

PMA Ethiopia 2023 Cross-sectional Survey Female Questionnaire

<p>A. Are you in the correct household? EA: \${EA} Structure #: \${structure} Household #: \${household}</p>	<p style="text-align: right;">\${unlinked} = false</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>B. RETURN TO INTERVIEW THE CORRECT HOUSEHOLD.</p>	<p style="text-align: right;">\${household_check} = 'no'</p>
<p>C. Your Name</p>	
<p>Is this your name?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>D. Enter your name below. Please record your name</p> <p style="text-align: right;">\${your_name_check}='no'</p>	
<p>Current date and time</p>	<p style="text-align: right;">Day: Month: Year:</p>
<p>Is this date and time correct?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>F. Record the correct date and time.</p> <p style="text-align: right;">\${system_date_check} = 'no'</p> <p style="text-align: right;">Day: Month: Year:</p>	
<p style="text-align: right;">\${unlinked}</p>	
<p>G. Location Detail - Not linked to a household roster.</p>	
<p>Region:</p>	<p><input type="radio"/> Tigray <input type="radio"/> Afar <input type="radio"/> Amhara <input type="radio"/> Oromia <input type="radio"/> Somale <input type="radio"/> Benishangul Gumuz <input type="radio"/> Central Ethiopia <input type="radio"/> South Ethiopia <input type="radio"/> South West Ethiopia Peoples <input type="radio"/> Gambela <input type="radio"/> Hareri <input type="radio"/> Addis Ababa <input type="radio"/> Dire Dawa Astedadar <input type="radio"/> Sidama</p>
<p>Zone:</p>	

District:	
Locality:	
Enumeration area	
Structure number	
Household number	
G. Location Detail	
The following information is from the Household Questionnaire. Please review to make sure you are interviewing the correct respondent	
Region:	
Zone:	
District:	
Locality:	
Enumeration area:	
Structure number:	
Household number:	
G. Is the above information correct?	<input type="radio"/> Yes <input type="radio"/> No
H. GO TO THE RIGHT HOUSEHOLD OR UPDATE THE HOUSEHOLD ROSTER IF NEEDED	<code>\${confirm_location} = 'no'</code>
I. CHECK: You should be attempting to interview <code>\${firstname_transfer}</code> . Is that correct? <i>If misspelled, select "yes" here and update the name in question "011." 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
J. Is the respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
K. How well acquainted are you with the respondent?	<code>\${available} = 'yes'</code> <input type="radio"/> Very well acquainted <input type="radio"/> Well acquainted <input type="radio"/> Not well acquainted <input type="radio"/> Not acquainted
CROSS-SECTION INFORMED CONSENT <i>Find the woman between the ages of 15-49 associated with this Female Questionnaire. The interview must have auditory privacy. Read the following greeting:</i> <code>\${available} = 'yes'</code>	
M. Hello. My name is <code>\${re_name}</code> and I am working for the Addis Ababa University, and Federal Ministry of Health. We are conducting a local survey that asks women about various reproductive health issues, including family planning and pregnancy using a smartphone. The survey helps monitor the	<code>\${available} = 'yes'</code> <input type="radio"/> Yes <input type="radio"/> No

state of public health and questions will be used for research purposes. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. The survey usually takes between 50 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential. Your data will not be linked to your identity when conducting analyses, presenting results, or sharing data. Participation in this survey is entirely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. If you choose to participate in the survey, you will receive 50 birr airtime credit.

If you have any questions about the study and your rights as a research participant, you may ask me now or you may also contact the principal investigators of the study, Solomon Shiferaw (xxx-xxx-xxxxxx) or Assefa Seme (xxx-xxx-xxxxxx). For any ethical issues, please call Dr. Adamu Addise, the IRB chairperson (xxx-xxx xxx xxxxxx) at the Addis Ababa University, College of Health Sciences. At this time, do you want to ask me anything about the survey?

O. Interviewer's name: \${your_name}

Mark your name as a witness to the consent process.

O. Interviewer's name

Please record your name as a witness to the consent process.

You previously entered "\${name_typed}."

P. 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 below.

(\${begin_interview} = 'yes' and
\${your_name_check} = 'yes')

☐

(\${begin_interview} = 'yes' and
\${your_name_check} = 'no')

\${consent_obtained}

Section 1 – Respondent's Background, Marital Status, and Household Characteristics

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

	\${consent_obtained}
FFQ001. In what month and year were you born? The age in the household roster is \${age}.	
If respondent knows the year, but not month select the 'Does not know month' checkbox. Select the 'Do not know' checkbox for month and '2030' for year to indicate 'No Response'.	
Month and Year	Day: Month: Year:
Check here if respondent does not know month.	<input type="checkbox"/>
FFQ002. How old were you at your last birthday?	
	\${consent_obtained}

<p>FFQ003a. Are you currently married or living together with a man as if married? <i>Probe: If no, ask whether the respondent is divorced, separated, widowed, or never in union/never married</i></p>	<p><code>\${consent_obtained}</code></p> <p> <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>
<p>FFQ003b. Have you been married or lived with a man only once or more than once?</p>	<p><code>not(\${marital_status} = 'never') and (\${consent_obtained})</code></p> <p> <input type="radio"/> Only once <input type="radio"/> More than once <input type="radio"/> No response </p>
	<p><code>\${marital_status} = 'yes_married' or \${marital_status} = 'yes_living_wman' or \${marital_status} ...</code></p>
<p>FFQ004a. In what month and year did you start living with your FIRST husband / partner? If respondent knows the year, but not month select the 'Does not know month' checkbox. Select the 'Do not know' checkbox for month and '2030' for year to indicate 'No Response'.</p>	
<p>Month and Year</p>	<p>Day: Month: Year:</p>
<p>Check here if respondent does not know month.</p>	<p><input type="checkbox"/></p>
<p>FFQ004b. CHECK: Based on the response you entered in FFQ004a, the respondent was possibly 15 years old or younger at the time of her first marriage. Did you enter FFQ004a correctly?</p>	<p><code>\${age_at_marriage} <= 15</code></p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>
	<p><code>\${marriage_times} = '2'</code></p>
<p>FFQ005a. Now I would like to ask about when you started living with your CURRENT or 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>	
<p>Month and Year</p>	<p>Day: Month: Year:</p>
<p>Check here if respondent does not know month.</p>	<p><input type="checkbox"/></p>
<p>FFQ005b. CHECK: Based on the response you entered in FFQ005a, the respondent was possibly 15 years old or younger at the beginning of her marriage or cohabitation. Did you enter FFQ005a correctly?</p>	<p><code>\${cur_part_age} <= 15</code></p> <p> <input type="radio"/> Yes <input type="radio"/> No </p>

