/> Never Attended <input type="radio"/> Primary <input type="radio"/> Post-Primary/Vocational <input type="radio"/> Secondary/'A' Level <input type="radio"/> College (Middle Level) <input type="radio"/> University <input type="radio"/> No response
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105. What is the highest [GRADE/ FORM / STANDARD / YEAR] you completed at that level? <i>Enter -99 for no response.</i>	
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XS_101. How old were you when you left school?	
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<p>107. What was the main reason you stopped attending school?</p>	<ul style="list-style-type: none"> <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>108. Are you currently enrolled in any training program?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>109. Are you currently married or living together with a man as if married? <i>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Yes, currently married <input type="radio"/> Yes, living with a man <input type="radio"/> Not currently in union: Divorced / separated <input type="radio"/> Not currently in union: Widow <input type="radio"/> No, never in union <input type="radio"/> No response
<p>110. What is the highest level of schooling your husband/partner attended?</p>	<ul style="list-style-type: none"> <input type="radio"/> Never Attended <input type="radio"/> Primary <input type="radio"/> Post-Primary/Vocational <input type="radio"/> Secondary/'A' Level <input type="radio"/> College (Middle Level) <input type="radio"/> University <input type="radio"/> Do not know <input type="radio"/> No response
<p>PL_101. Did you start living with your current husband / partner in past 12 months?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>XS_102a. How much were you involved in the decision to get married – very much, not very much or not at all?</p>	<ul style="list-style-type: none"> <input type="radio"/> Very much <input type="radio"/> Not very much <input type="radio"/> Not at all <input type="radio"/> No response
<p>XS_102b. 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>	<ul style="list-style-type: none"> <input type="radio"/> Very much <input type="radio"/> Not very much <input type="radio"/> Not at all <input type="radio"/> No response

113. Have you ever had a partner / boyfriend?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
XS_102. How old were you the first time you had a boyfriend or partner?	
114. Do you currently have a boyfriend or partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

INF_1. In what month and year did you begin this relationship? Select 'Do not know' for month and '2030' for year to indicate 'No response'.	
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: <i>Year should be between 1980 and today. Use 2030 for 'no response'</i>	

XS_103. How many times have you been married or lived with a man as if married?
Enter -99 for no response.

XS_104. In what month and year did you start living with your FIRST husband / partner? Select 'Do not know' for month and '2030' for year to indicate 'No Response'.	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November

	<input type="radio"/> December <input type="radio"/> Do not know
Year:	Year: <input type="text"/>

Date cannot be in the future.

You entered: \${husband_cohabit_start_first_lab} Today: \${today}

Date of first living with husband/partner cannot be before respondent's birth. You entered:
\${husband_cohabit_start_first_lab}

Respondent's birth: \${birthdate_lab}

Date of first living with husband/partner cannot be before respondent's birth. You entered: \${hcf_y_lab}

Respondent's birth: \${birthdate_lab}

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.

- Yes
 No

Did you enter XS_104 correctly?

<p>115. Now I would like to ask about when you started living with your CURRENT husband / partner. In what month was that? Select 'Do not know' for month to indicate 'No Response'.</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? Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</p>	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year: <input type="text"/>

Date cannot be in the future.

You entered: \${husband_cohabit_start_cur_lab} Today: \${today}

Date of living with current / most recent husband/partner cannot be before respondent's birth. You entered:
\${husband_cohabit_start_cur_lab}

Respondent's birth: \${birthdate_lab}	
Date of living with current / most recent husband/partner cannot be before respondent's birth. You entered: \${hcr_y_lab}	
Respondent's birth: \${birthdate_lab}	
Date of living with current / most recent husband/partner cannot be before date respondent started living with first partner. You entered: \${husband_cohabit_start_cur_lab}	
Date started living with first partner: \${husband_cohabit_start_first_lab}	
Year of living with current / most recent husband/partner cannot be before year respondent started living with first partner. You entered: \${hcr_y_lab}	
Year started living with first partner: \${hcf_y_lab}	
115a. CHECK: Based on the response you entered in 115, the respondent was possibly 15 years old or younger at the time of her current or most recent marriage. Did you enter 115 correctly?	<input type="radio"/> Yes <input type="radio"/> No
LCL_101. Does your husband / partner have other wives or does he live with other women as if married?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
XS_105. How long have you been living continuously in [NAME OF CURRENT PLACE OF RESIDENCE]? <i>Enter answer in years.</i> <i>Enter 0 if less than 1 year. Enter -95 for always. Enter -96 for visitor.</i> <i>Enter -99 for no response.</i>	
XS_106. How long have you been living continuously in this particular house / structure? <i>Enter answer in years.</i> <i>Enter 0 if less than 1 year. Enter -95 for always. Enter -96 for visitor.</i> <i>Enter -99 for no response.</i>	
116. In the last 12 months, for how many nights have you slept away from your community? PROBE: Community is the area where you are currently living <i>Enter -99 for no response.</i>	
117. In the last 12 months, for how many nights has your husband/partner slept away from your community? PROBE: Community is the area where you are currently living <i>Enter -99 for no response.</i>	
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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
119. Aside from your own housework, have you done any work in the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

<p>120. Are you paid in cash or kind for this work or are you not paid at all?</p>	<p><input type="radio"/> Cash <input type="radio"/> Cash and kind <input type="radio"/> In-kind <input type="radio"/> Not paid <input type="radio"/> No response</p>
<p>121. Who usually makes decisions about making large household purchases: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>
<p>122. Who usually makes decisions about making household purchases for daily needs: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>
<p>123. Who usually makes decisions about getting medical treatment for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>
<p>EMP_1. Who usually makes decisions about buying clothes for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>
<p>EMP_2. Who usually makes decisions about how your earnings will be used: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>
<p>EMP_3. Who usually makes decisions about how your husband/partner's earnings will be used: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>
<p>EMP_4. Do you own any land, either jointly or by yourself? PROBE: This does not include land owned only by your husband.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>EMP_5. Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?</p>	<p><input type="radio"/> More <input type="radio"/> Less <input type="radio"/> Same <input type="radio"/> No response</p>

EMP_6. In the last 30 days, did you take part in any of these activities?

Read each option aloud and select if yes.

- Agricultural work
- Raising poultry / livestock
- Producing ghee / cheese / butter
- Collecting fuel / wood-cutting
- Preparing food
- Sewing / embroidery / crocheting
- Producing straw products / carpets / textile / ropes
- Offering services for others in a house, shop, or hotel
- Independent paid work
- Buying / selling goods in the market / the street / at home
- Helping in construction work
- Learning a skill
- None of the above
- No response

FIN_1. Do you currently have any savings for the future, such as a bank account, savings group, or cash?

- Yes
- No
- No response

FIN_2. Do you currently have any mobile money accounts (e.g. Mpesa or M-Shwari)?

- Yes
- No
- No response

124. Do you have a way of accessing the internet?

- Yes
- No
- No response

125. How often do you access the internet?

- Daily
- A few times per week
- A few times per month
- Less than once per month
- Not at all
- No response

126. What devices do you use to access the internet?

Read all options aloud and select all that apply

- Mobile phone
- Laptop or desktop computer
- Tablet
- Other
- No response

127. When you use the internet, how often are you able to use it privately?

- Always
- Sometimes
- Rarely
- Never
- No response

Section 2 – Reproduction, Pregnancy & Fertility Preferences

201. Now I would like to ask about all the births you have had during your life. Have you ever given birth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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202. How many times have you given birth? <i>Enter -99 for no response.</i>	
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Note: This respondent reported in a previous annual survey that she has given birth.