<p>FFQ006. Does your husband / partner have other wives or does he live with other women as if married?</p>	<p> <code>\${marital_status} = 'yes_married' or \${marital_status} = 'yes_living_wman'</code> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>FFQ006a. What is the highest level of school your husband/partner attended? <i>Only record formal schooling. Do not record bible or koranic school or short courses</i></p>	<p> <code>\${marital_status} = 'yes_married' or \${marital_status} = 'yes_living_wman'</code> <input type="radio"/> Never attended <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Technical & vocational <input type="radio"/> Higher <input type="radio"/> No response </p>
<p>FFQ006b. How old is your husband/partner? <i>If respondent is unsure, she can estimate his age No response: -99; Do not know: -88</i></p>	<p> <code>\${marital_status} = 'yes_married' or \${marital_status} = 'yes_living_wman'</code> </p>
<p>FFQ007. What is your religion?</p>	<p> <code>\${consent_obtained}</code> <input type="radio"/> Orthodox <input type="radio"/> Catholic <input type="radio"/> Protestant <input type="radio"/> Muslim <input type="radio"/> Traditional <input type="radio"/> Wakefeta <input type="radio"/> Other <input type="radio"/> Non-believers <input type="radio"/> No response </p>
<p>FFQ008. What is the highest level of school you attended? <i>Only record formal schooling. Do not record bible or koranic school or short courses.</i></p>	<p> <code>\${consent_obtained}</code> <input type="radio"/> Never attended <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Technical & vocational <input type="radio"/> Higher <input type="radio"/> No response </p>
<p>FFQ009. Can you read or write in any language?</p>	<p> <code>\${edu_level} = '0'</code> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>

Section 2 – Reproduction & Fertility Preferences

Now I would like to ask about all the births you have had during your life.

FFQ018. Now I would like to ask about all the pregnancies you have had during your life. Have you ever been pregnant?	<div style="text-align: right;">\${consent_obtained}</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ019. How many times have you given birth to a baby that was born alive? <i>No response: -99</i>	<div style="text-align: right;"> \${ever_been_pregnant} = 'yes' or \${ever_been_pregnant} = '-99' </div>
	<div style="text-align: right;"> (\${ever_been_pregnant} = 'yes') and (\${total_births} > 1) </div>
FFQ020. When was your FIRST birth? If respondent knows the year, but not month select the 'Does not know month' checkbox. Select the 'Do not know' checkbox for month and '2030' for year to indicate 'No Response'.	
Month and Year	<div style="text-align: right;"> Day: Month: Year: </div>
Check here if respondent does not know month.	<input type="checkbox"/>
<div style="text-align: right;">\${total_births} > 0</div>	
FFQ021. When was your MOST RECENT 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. Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i> Use visual aid to record dates of most recent birth	
Day, Month and Year	<div style="text-align: right;"> Day: Month: Year: </div>
Check here if respondent does not know month.	<input type="checkbox"/>
FFQ025. Are you pregnant now?	<div style="text-align: right;"> \${consent_obtained} </div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/> No response
You responded in FFQ018 by saying you have never been pregnant however, in FFQ025 you responded you are currently pregnant. Please go back and correct the responses so that they match.	<div style="text-align: right;"> \${ever_been_pregnant} = 'no' and \${pregnant_now} = 'yes' </div>
FFQ026. When did your last menstrual period start?	<div style="text-align: right;">\${consent_obtained}</div>

<p><i>Hint: Help the respondent to remember the approximate date by asking her usual menstrual cycle pattern and by using local languages which are equivalent to LMP</i></p> <p><i>Enter 0 days for today</i></p>	<input type="radio"/> Days ago <input type="radio"/> Weeks ago <input type="radio"/> Months ago <input type="radio"/> Years ago <input type="radio"/> Before last birth <input type="radio"/> Never menstruated <input type="radio"/> In menopause/ has had hysterectomy
<p>Enter in \${mens_period_lab}.</p>	<p> \${mens_period} = 'days' or \${mens_period} = 'weeks' or \${mens_period} = 'months' or \${mens_period} ... </p>
<p style="text-align: right;">\${pregnant_now} = 'yes'</p>	
<p>FFQ029a. How many months pregnant are you? Please record the number of completed months</p>	
<p>The most recent birth was: \${recent_birth_et_lab}</p>	<p>\${recent_birth_lab} != ''</p>
<p>Please record the number of completed months. <i>No response: -99; Do not know: -88</i></p>	
<p>FFQ029b. 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 / any more children at all? <i>Remind the postpartum respondent that we are asking about her most recent pregnancy; or if currently pregnant respondent about the current pregnancy</i></p>	
	<p> \${pregnant_now} = 'yes' or \${recent_birth_years} < 5 <input type="radio"/> Then <input type="radio"/> Later <input type="radio"/> Not at all <input type="radio"/> No response </p>
<p>FFQ172. When you found out you were pregnant, how did you feel? <i>Read the response options. Remind the postpartum respondent that we are asking about her most recent pregnancy, or if currently pregnant respondent about the current pregnancy.</i></p>	<p> \${pregnant_now} = 'yes' or \${recent_birth_years} < 2 <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>FFQ173. When your partner found out you were pregnant, how did he feel? <i>Read the response options. Remind the postpartum respondent that we are asking about her most recent pregnancy, or if currently pregnant respondent about the current pregnancy.</i></p>	<p> \${pregnant_now} = 'yes' or \${recent_birth_years} < 2 <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"/> Have not told partner <input type="radio"/> No partner <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>Now I have some questions about the future</p>	<p>(\${consent_obtained})</p>
<p>FFQ175a. Would you like to have a/another child or would you prefer not to have any / any more children?</p>	<p> \${pregnant_now} != 'yes' and (\${consent_obtained}) </p>