PL_201. Have you had any births since \${p1_survey_date_lab}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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PL_202. When was that birth? <i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i> CALENDAR: Enter the birth and duration of pregnancy in the calendar.	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year: <input style="width: 100px;" type="text"/>

Date cannot be in the future.
You entered: \${panel_birth_lab} Today: \${today}

First birth cannot be before respondent was 10 years of age. You entered: \${panel_birth_lab}
Respondent's birth date: \${birthdate_lab}

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

XS_201. When was your FIRST birth? <i>Please record the date of the first live birth. Date should be found by calculating forward or backward from memorable events if needed.</i> <i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i> CALENDAR: If the birth was after \${cc_start_date_lab} enter the birth and duration of pregnancy in the calendar.
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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:	Year: <input style="width: 100px;" type="text"/>

Date cannot be in the future.

You entered: \${first_birch_lab} Today: \${today}

First birth cannot be before respondent was 10 years of age. You entered: \${first_birch_lab}

Respondent's birth date: \${birthdate_lab}

CALENDAR: Add a "birth" annotation next to the month \${first_birch_lab} in the contraceptive calendar paper aid and enter the duration of the pregnancy.

<p>XS_202. When was your MOST RECENT birth? <i>Please record the date of the first live birth. Date should be found by calculating forward or backward from memorable events if needed.</i> <i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i> CALENDAR: If the birth was after \${cc_start_date_lab} enter the birth and duration of pregnancy in the calendar.</p>	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year: <input style="width: 100px;" type="text"/>

Date cannot be in the future.

You entered: \${recent_birth_lab} Today: \${today}

Date of most recent birth cannot be before respondent was 10 years of age. You entered: \${recent_birth_lab}
Respondent's birth date: \${birthdate_lab}

Date of most recent birth must be at least 6 months after the first birth. You entered: \${recent_birth_lab}
First birth: \${first_birth_lab}

Year of most recent birth cannot be before first birth. You entered: \${rb_y_lab}
Year of first birth: \${fb_y_lab}

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

XS_203. Have you had any other births since
\${cc_start_date_lab}?

- Yes
- No
- No response

<p>XS_204. When was that birth? <i>Please record the date of the MOST RECENT live birth. The date should be found by calculating backwards from memorable events if needed.</i> <i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i> CALENDAR: Enter the birth and duration of pregnancy in the calendar.</p>	
<p>Month:</p>	<ul style="list-style-type: none"> <input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
<p>Year:</p>	<p>Year: <input style="width: 100px;" type="text"/></p>

XS_204 ERROR

Go back and correct entry.

Entry must be no earlier than: \${cc_start_date_lab} Date entered: \${other_birth_lab}

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

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

- Yes
- No
- No response

<p>XS_206. When did that pregnancy end? <i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i> CALENDAR: Enter the termination and duration of pregnancy in the calendar.</p>	
<p>Month:</p>	<p> <input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know </p>
<p>Year:</p>	<p>Year: <input type="text"/></p>

XS_206 ERROR

Go back and correct entry.

Entry must be no earlier than: \${cc_start_date_lab} Date entered: \${pregnancy_end_lab}

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

<p>PL_203. Have you had a pregnancy that miscarried, was aborted, or ended in a stillbirth since \${p1_survey_date_lab}?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
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<p>PL_204. When did that pregnancy end? <i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i> CALENDAR: Enter the termination and duration of pregnancy in the calendar.</p>	
<p>Month:</p>	<p> <input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know </p>

Year: <input style="width: 90%;" type="text"/>	Year: <input style="width: 90%;" type="text"/>
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CALENDAR: Add a "termination" annotation next to the month $\{\{panel_preg_end_lab\}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.

203. Are you pregnant now?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/> No response
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204. How many months pregnant are you?	
The most recent birth was: $\{\{rec_birth_date\}$	
<i>Please record the number of completed months. Enter -88 for do not know, -99 for No response.</i> CALENDAR: Enter number of months pregnant in the calendar.	

Add a "pregnant" annotation next to the current date $\{\{today_ym\}$ in the contraceptive calendar paper aid.

Add a "pregnant" annotation next to the most recent $\{\{months_pregnant\}$ months, including in $\{\{today_ym\}$, in the contraceptive calendar paper aid.

205. When did your last menstrual period start? <i>If you select days, weeks, months, or years, you will enter a number for X on the next screen. Enter 0 days for today, not 0 weeks/months/years.</i>	<input type="radio"/> X days ago <input type="radio"/> X weeks ago <input type="radio"/> X months ago <input type="radio"/> X years ago <input type="radio"/> Menopausal / Hysterectomy <input type="radio"/> Before last birth <input type="radio"/> Never menstruated <input type="radio"/> No response
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You entered "Never menstruated" in 205 but the respondent indicates she previously gave birth. Is that what she said? <i>If no, return to the previous screen and change the response.</i>	<input type="radio"/> Yes <input type="radio"/> No
---	---

205. Enter $\{\{menstrual_period_lab\}$ <i>Enter 0 days for today, not 0 weeks/months/years.</i>	
---	--

You entered that the respondent is $\{\{months_pregnant\}$ months pregnant, but she said her last menstrual period started $\{\{menstrual_period_value\}$ ($\{\{menstrual_period_lab\}$) ago. Is that what she said? <i>If no, return to the previous screen and change the response.</i>	<input type="radio"/> Yes <input type="radio"/> No
---	---

You entered "Never menstruated" in 205 but 203 indicates that the respondent is pregnant currently. Is that what she said? <i>If no, return to the previous screen and change the response.</i>	<input type="radio"/> Yes <input type="radio"/> No
--	---

INF_2. Have you had a procedure to remove the uterus?	<input type="radio"/> Yes <input type="radio"/> No
---	---

	<input type="radio"/> Do not know <input type="radio"/> No response
INF_3. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
INF_4. Is this just before her period begins, during her period, right after her period has ended, halfway between two periods?	<input type="radio"/> Just before her period begins <input type="radio"/> During her period <input type="radio"/> Right after her period has ended <input type="radio"/> Halfway between two periods <input type="radio"/> All days are equal <input type="radio"/> Do not know <input type="radio"/> No response
206a. Now I would like to ask a question about your last birth. 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?	<input type="radio"/> Then <input type="radio"/> Later <input type="radio"/> Not at all <input type="radio"/> No response
206b. Now I would like to ask a question about your current pregnancy. At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any children at all?	<input type="radio"/> Then <input type="radio"/> Later <input type="radio"/> Not at all <input type="radio"/> No response
207a. Before you became pregnant with your last birth, which best describes your situation? <i>Read response options and select one</i>	<input type="radio"/> You and your partner had agreed for you to get pregnant <input type="radio"/> You and your partner had discussed having children together but had not agreed for you to get pregnant <input type="radio"/> You and your partner had never discussed having children together <input type="radio"/> No response
207b. Before you became pregnant with your current pregnancy, which best describes your situation? <i>Read response options and select one</i>	<input type="radio"/> You and your partner had agreed for you to get pregnant <input type="radio"/> You and your partner had discussed having children together but had not agreed for you to get pregnant <input type="radio"/> You and your partner had never discussed having children together <input type="radio"/> No response

Now I have some questions about the future.

<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? <i>If you select months or years, you will enter a number for X on the next screen.</i> <i>Select "Years" if more than 36 months.</i> <i>Please check that you correctly entered the value for months/years.</i></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? <i>If you select months or years, you will enter a number for X on the next screen.</i> <i>Select "Years" if more than 36 months.</i> <i>Please check that you correctly entered the value for months/years.</i></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? <i>If you select months or years, you will enter a number for X on the next screen.</i> <i>Select "Years" if more than 36 months.</i> <i>Please check that you correctly entered the value for months/years.</i></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>INF_5. Are you currently trying to become pregnant?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>INF_6. How long have you been trying to become pregnant?</p>	<p><input type="radio"/> X months <input type="radio"/> X years</p>

<p>Probe: 'Do not know' or 'No response', probe to confirm if trying for more than 1 year. <i>If you select months or years, you will enter a number for X on the next screen.</i> <i>Select "Years" if more than 36 months.</i> <i>Please check that you correctly entered the value for months/years.</i></p>	<p><input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>INF_6a. Enter the number of \${preg_trying_lab} you have been trying to get pregnant:</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>

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? PROBE: Women can have an operation to avoid having any more children.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301b. Have you ever heard of male sterilization? PROBE: Men can have an operation to avoid having any more children.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301c. Have you ever heard of the contraceptive implant? PROBE: Women can have one or several small rods placed in her upper arm by a doctor or nurse, which can prevent pregnancy for one or more years. [implant_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301d. Have you ever heard of the IUD? PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse. [IUD_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>

<p>301e. Have you ever heard of injectables? PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. [sayana_depo_150x300.jpg]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301f. Have you heard that there is a type of injectable that you can inject yourself? [sayana_only.jpg]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301g. From whom did you hear about it?</p>	<p><input type="radio"/> Provider <input type="radio"/> Community health worker <input type="radio"/> Pharmacist <input type="radio"/> Friend <input type="radio"/> Husband/partner <input type="radio"/> Other family member <input type="radio"/> Radio/TV <input type="radio"/> Books/Magazine <input type="radio"/> Advertisement/Flyer <input type="radio"/> Other <input type="radio"/> No response</p>
<p>301g2. Would your partner be supportive of you using an injection at home?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>301h. Have you ever heard of the (birth control) pill? PROBE: Women can take a pill every day to avoid becoming pregnant. [pill_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301i. Have you ever heard of emergency contraception? PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within five days to prevent pregnancy.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301j. Have you ever heard of male condoms? PROBE: Men can put a rubber sheath on their penis before sexual intercourse. [male_condom_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301k. Have you ever heard of female condoms? PROBE: Women can put a sheath in their vagina before sexual intercourse. [female_condom_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301l. Have you ever heard of the diaphragm? PROBE: Women can place a thin flexible disk in their vagina before sexual intercourse. [diaphragm_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301m. Have you ever heard of foam or jelly as a contraceptive method? PROBE: Women can place a suppository, jelly, or cream in their vagina before sexual intercourse to prevent pregnancy.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>

[spermicide_150x300.png]	
<p>301n. Have you ever heard of the standard days method or Cycle Beads? PROBE: A Woman can use a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she and her partner use a condom or do not have sexual intercourse. [SDM-beads_only.png]</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>301o. Have you ever heard of the Lactational Amenorrhea Method or LAM?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>301p. Have you ever heard of the rhythm method? PROBE: Women can avoid pregnancy by not having sexual intercourse on the days of the month they think they can get pregnant.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>301q. Have you ever heard of the withdrawal method? PROBE: Men can be careful and pull out before climax.</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>301r. Have you ever heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>302. Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<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>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>304. Which method or methods are you using? PROBE: Anything else? <i>Select all methods mentioned. SCROLL TO THE BOTTOM to see all choices.</i></p>	<input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> Diaphragm <input type="checkbox"/> Foam/Jelly <input type="checkbox"/> Standard Days/Cycle beads <input type="checkbox"/> LAM <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other traditional method <input type="checkbox"/> No response

Check here to acknowledge you considered all options.	<input type="radio"/>
LCL_301. PROBE: Was the injection administered via syringe or small needle? <i>Show the image to the respondent.</i> [sayana_depo_150x300.jpg]	<input type="radio"/> Syringe <input type="radio"/> Small needle (Sayana Press) <input type="radio"/> No response
LCL_302. Who administered the injection?	<input type="radio"/> Self <input type="radio"/> Partner/husband <input type="radio"/> Other family/friend <input type="radio"/> Doctor/nurse/midwife <input type="radio"/> Pharmacist/Drug shop employee <input type="radio"/> CHW <input type="radio"/> Another user I know <input type="radio"/> No response
304a. Do you like your \${current_method_label}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
305. Does your husband/partner know that you are using \${current_method_label}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
305. Does your husband/partner know that you are using family planning?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
305a. Did you talk with your husband/partner about using your \${current_method_label} before you started using, after you started using, or you have not talked about it?	<input type="radio"/> Before using <input type="radio"/> After using <input type="radio"/> Has not talked to him <input type="radio"/> No response
305a. Did you talk with your husband/partner about using your family planning method before you started using, after you started using, or you have not talked about it?	<input type="radio"/> Before using <input type="radio"/> After using <input type="radio"/> Has not talked to him <input type="radio"/> No response
LCL_303. Did the provider tell you or your partner that this method was permanent?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
306. If you needed family planning, where would you go?	<input type="radio"/> Govt. Hospital / polyclinic <input type="radio"/> Govt. Health Center <input type="radio"/> Govt. Dispensary <input type="radio"/> Other Public <input type="radio"/> Private Hospital/Clinic <input type="radio"/> Pharmacy/Chemist <input type="radio"/> Nursing/Maternity Home <input type="radio"/> Faith-based, church, mission

	<p>hospital/clinic</p> <p><input type="radio"/> Family options/FHOK clinic</p> <p><input type="radio"/> Other private medical sector</p> <p><input type="radio"/> Shop</p> <p><input type="radio"/> Mobile clinic</p> <p><input type="radio"/> Community-based distributor</p> <p><input type="radio"/> Community health volunteer/CHV</p> <p><input type="radio"/> Community event</p> <p><input type="radio"/> Friend/relative</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Response</p>
<p>307. Why would you choose this location?</p>	<p><input type="checkbox"/> Close to home</p> <p><input type="checkbox"/> Discreet location</p> <p><input type="checkbox"/> Know confidentiality will be respected</p> <p><input type="checkbox"/> Have the method that I want</p> <p><input type="checkbox"/> Providers have a good reputation</p> <p><input type="checkbox"/> Recommend by friend/relative</p> <p><input type="checkbox"/> Method available for low cost/free</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> No response</p>
<p>308. Please tell me if you agree or disagree with the following statement: I would feel too shy or embarrassed to get family planning at a clinic, health center or physician's office if needed. PROBE: This question is specifically about your feelings.</p>	<p><input type="radio"/> Agree</p> <p><input type="radio"/> Disagree</p> <p><input type="radio"/> No response</p>
<p>309. Please tell me if you agree or disagree with the following statement: I would feel too shy or embarrassed to get family planning at the pharmacy or chemist if needed. PROBE: This question is specifically about your feelings.</p>	<p><input type="radio"/> Agree</p> <p><input type="radio"/> Disagree</p> <p><input type="radio"/> No response</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</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><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</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><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</p> <p><input type="radio"/> X years</p> <p><input type="radio"/> Soon/now</p> <p><input type="radio"/> After the birth of this child</p>