	<input type="radio"/> Have a/another child <input type="radio"/> No more/ prefer no children <input type="radio"/> Says she can't get pregnant <input type="radio"/> Undecided/Don't know <input type="radio"/> No response
FFQ175b. 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><code>\${pregnant_now} = 'yes' and (\${consent_obtained})</code></p> <input type="radio"/> Have a/another child <input type="radio"/> No more/ prefer no children <input type="radio"/> Undecided/Don't know <input type="radio"/> No response
FFQ176a. How long would you like to wait from now before the birth of a/another child? <i>If you select months or years, you will enter a number for x on the next screen. Select "Years" if more than 36 months. Please check that you correctly entered the value for months/years.</i>	<p><code>\${anymore_child} = 'have_child' and (\${consent_obtained})</code></p> <input type="radio"/> Months <input type="radio"/> 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
Enter in \${birth_gap_lab}	<p><code>\${birth_gap} = 'months' or \${birth_gap} = 'years'</code></p>
FFQ176b. After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? <i>If you select months or years, you will enter a number for x on the next screen. Select "Years" if more than 36 months. Please check that you correctly entered the value for months/years.</i>	<p><code>\${another_child} = 'have_child'</code></p> <input type="radio"/> Months <input type="radio"/> 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
Enter in \${current_birth_gap_lab}	<p><code>\${current_birth_gap} = 'months' or \${current_birth_gap} = 'years'</code></p>
FFQ177. If you got pregnant now, how would you feel?	<p><code>\${pregnant_now} != 'yes' and (\${consent_obtained})</code></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"/> Do not know <input type="radio"/> No response

Section 3 – HPV VACCINATION

Now I would like to ask some questions about human papillomavirus or HPV vaccinations that you have received. An HPV vaccine is an injection given in the [left upper arm] to girls between the ages of [9-14] years, as protection against cervical cancer. In Ethiopia, the HPV vaccine is also commonly referred to as 'cervical cancer vaccine' and is commonly given at school and/or at a medical facility.

`${consent_obtained}` and `${last_dob_age} >= 15` and `${last_dob_age} <= 16`

HPV301. Have you ever received a vaccination against HPV, that is, an injection in the [left upper arm] to protect against cervical cancer?

`${consent_obtained}` and
`${last_dob_age} >= 15` and
`${last_dob_age} <= 16`

- ☐ Yes
☐ No
☐ Do not know
☐ No response

HPV302. IF NO OR DON'T KNOW: In Ethiopia, the HPV vaccine is also referred to as cervical cancer vaccine and is commonly given at school or at a medical facility to girls between the ages of 9-14. So, have you ever received a vaccination against HPV, that is, an injection in the [left upper arm] to protect against cervical cancer?

`${ever_vaccinated_hpv} = 'no'`
or `${ever_vaccinated_hpv} = '-88'`

- ☐ Yes
☐ No
☐ Do not know
☐ No response

HPV302. Did you ever receive a HPV vaccination card? If yes, may I see it?
[hpv_certificate.jpg]

`${ever_vaccinated_hpv} = 'yes'`
or `${vaccinated_hpv} = 'yes'`

- ☐ Yes, and card observed
☐ Yes, but card not seen
☐ No
☐ Don't Know
☐ No response

HP303. Did you receive one or two doses of the HPV vaccine?

`${ever_vaccinated_hpv} = 'yes'`
or `${vaccinated_hpv} = 'yes'`

- ☐ One Dose
☐ Two Doses
☐ Don't Know
☐ No response

HP304. Where did you receive your most recent HPV vaccination?

`${ever_vaccinated_hpv} = 'yes'`
or `${vaccinated_hpv} = 'yes'`

- ☐ PUBLIC HEALTH FACILITY
☐ PRIVATE HEALTH FACILITY
☐ NGO HEALTH FACILITY
☐ HEALTH FACILITY, CAN'T DISTINGUISH THE TYPE
☐ SCHOOL
☐ OTHER
☐ DON'T KNOW
☐ NO RESPONSE

Section 4 – 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

FFQ178a. Have you ever heard of female sterilization? <i>PROBE: Women can have an operation to avoid having any more children. [NO IMAGE]</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ178b. Have you ever heard of male sterilization? <i>PROBE: Men can have an operation to avoid having any more children. [NO IMAGE]</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ178c. Have you ever heard of the contraceptive implant? <i>PROBE: Women can have one or several small rods placed in their upper arm by a doctor or nurse, which can prevent pregnancy for one or more years. [IMAGE OF METHOD WILL APPEAR ON SCREEN]</i> [implant.png]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ178d. Have you ever heard of the IUD? <i>PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse. [IMAGE OF METHOD WILL APPEAR ON SCREEN]</i> [IUD.png]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ178e. Have you ever heard of injectables? <i>PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. [IMAGE OF METHOD WILL APPEAR ON SCREEN]</i> [injectable.png]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ178f. Have you ever heard of the (birth control) pill? <i>PROBE: Women can take a pill every day to avoid becoming pregnant. [IMAGE OF METHOD WILL APPEAR ON SCREEN]</i> [pill.png]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ178g. Have you ever heard of emergency contraception? <i>PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within five days to prevent pregnancy. [NO IMAGE]</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ178h. Have you ever heard of condoms? <i>PROBE: Men can put a rubber sheath on their penis before sexual intercourse. [IMAGE OF METHOD WILL APPEAR ON SCREEN]</i> [male_condom.png]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ178i. Have you ever heard of female condoms? <i>PROBE: Women can put a sheath in their vagina before sexual intercourse. [IMAGE OF METHOD WILL APPEAR ON SCREEN]</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