	<input type="radio"/> Do not know <input type="radio"/> No response
Enter \${fp_start_lab}:	
313. What method do you think you will use?	<input type="radio"/> Female sterilization <input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Diaphragm <input type="radio"/> Foam/Jelly <input type="radio"/> Standard Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional method <input type="radio"/> No response
314. Who would you prefer to have administer the injectable? <i>Read all options</i>	<input type="radio"/> Health professional <input type="radio"/> Self <input type="radio"/> Partner/friend/family <input type="radio"/> Do not know <input type="radio"/> No response
315. Would your husband/partner be supportive of you using family planning?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
316. Before you started using \${current_method_label}, 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
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 = Yes 0 = No -99 = No Response			
	1	0	-99
318a. Made you feel bad or treated you badly for wanting to use a FP method to delay or prevent pregnancy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
318b. Tried to force or pressure you to become pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
318c. Said he would leave you if you did not get pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
318d. Told you he would have a baby with someone else if you did not get pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
318e. Taken away your family planning or kept you from going to the clinic to get family planning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
318f. Hurt you physically because you did not get pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	<input type="radio"/> December <input type="radio"/> Do not know
Year:	Year: <input type="text"/>

<p>320. You first started using \${current_method_label} on \${start_date_lab}. Where did you or your partner get it at that time? <i>Scroll to bottom to see all choices.</i></p>	<input type="radio"/> Govt. Hospital / polyclinic <input type="radio"/> Govt. Health Center <input type="radio"/> Govt. Dispensary <input type="radio"/> Other Public <input type="radio"/> Private Hospital/Clinic <input type="radio"/> Pharmacy/Chemist <input type="radio"/> Nursing/Maternity Home <input type="radio"/> Faith-based, church, mission hospital/clinic <input type="radio"/> Family options/FHOK clinic <input type="radio"/> Other private medical sector <input type="radio"/> Shop <input type="radio"/> Mobile clinic <input type="radio"/> Community-based distributor <input type="radio"/> Community health volunteer/CHV <input type="radio"/> Community event <input type="radio"/> Friend/relative <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No Response
<p>320. Where did you or your partner get \${current_method_label} when you first started using it? <i>Scroll to bottom to see all choices.</i></p>	<input type="radio"/> Govt. Hospital / polyclinic <input type="radio"/> Govt. Health Center <input type="radio"/> Govt. Dispensary <input type="radio"/> Other Public <input type="radio"/> Private Hospital/Clinic <input type="radio"/> Pharmacy/Chemist <input type="radio"/> Nursing/Maternity Home <input type="radio"/> Faith-based, church, mission hospital/clinic <input type="radio"/> Family options/FHOK clinic <input type="radio"/> Other private medical sector <input type="radio"/> Shop <input type="radio"/> Mobile clinic <input type="radio"/> Community-based distributor <input type="radio"/> Community health volunteer/CHV <input type="radio"/> Community event <input type="radio"/> Friend/relative

	<input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No Response
Check here to acknowledge you considered all options.	<input type="radio"/>
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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
322. Were you told what to do if you experienced side effects or problems?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
IMP_301. CHECK. In question 304, the respondent mentioned that she had been using implants. Is that correct? <i>If she says she is not currently using implants, please verify her answer and go back to 304 and select the correct method.</i>	<input type="radio"/> Yes <input type="radio"/> No
IMP_302. At the visit when the implant was inserted, were you told for how long the implant would protect you from pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
IMP_303. How long were you told ? <i>If you select months or years, you will enter a number for X on the next screen. Please check that you correctly entered the value for months/years.</i>	<input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Do not know <input type="radio"/> No response
IMP_303. Enter the number of \${implant_duration_lab} you were told: <i>If more than 12 months record in years</i>	
IMP_304. Were you told where you could go to have the implant removed? Provider: \${provider_label}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
324. At that time, were you told that you could switch to a different method in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
325. During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Did not have a preference <input type="radio"/> No response
326. Why didn't you obtain the method you wanted?	<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>327a. During that visit, who made the final decision about what method you got?</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>327b. Who made the final decision to use rhythm?</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>327b. Who made the final decision to use LAM?</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>328. Would you return to this provider? Provider: \${provider_label}</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>329. Would you refer your relative or friend to this provider / facility? Provider: \${provider_label}</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

<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 <input type="radio"/> No <input type="radio"/> Did not have a preference before speaking with the provider <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 <input type="radio"/> No <input type="radio"/> Did not have a preference before speaking with the provider <input type="radio"/> No response </p>
<p>331. Which method did you feel pressured to use?</p>	<p> <input type="radio"/> Female sterilization <input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Diaphragm <input type="radio"/> Foam/Jelly <input type="radio"/> Standard Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional method <input type="radio"/> No response </p>
<p>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 <input type="radio"/> No <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 <input type="radio"/> No <input type="radio"/> No response </p>
<p>333. Which method were you using?</p>	<p> <input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Diaphragm <input type="radio"/> Foam/Jelly </p>

	<input type="radio"/> Standard Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional method <input type="radio"/> No response
<p>LCL_304. PROBE: Was the injection administered via syringe or small needle? [sayana_depo_150x300.jpg]</p>	<input type="radio"/> Syringe <input type="radio"/> Small needle (Sayana Press) <input type="radio"/> No response
<p>IMP_305. In the past 12 months, have you tried to have your current implant removed?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>IMP_306. Where did you go or who attempted to remove your implant?</p>	<input type="radio"/> Govt. Hospital / polyclinic <input type="radio"/> Govt. Health Center <input type="radio"/> Govt. Dispensary <input type="radio"/> Other Public <input type="radio"/> Private Hospital/Clinic <input type="radio"/> Pharmacy/Chemist <input type="radio"/> Nursing/Maternity Home <input type="radio"/> Faith-based, church, mission hospital/clinic <input type="radio"/> Family options/FHOK clinic <input type="radio"/> Other private medical sector <input type="radio"/> Shop <input type="radio"/> Mobile clinic <input type="radio"/> Community-based distributor <input type="radio"/> Community health volunteer/CHV <input type="radio"/> Community event <input type="radio"/> Friend/relative <input type="radio"/> Self <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No Response
<p>IMP_307. Why were you not able to have your implant removed?</p>	<input type="checkbox"/> Facility not open <input type="checkbox"/> Qualified provider not available <input type="checkbox"/> Provider attempted but could not remove the implant <input type="checkbox"/> Provider refused <input type="checkbox"/> Cost of removal services <input type="checkbox"/> Travel cost <input type="checkbox"/> Provider counseled against removal <input type="checkbox"/> Told to return another day <input type="checkbox"/> Referred elsewhere <input type="checkbox"/> Other

	<input type="checkbox"/> Do not know <input type="checkbox"/> No response
334. Have you ever done anything or tried in any way to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
XS_301. How old were you when you first used a method to delay or avoid getting pregnant? The respondent said she was \${age} years old at her last birthday. <i>Enter the age in years. Enter -88 if the respondent does not know. Enter -99 if there is no response. Cannot be younger than 9.</i>	
Check: You entered that the respondent first used family planning at the age of \${age_at_first_use}. Is that what she said? <i>Go back and change XS_301 if that is not correct.</i>	<input type="radio"/> Yes <input type="radio"/> No
335. How many living children did you have at that time, if any? Note: the respondent said that she gave birth \${birth_events} times in 202. <i>Enter -99 for no response.</i>	
WARNING: you entered that the respondent gave birth \${birth_events} times in 202, and you entered that the respondent had \${age_at_first_use_children} children alive at the time she first used a method to delay or avoid getting pregnant in 335. Is this what the respondent said? <i>It may be that the answers to 202 and 335 are correct. This screen is a warning for verification.</i>	<input type="radio"/> Yes <input type="radio"/> No
336. Have you used emergency contraception at any time in the last 12 months? PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within five days to prevent pregnancy.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
337. You said that you do not want a child soon and that you are not using a method to avoid pregnancy.	
337. You said that you do not want another child soon and that you are not using a method to avoid pregnancy.	
337. You said that you do not want any children and that you are not using a method to avoid pregnancy.	
337. You said that you do not want any more children and that you are not using a method to avoid pregnancy.	
Can you tell me why you are not using a method to prevent pregnancy? PROBE: Any other reason? <i>RECORD ALL REASONS MENTIONED Cannot select "Not Married" if 109 is "Yes, currently married". Scroll to bottom to see all choices.</i>	<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"/>

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
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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? <i>For any health services.</i>	<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? <i>For any health services.</i>	<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 = Yes 0 = No -99 = No Response

	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"/>

READ: Next I would like to ask questions about the types of information related to family planning you may be interested in getting on your own. By "on your own" we mean without necessarily engaging with a health care provider. Your answers to these questions will be used for research purposes. There are no additional risks or benefits to answering these questions. As a reminder, your participation is completely voluntary and no identifying information about you will be shared with the researchers or reported in the study results.

May I continue with the questions?

- Yes
 No

READ: We would like to understand what types of information related to family planning you may be interested in getting on your own. By "on your own" we mean without necessarily having to access or speak with a healthcare provider at a facility.

FHI_101. Would you be interested in getting a series of questions that you could use on your own to confirm if you are pregnant?

- Yes
 No
 I already have these questions
 No response

FHI_102. Would you be interested in getting a series of questions that you could use on your own to determine when you can become pregnant again after giving birth?

- Yes
 No
 I already have these questions
 No response

FHI_103. Would you be interested in instructions and materials that you could use on your own to tell which days in your menstrual cycle you can get pregnant?

- Yes
 No
 I already have these instructions/materials
 No response

FHI_104. Sometimes women experience changes in their period when they use a family planning method. Would you be interested in getting information on your own about what to do if you experience changes in your period?

- Yes
 No
 I already have this information
 No response

FHI_105. Sometimes women experience side effects like changes in weight, mild nausea, headaches or fatigue when they use a family planning method. Would you be interested in getting

- Yes
 No

information on your own about what to do if you experience side effects?

- I already have this information
 No response

READ: Now we would like to understand how you may want to receive the information we just talked about.

FHI_106. Would you be interested in receiving a voice or text message with this type of information on a mobile phone?

- Yes
 No
 I already do
 No response

FHI_107. Would you be interested in receiving this type of information on social media such as Facebook, Viber, Twitter, WhatsApp or others?

- Yes
 No
 I already do
 No response

READ: Now, we would like to ask about how you would prefer getting information, contraceptive methods, and products.

FHI_108. How important is it to engage with a provider when starting or while using the following methods?

Read each one.

1=Very important 2=Somewhat important 3=Not important -99=NR

	1	2	3	-99
FHI_108a. Oral contraceptives pills that you take every day to avoid becoming pregnant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FHI_108b. Pills that you can take within three to five days of unprotected sex to prevent pregnancy (emergency contraception)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FHI_108c. A contraceptive injection administered via a small needle that you could give yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FHI_108d. A urine test to determine if you are pregnant (pregnancy test)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

READ: Now we would like to ask you some questions about oral contraceptive pills or emergency contraception.

FHI_109. Would you be interested in getting oral contraceptive pills or emergency contraception from a drug shop or pharmacy?

- Yes
 No
 I already do
 No response

FHI_110. Would you be interested in getting oral contraceptive pills or emergency contraception from a general retail shop or from the market in your community?

By "shop" we mean other than a drug shop.

- Yes
 No
 I already do
 No response

FHI_111. Would you be interested in getting oral contraceptive pills or emergency contraception from a friend or relative?

- Yes
 No
 I already do
 No response

<p>FHI_112. Would you be interested in ordering contraceptive pills or emergency contraception and getting them delivered to your home by a delivery service?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I already do <input type="radio"/> No response</p>
<p>FHI_113a. If you didn't have to pay for the product, where would you most like to obtain contraceptive pills? <i>Read response options 1-7 aloud.</i></p>	<p><input type="radio"/> (1) Health facility <input type="radio"/> (2) Community health worker <input type="radio"/> (3) Mobile clinic / community event <input type="radio"/> (4) Drug shop or pharmacy <input type="radio"/> (5) Shop or market in the community <input type="radio"/> (6) Friend or relative <input type="radio"/> (7) Delivered to home <input type="radio"/> Other <input type="radio"/> Not interested in method <input type="radio"/> No response</p>
<p>FHI_113b. If you didn't have to pay for the product, where would you most like to obtain emergency contraception? <i>Read response options 1-7 aloud.</i></p>	<p><input type="radio"/> (1) Health facility <input type="radio"/> (2) Community health worker <input type="radio"/> (3) Mobile clinic / community event <input type="radio"/> (4) Drug shop or pharmacy <input type="radio"/> (5) Shop or market in the community <input type="radio"/> (6) Friend or relative <input type="radio"/> (7) Delivered to home <input type="radio"/> Other <input type="radio"/> Not interested in method <input type="radio"/> No response</p>
<p>READ: Now we would like to ask you some questions about a contraceptive injection that you could give yourself.</p>	
<p>FHI_114. Would you be interested in getting instructions and materials to give yourself a contraceptive injection from a drug shop or pharmacy?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I already do <input type="radio"/> No response</p>
<p>FHI_115. Would you be interested in getting instructions and materials to give yourself a contraceptive injection from a general retail shop or from the market in your community?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I already do <input type="radio"/> No response</p>
<p>FHI_116. Would you be interested in getting instructions and materials to give yourself a contraceptive injection from a friend or relative?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I already do <input type="radio"/> No response</p>
<p>FHI_117. Would you be interested in ordering instructions and materials to give yourself a contraceptive injection and getting them delivered to your home by a delivery service?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

	<input type="radio"/> I already do <input type="radio"/> No response
<p>FHI_118. If you didn't have to pay for the product, where would you most like to get instructions and materials to give yourself a contraceptive injection? <i>Read response options 1-7 aloud.</i></p>	<input type="radio"/> (1) Health facility <input type="radio"/> (2) Community health worker <input type="radio"/> (3) Mobile clinic / community event <input type="radio"/> (4) Drug shop or pharmacy <input type="radio"/> (5) Shop or market in the community <input type="radio"/> (6) Friend or relative <input type="radio"/> (7) Delivered to home <input type="radio"/> Other <input type="radio"/> Not interested in method <input type="radio"/> No response
<p>FHI_119. What do you see as the benefits of engaging with a provider when starting or while using oral contraceptive pills, emergency contraception, or injections you could give yourself? <i>Do not read list. Select all that apply.</i> <i>Probe "Anything else?"</i></p>	<input type="checkbox"/> Already go to the health facility for other reasons / Saves time <input type="checkbox"/> Close to home <input type="checkbox"/> Low cost <input type="checkbox"/> Discrete / confidential <input type="checkbox"/> Learn about different methods from provider <input type="checkbox"/> Get provider's recommendation <input type="checkbox"/> Learn how to use selected method from provider <input type="checkbox"/> Manage side effects <input type="checkbox"/> I feel confident I will get accurate information <input type="checkbox"/> Quality products (not counterfeit) <input type="checkbox"/> Methods usually available <input type="checkbox"/> It's what I usually do <input type="checkbox"/> Other <input type="checkbox"/> No benefit <input type="checkbox"/> No response
<p>FHI_120. What do you see as the benefits of NOT engaging with a provider when starting or while using oral contraceptive pills, emergency contraception, or injections you could give yourself? <i>Do not read list. Select all that apply.</i> <i>Probe "Anything else?"</i></p>	<input type="checkbox"/> Saves time <input type="checkbox"/> No need to travel / less travel <input type="checkbox"/> Flexible schedule / get information or services when I want <input type="checkbox"/> Lower cost <input type="checkbox"/> I have more control <input type="checkbox"/> Discrete / confidential <input type="checkbox"/> Do not feel comfortable telling provider what I want / Do not trust provider / Not judged by provider <input type="checkbox"/> Not getting infected with COVID-19 while getting care <input type="checkbox"/> Methods usually available