[female_condom.png]	
<p>FFQ178j. Have you ever heard of the standard days method or Cycle Beads?</p> <p><i>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. [IMAGE OF METHOD WILL APPEAR ON SCREEN]</i></p> <p>[SDM-Beads_only.png]</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>FFQ178k. Have you ever heard of the Lactational Amenorrhea Method or LAM?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>FFQ178l. Have you ever heard of the rhythm method?</p> <p><i>PROBE: Women can avoid pregnancy by not having sexual intercourse on the days of the month they think they can get pregnant. [NO IMAGE]</i></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>FFQ178m. Have you ever heard of the withdrawal method?</p> <p><i>PROBE: Men can be careful and pull out before climax. [NO IMAGE]</i></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>FFQ178n. Have you ever heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>FFQ179a. Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?</p>	<p><code>\${pregnant_now}='no' or \${pregnant_now}='-88' or \${pregnant_now}='-99'</code></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>FFQ179aa. Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?</p>	<p><code>\${currently_using}='no' or \${currently_using}='-99'</code></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>FFQ179b. Which method or methods are you using?</p> <p><i>Probe: Anything else? Select all methods mentioned. Be sure to scroll to bottom to see all choices.</i></p>	<p><code>\${currently_using} = 'yes' or \${currently_using_chk}='yes'</code></p> <p><input type="checkbox"/> Female sterilization</p> <p><input type="checkbox"/> Male sterilization</p> <p><input type="checkbox"/> Implant</p> <p><input type="checkbox"/> IUD</p> <p><input type="checkbox"/> Injectables</p> <p><input type="checkbox"/> Pill</p> <p><input type="checkbox"/> Emergency Contraception</p> <p><input type="checkbox"/> Male Condom</p> <p><input type="checkbox"/> Female Condom</p> <p><input type="checkbox"/> Std Days/Cycle beads</p> <p><input type="checkbox"/> LAM</p> <p><input type="checkbox"/> Rhythm method</p> <p><input type="checkbox"/> Withdrawal</p>

<input type="checkbox"/> Other traditional methods <input type="checkbox"/> No response	
({\$currently_using} = 'yes' or {\$currently_using_chk} = 'yes') and {\$consent_obtained} and count-s ...	
FFQ180. Since what months and years have you been using {\$curr_mthd_calc_lab} without stopping? Calculate backwards from memorable events if needed.	
##### Most Recent Birth: {\$recent_birth_et_lab}.	{\$recent_birth_lab} != '' and {\$consent_obtained}
##### Current Marriage: {\$current_marriage_date_et_lab}.	({\$current_marriage_date_lab} != '') and {\$consent_obtained}
##### Must be before today. Respondent must be at least 10 years old. Select 'Do not know' for month and '2030' for year to indicate 'No Response'. For RE: Mark start date and all months until now as current use on the CALENDAR visual aid	
Month and Year	Day: Month: Year:
Check here if respondent does not know month.	<input type="checkbox"/>
FFQ181. Did you or your partner use any other methods between \$_2yrs_ago_plus_month_lab and when you started using {\$curr_mthd_calc_lab}? Interviewer notes: [Since \$_2yrs_ago_plus_month_lab]]. Probe to see if she has used the same method at a previous time.	
({\$curr_mthd_calc} != '') and ({\$curr_mthd_calc} != '-99') and {\$consent_obtained}	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response	
FFQ182. Have you or your partner done anything or used a method to delay or avoid getting pregnant in the last 2 years (since \$_2yrs_ago_plus_month_lab)? Interviewer note: [Since \$_2yrs_ago_plus_month_lab]]	
({\$currently_using} = 'no' and {\$currently_using_chk} = 'no') or {\$pregnant_now}='yes'	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response	
((\$currently_using} = 'yes' or {\$currently_using_chk}='yes') and {\$use_any_other_mthd}='yes') o ...	
CS2. For current users: Which method did you use just before {\$curr_mthd_calc_lab}?	
({\$currently_using} = 'yes' or {\$currently_using_chk}='yes') and {\$use_any_other_mthd}='yes'	

<p>CS2. For non-current users: Which method did you use?</p> <p>#####</p> <p><i>Hint: Do not include the current method of use. Only select the current method if the woman used it continuously, stopped and restarted during the two year period. Please swipe forward and select "ADD GROUP" to Start and Stop Dates for this method.</i></p>	<p><code>\${used_anything_else} = 'yes'</code></p> <ul style="list-style-type: none"> <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"/> Std. Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional <input type="radio"/> No response
<p style="text-align: center;">Important reminder:</p> <p>Please note that at the end of each month, the name of the local month displayed in ODK may be different to the actual calendar month you are attempting to enter information for. This happens because of a challenge with the new ODK app and the Ethiopian calendar. If you notice that there is a difference in the name of month displayed in ODK, please disregard the label of the month that you see in the ODK form. Make sure to directly copy all the recorded information for each month from the Calendar visual aid with caution, paying very close attention to the information on the paper and what you are entering into ODK. To avoid possible confusions while copying data from the visual aid, please mark each month in the paper calendar visual aid with a check-mark (✓) one by one soon after you copied the data to the ODK form.</p>	
<p>FFQ 182a. What Method Were You using in Feb 2024</p>	<p><code>\${this_month} >=2 and \${this_year} = 2024</code></p> <ul style="list-style-type: none"> <input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
<p>FFQ 182a. What Method Were You using in Jan 2024</p>	<p><code>\${this_month} >= 1 and \${this_year} = 2024</code></p>

	<input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Dec 2023	<pre> (\${this_month}=12 and \${this_year} = 2023) or (\${this_month} >= 1 and \${this_year} = 2024) </pre> <input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Nov 2023	<pre> (\${this_month} >= 11 and \${this_year} = 2023) or (\${this_month} >= 1 and \${this_year} = 2024) </pre> <input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Oct 2023	<pre> (\${this_month} >= 10 and \${this_year} = 2023) or (\${this_month} >= 1 and \${this_year} = 2024) </pre> <input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Sep 2023	<input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM

	<input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Aug 2023	<input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Jul 2023	<input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Jun 2023	<input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in May 2023	<input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Apr 2023	<input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods

	<input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Mar 2023	<input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Feb 2023	<input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Jan 2023	<input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Dec 2022	<input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Nov 2022	<input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy

	<input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Oct 2022	<input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Sep 2022	<input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Aug 2022	<input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Jul 2022	<input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Jun 2022	<input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response

<p>FFQ 182a. What Method Were You using in May 2022</p>	<ul style="list-style-type: none"> <input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
<p>FFQ 182a. What Method Were You using in Apr 2022</p>	<ul style="list-style-type: none"> <input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
<p>FFQ 182a. What Method Were You using in Mar 2022</p>	<p>($\text{\\$}\{\text{this_month}\} \leq 12$ and $\text{\\$}\{\text{this_year}\} = 2023$) or $(\text{\\$}\{\text{this_month}\} \leq 2$ and $\text{\\$}\{\text{this_year}\} = 2024)$</p> <ul style="list-style-type: none"> <input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Feb 2022	<pre> (\${this_month} <= 12 and \${this_year} = 2023) or (\${this_month} = 1 and \${this_year} = 2024) </pre> <input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Jan 2022	<pre> (\${this_month} <= 12 and \${this_year} = 2023) </pre> <input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal

	<input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Dec 2021	<div style="text-align: right;"> <code>\${this_month}<=11 and \${this_year} = 2023</code> </div> <input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response
FFQ 182a. What Method Were You using in Nov 2021	<div style="text-align: right;"> <code>\${this_month}<=10 and \${this_year} = 2023</code> </div> <input type="radio"/> No Method <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"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Birth <input type="radio"/> Pregnancy <input type="radio"/> Termination <input type="radio"/> No response

There are more than three(3) births (B) recorded in the contraceptive calendar. Please make sure the maximum number of births is three(3). <i>Go back and correct the number of births.</i>	$\{mc_number_of_births\} > 3$
CURRENT USER ERROR - What you replied for FFQ179a or FFQ179aa and the method response you gave in the method calendar for the current month, $\{today_my_lab\}$ is not the same.	$((\{currently_using\} = 'yes' \text{ or } \{currently_using_chk\} = 'yes') \text{ and } (\{mc_this_month_mtd\} \neq \{curr_...$
NON CURRENT USER ERROR - What you replied for FFQ179a or FFQ179aa and the method response you gave in the method calendar for the current month, $\{today_my_lab\}$ is not the same.	$((\{currently_using\} = 'no' \text{ and } \{currently_using_chk\} = '') \text{ or } (\{currently_using\} = 'no' \text{ and } \{c ...$
RECENT USE ERROR -You replied 'Yes' for FFQ181 or FFQ182 and what you have recorded in the contraceptive calendar (FFQ182a) is not similar. <i>Please go back to either FFQ181(FFQ182) or 182a and correct it.</i>	$((\{use_any_other_mthd\} = 'yes' \text{ or } \{used_anything_else\} = 'yes') \text{ and not } (\{mc_method_used\}))$
NON RCENT USER ERROR - You replied 'No' to FFQ181 or FFQ182 and what you have recorded in the contraceptive calendar (FFQ182a) is not similar. <i>Please go back to either FFQ181(FFQ182) or 182a and correct it.</i>	$((\{use_any_other_mthd\} = 'no' \text{ and } \{currently_using\} = 'no') \text{ or } \{used_anything_else\} = 'no') \text{ and } \{m ...$
FFQ182b. Why did you stop using $\{jan_2024_m_lab\}$ in Feb 2024	$\{feb_2024_ms\}$ <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using $\{dec_2023_m_lab\}$ in Jan 2024	$\{jan_2024_ms\}$ <input type="radio"/> Healthcare facility or doctor's office closed or services not available

	<input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${nov_2023_m_lab} in Dec 2023	<div style="text-align: right;">\${dec_2023_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${oct_2023_m_lab} in Nov 2023	<div style="text-align: right;">\${nov_2023_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away

	<input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${sept_2023_m_lab} in Oct 2023	<div style="text-align: right;">\${oct_2023_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${aug_2023_m_lab} in Sep 2023	<div style="text-align: right;">\${sept_2023_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced

	<input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${jul_2023_m_lab} in Aug 2023	<div style="text-align: right;">\${aug_2023_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${jun_2023_m_lab} in Jul 2023	<div style="text-align: right;">\${jul_2023_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience

	<input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${may_2023_m_lab} in Jun 2023	<div style="text-align: right;">\${jun_2023_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${apr_2023_m_lab} in May 2023	<div style="text-align: right;">\${may_2023_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned

	<input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${mar_2023_m_lab} in Apr 2023	<div style="text-align: right;">\${apr_2023_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${feb_2023_m_lab} in Mar 2023	<div style="text-align: right;">\${mar_2023_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve

	<input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${jan_2023_m_lab} in Feb 2023	<div style="text-align: right;">\${feb_2023_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${dec_2022_m_lab} in Jan 2023	<div style="text-align: right;">\${jan_2023_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available

	<input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${nov_2022_m_lab} in Dec 2022	<div style="text-align: right;">\${dec_2022_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${oct_2022_m_lab} in Nov 2022	<div style="text-align: right;">\${nov_2022_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much

	<input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${sep_2022_m_lab} in Oct 2022	<div style="text-align: right;">\${oct_2022_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${aug_2022_m_lab} in Sep 2022	<div style="text-align: right;">\${sep_2022_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic

	<input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${jul_2022_m_lab} in Aug 2022	<div style="text-align: right;">\${aug_2022_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${jun_2022_m_lab} in Jul 2022	<div style="text-align: right;">\${jul_2022_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19

	<input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${may_2022_m_lab} in Jun 2022	<div style="text-align: right;">\${jun_2022_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${apr_2022_m_lab} in May 2022	<div style="text-align: right;">\${may_2022_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other

	<input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${mar_2022_m_lab} in Apr 2022	<div style="text-align: right;">\${apr_2022_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
FFQ182b. Why did you stop using \${feb_2022_m_lab} in Mar 2022	<div style="text-align: right;">\${mar_2022_ms}</div> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response

<p>FFQ182b. Why did you stop using \${jan_2022_m_lab} in Feb 2022</p>	<p style="text-align: right;">\${feb_2022_ms}</p> <ul style="list-style-type: none"> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ182b. Why did you stop using \${dec_2021_m_lab} in Jan 2022</p>	<p style="text-align: right;">\${jan_2022_ms}</p> <ul style="list-style-type: none"> <input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ182b. Why did you stop using \${nov_2021_m_lab} in Dec 2021</p>	<p style="text-align: right;">\${dec_2021_ms}</p>

	<input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
CURRENT/RECENT USERS <i>I will ask you a few more questions on the method that you are currently using or the method you used most recently</i>	(\${current_user} or \${recent_user})
FFQ186. Did the provider tell you or your partner that this method was permanent?	\${current_method} = 'fml_str' or \${current_method} = 'ml_str' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ187. You first started using \${rec_cur_method_lab} in \${rec_cur_method_my_lab}. Where did you or your partner get it at that time? <i>Scroll to bottom to see all choices.</i>	\${cur_mdrn_mtd_usr} or \${rec_mdrn_mtd_usr} <input type="radio"/> GOVT HOSPITAL <input type="radio"/> GOVT HEALTH CENTER <input type="radio"/> GOVT HEALTH POST/HEW <input type="radio"/> HEALTH DEVELOPMENT ARMY <input type="radio"/> PUBLIC PHARMACY <input type="radio"/> OTHER PUBLIC <input type="radio"/> NGO HEALTH FACILITY <input type="radio"/> OTHER NGO <input type="radio"/> PRIVATE HOSPITAL <input type="radio"/> PRIVATE CLINIC <input type="radio"/> PRIVATE PHARMACY <input type="radio"/> OTHER PRIVATE MEDICAL <input type="radio"/> DRUG VENDORS/STORE <input type="radio"/> SHOP <input type="radio"/> FRIEND/RELATIVE <input type="radio"/> SELF

	<input type="radio"/> OTHER <input type="radio"/> DO NOT KNOW <input type="radio"/> NO RESPONSE
FFQ188. When you obtained your \${rec_cur_method_lab} , did the provider ask you about your prior experience with contraception?	\${cur_mdrn_mtd_usr} or \${rec_mdrn_mtd_usr} <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Now I am going to ask you some questions about the family planning consultation you had WHEN YOU RECEIVED YOUR MOST RECENT/CURRENT METHOD. Please tell me how much you agree with each statement based on your experiences WHEN YOU RECEIVED YOUR MOST RECENT/CURRENT METHOD.	
QCC001. During the family planning visit, I felt encouraged to ask questions and express my concerns	<input type="radio"/> Completely agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Completely disagree <input type="radio"/> Do not know <input type="radio"/> No response
QCC002. During the family planning visit, the provider made efforts to ensure there were no interruptions during our session	<input type="radio"/> Completely agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Completely disagree <input type="radio"/> Do not know <input type="radio"/> No response
QCC003. During the family planning visit, the provider asked me questions in order to provide counseling that fit me personally	<input type="radio"/> Completely agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Completely disagree <input type="radio"/> Do not know <input type="radio"/> No response
QCC004. During the family planning visit, I received all of the information I wanted to know about my options for contraceptive methods	<input type="radio"/> Completely agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Completely disagree <input type="radio"/> Do not know <input type="radio"/> No response
QCC005. During the family planning visit, the provider gave me the time I needed to consider the contraceptive options we discussed	<input type="radio"/> Completely agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Completely disagree <input type="radio"/> Do not know <input type="radio"/> No response
QCC006. After the family planning visit, I could understand how my body might react to using contraception	<input type="radio"/> Completely agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Completely disagree

	<input type="radio"/> Do not know <input type="radio"/> No response
QCC007. After the family planning visit, I understood how to use the method(s) we talked about during the consultation	<input type="radio"/> Completely agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Completely disagree <input type="radio"/> Do not know <input type="radio"/> No response
QCC008. During the family planning visit, I was able to give my opinion about what I needed	<input type="radio"/> Completely agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Completely disagree <input type="radio"/> Do not know <input type="radio"/> No response
QCC009. During the family planning visit, I felt pressured by the healthcare provider to use the method they wanted me to use	<input type="radio"/> Completely agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Completely disagree <input type="radio"/> Do not know <input type="radio"/> No response
QCC010. During the family planning visit, I felt scolded because of my marital status.	<input type="radio"/> Completely agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Completely disagree <input type="radio"/> Do not know <input type="radio"/> No response
QCC011. During the family planning visit, I felt listened to by the provider	<input type="radio"/> Completely agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Completely disagree <input type="radio"/> Do not know <input type="radio"/> No response
QCC012. During the family planning visit, I felt the provider discouraged me from using contraception because of my age, marital status, or parity.	<input type="radio"/> Completely agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Completely disagree <input type="radio"/> Do not know <input type="radio"/> No response
FFQ189. When you obtained your \${rec_cur_method_lab}, did you obtain the method you wanted to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
PNL 012. How satisfied are you with the method you are currently using?	<div style="text-align: right;">\${cur_mdrn_mtd_usr}</div> <input type="radio"/> Very satisfied <input type="radio"/> Satisfied <input type="radio"/> Neither satisfied nor dissatisfied <input type="radio"/> Dissatisfied