- It is what I usually do
- Other
- No benefit
- No response

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 = Most 2 = Some 3 = Few -99 = No Response

	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 like to know about your personal opinions about these issues. Do you strongly agree, agree, disagree, strongly disagree with the following statements?

4 = Strongly agree 3 = Agree 2 = Disagree 1 = Strongly disagree -99 = No response

	4	3	2	1	-99
344a. Adolescents who use family planning are promiscuous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
344b. Using family planning preserves a woman's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
344c. Family planning is only for women who are married.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
344d. Women who use family planning can better support their children's schooling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
344e. Family planning is only for women who don't want any more children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
344f. People who use family planning have a better quality of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

345. How important is it for you to achieve the following in the next two years:

1 = Very important 2 = Somewhat important 3 = Not important -99 = No Response

	1	2	3	-99
345a. Complete secondary school / technical school / vocation school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
345b. Attend university / tertiary institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
345c. Find a husband/partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

345d. Have children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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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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347. What type of health insurance do you have? RECORD ALL MENTIONED	<input type="checkbox"/> National Hospital Insurance Fund (NHIF) <input type="checkbox"/> Health insurance through employer <input type="checkbox"/> Mutual health organization/Community-based health insurance <input type="checkbox"/> Linda Mama <input type="checkbox"/> Other privately purchased commercial health insurance <input type="checkbox"/> Other <input type="checkbox"/> No response
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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. <i>Enter -77 if she has never had sex. Enter -99 for no response. Enter -88 for do not know.</i>	

WARNING: you entered -77, but the respondent is currently pregnant or has given birth before. Go back and fix.

The timing of the number of births should agree with 401

WARNING: the respondent gave birth \${birth_events} times, but first had sex at the age of \${age_at_first_sex}, only \${years_since_first_sex} years ago. Is that correct? <i>The timing of the number of births should agree with 401.</i>	<input type="radio"/> Yes <input type="radio"/> No
---	---

You entered that the respondent was \${p2_age_at_first_sex} years old the first time she had sexual intercourse. Is that what she said? <i>Go back and change 401 if it is not correct.</i>	<input type="radio"/> Yes <input type="radio"/> No
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<p>You entered that the respondent's age at first sex was $\{p2_age_at_first_sex\}$. Previously the respondent said she has given birth at an earlier age: $\{age_first_birth\}$. Is that correct? <i>Go back and change "age at first sex" if it is not correct</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>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?</p>	<p><input type="radio"/> Waited longer <input type="radio"/> Not have waited so long <input type="radio"/> It was the right time <input type="radio"/> No response</p>
<p>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?</p>	<p><input type="radio"/> Equally willing <input type="radio"/> Respondent more willing <input type="radio"/> Partner more willing <input type="radio"/> No response</p>
<p>404. Which of these applied to you at the first time you had sex? <i>Read each option aloud and select if yes.</i></p>	<p><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</p>
<p>405. Did you and your partner want to avoid a pregnancy the first time you had sexual intercourse?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>406. Did you or your partner do something or use 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>407. When was the last time you had sexual intercourse?</p>	
<p>Respondent is $\{months_pregnant\}$ months pregnant.</p>	
<p>Answer must be in days or weeks up to 4 weeks or 30 days</p>	
<p><i>If less than 12 months ago, answer must be recorded in months, weeks, or days. Enter 0 days for today. You will enter a number for X on the next screen.</i></p>	<p><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</p>

407. Enter $\{last_time_sex_lab\}$.
*If today, enter zero days only, not zero weeks/months/years.
Must agree with the age of first sexual intercourse and the pregnancy status.*

The respondent is pregnant. The time since last sex must not be earlier than one month prior to the start of pregnancy.

If number of months pregnant is unknown, then the time since last sex must be less than 11 months.

Months pregnant: \${months_pregnant} Last time sex units: \${last_time_sex} Last time sex value: \${last_time_sex_value}

The respondent cannot enter a time since last sex that would be before her age at first sex.

Age at first sex: \${age_at_first_sex} Current age: \${age} Last time sex units: \${last_time_sex} Last time sex value: \${last_time_sex_value}

408. The last time you had sex did you or your partner use any method to avoid or prevent a pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
409. What method did you or your partner use?	<input type="radio"/> Female sterilization <input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Diaphragm <input type="radio"/> Foam/Jelly <input type="radio"/> Standard Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional method <input type="radio"/> No response
410. Whose choice was it to use that method?	<input type="radio"/> Respondent <input type="radio"/> Respondent and partner <input type="radio"/> Partner <input type="radio"/> Someone else <input type="radio"/> No response
INF_7. How many times do you have sex in a typical month? <i>Use -88 for 'do not know' and -99 for 'no response'</i>	
INF_8. In the past 12 months, how many months did you not have any sex with your husband/partner? <i>Use -88 for 'do not know' and -99 for 'no response'</i>	
INF_9. Have you ever sought help because you were having trouble getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
INF_10. Who have you sought help from? <i>Select all that apply</i>	<input type="checkbox"/> Govt. Hospital / polyclinic <input type="checkbox"/> Govt. Health Center <input type="checkbox"/> Govt. Dispensary

	<input type="checkbox"/> Other Public <input type="checkbox"/> Private Hospital/Clinic <input type="checkbox"/> Pharmacy/Chemist <input type="checkbox"/> Nursing/Maternity Home <input type="checkbox"/> Faith-based, church, mission hospital/clinic <input type="checkbox"/> Family options/FHOK clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> Shop <input type="checkbox"/> Mobile clinic <input type="checkbox"/> Community-based distributor <input type="checkbox"/> Community health volunteer/CHV <input type="checkbox"/> Community event <input type="checkbox"/> Friend/relative <input type="checkbox"/> Infertility clinic (public) <input type="checkbox"/> Infertility clinic (private) <input type="checkbox"/> Traditional healer/Herbalists <input type="checkbox"/> Religious leaders <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>INF_11. What type of care did you receive? <i>Select all that apply</i></p>	<input type="checkbox"/> In vitro fertilization (IVF) or intrauterine insemination (IUI) <input type="checkbox"/> Treatment to increase ovulation <input type="checkbox"/> STI treatment <input type="checkbox"/> Surgery <input type="checkbox"/> Injections <input type="checkbox"/> Pills <input type="checkbox"/> Medicinal drink <input type="checkbox"/> Home remedy <input type="checkbox"/> Herbs <input type="checkbox"/> Ritual <input type="checkbox"/> Prayer <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>INF_12. When did you most recently seek help? <i>If you select months or years, you will enter a number for X on the next screen.</i> <i>Select "Years" if more than 36 months.</i> <i>Please check that you correctly entered the value for months/years.</i></p>	<input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Do not know <input type="radio"/> No response
<p>INF_12a. Enter the number of $\\${preg_help_lab}$ ago you most recently sought help:</p>	
<p>INF_13. Some people wonder if they can have children. In your case, what is the sentence that best describes your current situation?</p>	<input type="radio"/> You think you can have children <input type="radio"/> You have difficulties having

children

You are sure you can't have children (anymore) yourself

You do not know if you can have children

You can have children but the doctor has recommended you do not

Do not know

No response

INF_14. And regarding your partner:

You think your partner can have children

Your partner has difficulties having children

You are sure your partner can't have children (anymore)

You do not know if he can have children

Do not know

No response

WGE_1. At the last time you had sex, did any of the following happen? 1 = Yes 0 = No -99 = No Response			
	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.

<p>501. If I use family planning, my husband/partner may seek another sexual 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>502. If I use family planning, I may have trouble getting pregnant the next time I want to.</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>503a. There could be conflict in my relationship/marriage if I use family planning.</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>503b. There will be conflict in my relationship/marriage if I use family planning.</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>504. If I use family planning, my children may not be born normal.</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>505. If I use family planning, my body may experience side effects that will disrupt my relations 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>WGE_2. I can decide to switch from one family planning method to another if I want to.</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_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) </p>

	<input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_6. If I rest between pregnancies, I can take better care of my family.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> 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_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
<p>WGE_10b. I can negotiate with my husband/partner when to stop having children.</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>Now I'm going to ask you a series of statements about sexual activity. Please indicate how much you think these statements could apply to you by indicating how strongly you agree or disagree with the statement. If you are not now living with a husband/partner, you can refer to your situation with your last husband/partner. 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_11. If I refuse sex with my husband/partner, he may stop supporting me.</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_12. If I refuse sex with my husband/partner, he may force me to have sex.</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_13. If I refuse sex with my husband/partner, he may physically hurt me.</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_14. If I show my husband/partner that I want to have sex, he may consider me promiscuous.</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_15. I am confident I can tell my husband/partner when I want to have sex.</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_16. I am able to decide when to have sex.</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_17. If I do not want to have sex, I can tell 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>WGE_18. If I do not want to have sex, I am capable of avoiding it 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>

Section 6 – Violence Against Women and Girls

CHECK FOR THE PRESENCE OF OTHERS. DO NOT CONTINUE UNTIL YOU CAN ENSURE COMPLETE PRIVACY.

We know that relationships can sometimes have conflict and difficulty. These next questions ask about conflicts you may have had in relationships. Remember, you can skip any question you do not want to answer.

VIO_1a. Were you able to obtain complete privacy?

- Yes
 No

VIO_1. In the last 12 months, has your husband/partner:

1 = Yes 0 = No -99 = No Response

	1	0	-99
a. Insulted you, yelled at you, screamed or made humiliating remarks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Slapped, hit or physically hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Threatened with a weapon or attempted to strangle or kill you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pressured or insisted on having sex when you did not want to (without physical force)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Physically forced you to have sex when you did not want to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VIO_2a. How many times has this happened in the last 12 months?

Insulted you, yelled at you, screamed or made humiliating remarks?

- One time
 1-2 times
 3 to 10 times
 More than 10 times
 Every day or almost
 No response

VIO_2b. How many times has this happened in the last 12 months?

Slapped, hit or physically hurt you?

- One time
 1-2 times
 3 to 10 times
 More than 10 times
 Every day or almost
 No response

VIO_2c. How many times has this happened in the last 12 months?

Threatened with a weapon or attempted to strangle or kill you?

- One time
 1-2 times
 3 to 10 times
 More than 10 times
 Every day or almost
 No response

VIO_2d. How many times has this happened in the last 12 months?

- One time
 1-2 times

Pressured or insisted on having sex when you did not want to (without physical force)?

- 3 to 10 times
- More than 10 times
- Every day or almost
- No response

VIO_2e. How many times has this happened in the last 12 months?

Physically forced you to have sex when you did not want to?

- One time
- 1-2 times
- 3 to 10 times
- More than 10 times
- Every day or almost
- No response

VIO_4. In the last 12 months, has a member of your household that is not your spouse or partner:

1 = Yes 0 = No -99 = No Response

	1	0	-99
VIO_4a. Insulted you, yelled at you, screamed or made humiliating remarks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIO_4b. Slapped, hit or physically hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIO_4c. Threatened with a weapon or attempted to strangle or kill you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIO_4d. Pressured or insisted on having sex when you did not want to (without physical force)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VIO_4e. Physically forced you to have sex when you did not want to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VIO_5a. How many times has this happened in the last 12 months?

Insulted you, yelled at you, screamed or made humiliating remarks?

- One time
- 1-2 times
- 3 to 10 times
- More than 10 times
- Every day or almost
- No response

VIO_5b. How many times has this happened in the last 12 months?

Slapped, hit or physically hurt you?

- One time
- 1-2 times
- 3 to 10 times
- More than 10 times
- Every day or almost
- No response

VIO_5c. How many times has this happened in the last 12 months?

Threatened with a weapon or attempted to strangle or kill you?

- One time
- 1-2 times
- 3 to 10 times
- More than 10 times
- Every day or almost
- No response

<p>VIO_5d. How many times has this happened in the last 12 months? <i>Pressured or insisted on having sex when you did not want to (without physical force)?</i></p>	<p><input type="radio"/> One time <input type="radio"/> 1-2 times <input type="radio"/> 3 to 10 times <input type="radio"/> More than 10 times <input type="radio"/> Every day or almost <input type="radio"/> No response</p>
<p>VIO_5e. How many times has this happened in the last 12 months? <i>Physically forced you to have sex when you did not want to?</i></p>	<p><input type="radio"/> One time <input type="radio"/> 1-2 times <input type="radio"/> 3 to 10 times <input type="radio"/> More than 10 times <input type="radio"/> Every day or almost <input type="radio"/> No response</p>
<p>VIO_7. Thinking about the experiences of relationship conflict we have just discussed, have you tried to seek help in the last 12 months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>VIO_8. From whom have you sought help? Probe: Anyone else? <i>Record all mentioned.</i></p>	<p><input type="checkbox"/> Own family <input type="checkbox"/> Husband's/partner's family <input type="checkbox"/> Current/former husband/partner <input type="checkbox"/> Current/former boyfriend <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Religious leader <input type="checkbox"/> Doctor/medical personnel <input type="checkbox"/> Police <input type="checkbox"/> Lawyer <input type="checkbox"/> Social service organization <input type="checkbox"/> Violence support program or hotline <input type="checkbox"/> No response</p>

Thank you for sharing your personal experiences with me. I know it may have been difficult for you to talk about your experiences with me. If you would like to talk further about these experiences, I can refer you to a place that can provide you with help.