	<input type="radio"/> Very dissatisfied <input type="radio"/> No response
PNL012a. Would you prefer to be using a different method?	\${cur_mdrn_mtd_usr} <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
PBL012b. What method would you prefer to use?	\${prefer_different_mthd}='yes' <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"/> Std. Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> No response
FFQ190. Why did you choose the implant? <i>Select multiple</i>	\${curr_mthd_calc} = 'implant' or \${recent_method} = 'implant' <input type="checkbox"/> Long duration of protection <input type="checkbox"/> Less need for follow-up <input type="checkbox"/> Unavailability of other methods <input type="checkbox"/> Provider recommended <input type="checkbox"/> Other <input type="checkbox"/> No response
FFQ191. At the visit when the implant was inserted, were you told for how long the implant would protect you from pregnancy?	\${curr_mthd_calc} = 'implant' or \${recent_method} = 'implant' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ192. Were you told where you could go to have the implant removed?	\${curr_mthd_calc} = 'implant' or \${recent_method} = 'implant' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ193. Were you told how much it would cost to get your implant removed?	\${curr_mthd_calc} = 'implant' or \${recent_method} = 'implant' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

<p>FFQ194. When you obtained your \${rec_cur_method_lab} , were you told by the provider about side effects or problems you might have with a method to delay or avoid pregnancy?</p>	<p style="text-align: right;">\${cur_mdrn_mtd_usr} or \${rec_mdrn_mtd_usr}</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ196. Were you told what to do if you experienced these side effects or problems?</p>	<p style="text-align: right;">\${told_side_effects}='yes'</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ197. At that time, were you told by a family planning provider about methods of family planning other than \${rec_cur_method_lab} that you could use?</p>	<p style="text-align: right;">\${cur_mdrn_mtd_usr} or \${rec_mdrn_mtd_usr}</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ199. At that time, were you told that you could switch to a different method in the future?</p>	<p style="text-align: right;">\${cur_mdrn_mtd_usr} or \${rec_mdrn_mtd_usr}</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ200. During that visit, who made the final decision about what method you got?</p>	<p style="text-align: right;">\${cur_mdrn_mtd_usr} or \${rec_mdrn_mtd_usr}</p> <p><input type="radio"/> You alone <input type="radio"/> Provider <input type="radio"/> Partner <input type="radio"/> You and provider <input type="radio"/> You and partner <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ201. Would you return to this provider? Provider: \${curr_mthd_src_lab}</p>	<p style="text-align: right;">(\${current_method_source} != 'priv_pharmacy' and \${current_method_source} != 'friend_relative' a ...</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know</p>
<p>FFQ202. Would you refer your relative or friend to this provider / facility? Provider: \${curr_mthd_src_lab}</p>	<p style="text-align: right;">(\${current_method_source} != 'priv_pharmacy' and \${current_method_source} != 'friend_relative' a ...</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know</p>
	<p style="text-align: right;">(\${currently_using} = 'yes' or \${currently_using_chk}='yes') or (\${used_anything_else} = 'yes')</p>

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Anyone else? SELECT ALL THAT APPLY		<input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Health extension worker <input type="checkbox"/> Other professional health care worker <input type="checkbox"/> Traditional healer <input type="checkbox"/> OTHER <input type="checkbox"/> DO NOT KNOW <input type="checkbox"/> NO RESPONSE
(\${current_user} or \${recent_user})		
FFQ209. The last time you received your \${rec_cur_method_lab}, did you have to pay out of pocket for:		
A) Medical card?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response	
B) Supplies (like gloves or syringes)	\${cur_mdrn_mtd_usr} or \${rec_mdrn_mtd_usr} <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response	
C) The method itself?	\${cur_mdrn_mtd_usr} or \${rec_mdrn_mtd_usr} <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response	
D) Transportation?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response	
FFQ210. Do you want to have your implant removed?		
		\${curr_mthd_calc}='implant' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ211a. In the past 12 months, did you try to have your current implant removed?		
		\${curr_mthd_calc}='implant' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ211b. Where did you go to try to have your implant removed?		
		\${tried_imp_rmvd}='yes' <input type="radio"/> GOVT HOSPITAL <input type="radio"/> GOVT HEALTH CENTER <input type="radio"/> GOVT HEALTH POST/HEW <input type="radio"/> HEALTH DEVELOPMENT ARMY

	<input type="radio"/> PUBLIC PHARMACY <input type="radio"/> OTHER PUBLIC <input type="radio"/> NGO HEALTH FACILITY <input type="radio"/> OTHER NGO <input type="radio"/> PRIVATE HOSPITAL <input type="radio"/> PRIVATE CLINIC <input type="radio"/> PRIVATE PHARMACY <input type="radio"/> OTHER PRIVATE MEDICAL <input type="radio"/> DRUG VENDORS/STORE <input type="radio"/> HOME (including friend/relative home) <input type="radio"/> OTHER <input type="radio"/> DO NOT KNOW <input type="radio"/> NO RESPONSE
FFQ211c. Who tried to remove the implant?	<div style="text-align: right;">\${tried_imp_rmvd}='yes'</div> <input type="radio"/> Self <input type="radio"/> Friend/Relative <input type="radio"/> Partner <input type="radio"/> HEW <input type="radio"/> Other professional healthcare provider, can't distinguish <input type="radio"/> No one tried <input type="radio"/> No response
FFQ212. Why were you not able to have your implant removed? <i>Select all that apply</i>	<div style="text-align: right;">\${tried_imp_rmvd}='yes'</div> <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 on another day <input type="checkbox"/> Referred elsewhere <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
FFQ213. When you stopped using the implant, where did you go to have your implant removed? <i>Scroll to bottom to see all choices.</i>	<div style="text-align: right;">\${recent_method} = 'implant'</div> <input type="checkbox"/> GOVT HOSPITAL <input type="checkbox"/> GOVT HEALTH CENTER <input type="checkbox"/> GOVT HEALTH POST/HEW <input type="checkbox"/> HEALTH DEVELOPMENT ARMY <input type="checkbox"/> PUBLIC PHARMACY <input type="checkbox"/> OTHER PUBLIC <input type="checkbox"/> NGO HEALTH FACILITY <input type="checkbox"/> OTHER NGO <input type="checkbox"/> PRIVATE HOSPITAL <input type="checkbox"/> PRIVATE CLINIC <input type="checkbox"/> PRIVATE PHARMACY <input type="checkbox"/> OTHER PRIVATE MEDICAL