<p>VIO_9. Did you have to interrupt the interview during this section because some adult was trying to listen, came into the room, or interfered in any other way?</p>	
<p>VIO_9a. Husband / partner?</p>	<p><input type="radio"/> Yes, once <input type="radio"/> Yes, more than once <input type="radio"/> No</p>
<p>VIO_9b. Other male adult?</p>	<p><input type="radio"/> Yes, once <input type="radio"/> Yes, more than once <input type="radio"/> No</p>

VIO_9c. Female adult?	<input type="radio"/> Yes, once <input type="radio"/> Yes, more than once <input type="radio"/> No
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Follow-up Consent

801. Thank you for the time you have kindly granted us. Would you be willing to participate in another survey one year from now?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
802. Do you have access to a phone?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
803a. Can I have your primary phone number in case we would like to follow up with you in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
803b. What is your primary phone number? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes.</i>	<input type="text"/>
803c. Can you repeat the number again? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes.</i>	<input type="text"/>
803d. Is this your personal phone number? <i>A personal phone is not shared with other people.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
804a. Can I have your secondary phone number in case we would like to follow up with you in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
804b. What is your secondary phone number? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes.</i>	<input type="text"/>
804c. Can you repeat the number again? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes.</i>	<input type="text"/>
804d. Is this your personal phone number? <i>A personal phone is not shared with other people.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
805. Is \${firstname} 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?	<input type="text"/>

807. Is $\{\text{firstname}\}$ 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?	<input type="text"/>
--	----------------------

Thank the respondent for her time.
The respondent is finished, but there are still more questions for you to complete outside the home.

Thank you.
There are still more questions for you to complete outside the home.

Location and Questionnaire result
--

095. Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6 m.</i>	
---	--

096. How many times have you visited this household to interview this female respondent?	<input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time
--	--

097. In what language was this interview conducted?	<input type="radio"/> English <input type="radio"/> Kiswahili <input type="radio"/> Other
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098. Questionnaire Result <i>Record the result of the questionnaire.</i>	<input type="radio"/> Completed <input type="radio"/> Not at home <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Incapacitated <input type="radio"/> Deceased <input type="radio"/> Moved out of study area
---	--

<h2 style="margin: 0;">Contraceptive Calendar</h2> <p style="margin: 0;"><i>Please enter answers from visual aid paper</i></p>	
CALENDAR: Add a "birth" annotation next to the month $\{\text{panel_birth_lab}\}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
CALENDAR: Add a "birth" annotation next to the month $\{\text{first_birth_lab}\}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
CALENDAR: Add a "birth" annotation next to the month $\{\text{recent_birth_lab}\}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
CALENDAR: Add a "birth" annotation next to the month $\{\text{other_birth_lab}\}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
CALENDAR: Add a "termination" annotation next to the month $\{\text{pregnancy_end_lab}\}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
CALENDAR: Add a "termination" annotation next to the month $\{\text{panel_preg_end}\}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
Add a "pregnant" annotation next to the current date $\{\text{today_ym}\}$ in the contraceptive calendar paper aid.	
Add a "pregnant" annotation next to the most recent $\{\text{months_pregnant}\}$ months, including in $\{\text{today_ym}\}$, in the contraceptive calendar paper aid.	
Add an annotation for $\{\text{current_method_label}\}$ next to the current date $\{\text{today_ym}\}$ in the contraceptive calendar paper aid.	
Add an annotation for $\{\text{current_method_label}\}$ from $\{\text{ccal_start_date_label}\}$ to the current date $\{\text{today_ym}\}$ 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

2022: ENTER VALUE FROM COL. 1	
Enter Value December 2022	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD

	<input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
<p>Enter Value November 2022</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
<p>Enter Value October 2022</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables

	<input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
<p>Enter Value September 2022</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
<p>Enter Value August 2022</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill

	<input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
<p>Enter Value July 2022</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
<p>Enter Value June 2022</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception

	<input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
<p>Enter Value May 2022</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
<p>Enter Value April 2022</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom

	<input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
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<p>Enter Value February 2022</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom

	<input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
Enter Value January 2022	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
Please verify your inputs for 2022. Are they correct?	<input type="radio"/> Yes <input type="radio"/> No

2021: ENTER VALUE FROM COL. 1	
Enter Value December 2021	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables

	<input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
<p>Enter Value November 2021</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill

	<input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception

	<input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom

	<input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom

	<input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm

	<input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
Enter Value January 2021	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill

	<input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
<p>Enter Value November 2020</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
<p>Enter Value October 2020</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception

	<input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
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<p>Enter Value August 2020</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom

	<input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
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	<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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm

	<input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly

	<input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
Enter Value January 2020	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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

CHECK: You just recorded in the calendar that the respondent is not using any method. However, earlier in the survey, the respondent said she has used "\${current_method_label}" since "\${begin_using_full_lab}". Please go back and correct this inconsistency.

CHECK: You just recorded in the calendar that the respondent is currently using "\${cc_current_method_lab}". However, earlier in the survey, the respondent said she is not using any contraceptive method. Please go back and correct this inconsistency.

CHECK: You just recorded in the calendar that the respondent is currently using "\${cc_current_method_lab}". However, earlier in the survey, the respondent said she has used "\${current_method_label}" since "\${begin_using_full_lab}". The methods are different. Please go back and correct this inconsistency.

2019: ENTER VALUE FROM COL. 1

<p>Enter Value December 2019</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <input type="radio"/> -99. No response (method not specified)
<p>Enter Value November 2019</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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 <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods <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
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Look for COL. 2 on the visual aid paper

2022: ENTER VALUE FROM COL. 2	
Enter Value December 2022	<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 2022	<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 2022	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much

	<input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value September 2022	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value August 2022	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value July 2022	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far

	<input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value June 2022	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value May 2022	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value April 2022	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns

	<input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value March 2022	<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 2022	<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 2022	<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
2021: ENTER VALUE FROM COL. 2	
Enter Value December 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value November 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value October 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using

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

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

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

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

2019: ENTER VALUE FROM COL. 2	
Enter Value December 2019	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value November 2019	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective 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 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 September 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 August 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
<p>Enter Value July 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 June 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 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
Enter Value April 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 March 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 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 2022. Compare with your paper aide. COL. 1 COL. 2 MONTH \${cc_2022_12_s}. \${cc_2022_11_s}. \${cc_2022_10_s}. \${cc_2022_09_s}. \${cc_2022_08_s}. \${cc_2022_07_s}. \${cc_2022_06_s}. \${cc_2022_05_s}. \${cc_2022_04_s}. \${cc_2022_03_s}. \${cc_2022_02_s}. \${cc_2022_01_s}. Are they correct?	<input type="radio"/> Yes <input type="radio"/> No
Please verify your inputs for 2021. Compare with your paper aide. COL. 1 COL. 2 MONTH \${cc_2021_12_s}. \${cc_2021_11_s}. \${cc_2021_10_s}. \${cc_2021_09_s}. \${cc_2021_08_s}. \${cc_2021_07_s}. \${cc_2021_06_s}. \${cc_2021_05_s}. \${cc_2021_04_s}. \${cc_2021_03_s}. \${cc_2021_02_s}. \${cc_2021_01_s}. Are they correct?	<input type="radio"/> Yes <input type="radio"/> No
Please verify your inputs for 2020. Compare with your paper aide. COL. 1 COL. 2 MONTH \${cc_2020_12_s}. \${cc_2020_11_s}. \${cc_2020_10_s}. \${cc_2020_09_s}.	<input type="radio"/> Yes <input type="radio"/> No

\${cc_2020_08_s}. \${cc_2020_07_s}. \${cc_2020_06_s}.
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 Are they correct?

Please verify your inputs for 2019. Compare with your paper
 aide.
 COL. 1 ||||| COL. 2 ||||| MONTH \${cc_2019_12_s}.
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 Are they correct?

- Yes
- No