	<input type="checkbox"/> DRUG VENDORS/STORE <input type="checkbox"/> SHOP <input type="checkbox"/> FRIEND/RELATIVE <input type="checkbox"/> SELF <input type="checkbox"/> OTHER <input type="checkbox"/> DO NOT KNOW <input type="checkbox"/> NO RESPONSE
FFQ214. Who removed the implant?	<pre> \${recent_method} = 'implant' </pre> <input type="radio"/> Self <input type="radio"/> Friend/Relative <input type="radio"/> Partner <input type="radio"/> HEW <input type="radio"/> Other professional healthcare provider, can't distinguish <input type="radio"/> No one tried <input type="radio"/> No response
CURRENT NON-USERS	<pre> (\${currently_using} = 'no' and \${currently_using_chk}='no' and \${used_anything_else} = 'no') or (... </pre>
FFQ217. Have you ever done anything or tried in any way to delay or avoid getting pregnant?	<pre> (\${currently_using} = 'no' and \${currently_using_chk}='no' and \${used_anything_else} = 'no') or (... </pre> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

FFQ218. You said that you do not want any / anymore children and that you are not using a method to avoid pregnancy. Can you tell me the reason why you are not using a method to prevent pregnancy? PROBE: Any other reason? <i>RECORD ALL REASONS MENTIONED. Cannot select "Not married" if 104 is "Yes, currently married". Scroll to the bottom to see all choices.</i>	<pre> (\${currently_using} = 'no' and \${currently_using_chk}='no') and ((\${birth_gap} = 'years' and \${b ... </pre> <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/partner away <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 reasons <input type="checkbox"/> Does not know of a method <input type="checkbox"/> Does not know where to get method <input type="checkbox"/> Fear of side effects <input type="checkbox"/> Health concerns <input type="checkbox"/> Too far to get method
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	<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
FFQ219. Would you say that NOT using contraception is mainly your decision, mainly your husband/partner's decision or do you both decide together?	<pre> ({currently_using} != 'yes' and {currently_using_chk} != 'yes') and {pregnant_now} != 'yes' </pre> <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
FFQ220. Do you think you will use a contraceptive method to delay or avoid getting pregnant in the future?	<pre> ({currently_using} != 'yes' and {currently_using_chk} != 'yes') or {pregnant_now} = 'yes' </pre> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ221. When do you think you will start using a method?	<pre> {future_method_use} = 'yes' </pre> <input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> Soon/now <input type="radio"/> After the birth of this child <input type="radio"/> Do not know <input type="radio"/> No response
Please enter the number of {when_future_use_lab}	<pre> {future_method_use} = 'yes' and ({when_future_use} != '-88' and {when_future_use} != '-99' and { ... </pre>
FFQ222. How old were you when you first used a method to delay or avoid getting pregnant? The respondent said she was {last_dob_age} years old at her last birthday. <i>Enter the age in years. Enter -88 if respondent does not know. Enter -99 if there is no response. Cannot be younger than 9.</i>	<pre> (({currently_using} = 'yes' or {currently_using_chk} = 'yes') or ({used_anything_else} = 'yes' ... </pre>
FFQ223. How many living children did you have at that time, if any? Note: the respondent said that she gave birth {total_births_entry} times in FFQ019. <i>Enter -99 for no response</i>	<pre> {first_usage_age} > 9 </pre>
FFQ224. Have you used emergency contraception at any time in the last 12 months? <i>PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within three to five days to prevent pregnancy.</i>	<pre> {curr_mthd_calc} != 'emer_cont' and {tried_avoid_preg} != 'no' </pre>

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	<input type="radio"/> Do not know <input type="radio"/> No response
FFQ253. Did you talk with your partner about using your \${rec_cur_method_lab} before you started using, after you started using, or you have not talked about it?	\${partner_knew}='yes' <input type="radio"/> Before <input type="radio"/> After <input type="radio"/> No discussion <input type="radio"/> No response
FFQ254. Why have you not discussed your family planning use with your husband/partner? <i>Select all that apply—do not read options aloud</i>	\${partner_knew} = 'no' or \${talked_before_after} = 'no_discussion' <input type="checkbox"/> It does not concern him <input type="checkbox"/> There might be negative consequences in telling him <input type="checkbox"/> He doesn't know about FP <input type="checkbox"/> Other <input type="checkbox"/> No response
FFQ255. In the past 12 months, has your husband/partner:	\${marital_status} = 'yes_married' or \${marital_status} = 'yes_living_wman'
a. Made you feel bad or treated you badly for wanting to use a FP method to delay or prevent pregnancy?	\${marital_status} = 'yes_married' or \${marital_status} = 'yes_living_wman' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
b. Tried to force or pressure you to become pregnant?	\${marital_status} = 'yes_married' or \${marital_status} = 'yes_living_wman' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
c. Said he would leave you if you did not get pregnant?	\${marital_status} = 'yes_married' or \${marital_status} = 'yes_living_wman' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
d. Told you he would have a baby with someone else if you did not get pregnant?	\${marital_status} = 'yes_married' or \${marital_status} = 'yes_living_wman' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

<p>e. Taken away your family planning or kept you from going to the clinic to get family planning?</p>	<p> <code>{marital_status} = 'yes_married' or {marital_status} = 'yes_living_wman'</code> </p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p style="text-align: center;">Section-6 Empowerment/Norms</p> <p><i>Now I'm going to ask you a series of statements about family planning. For each, please tell me how strongly you agree or disagree with the statement. Some will seem similar but we would like you to consider each one as different.</i></p> <p><i>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.</i></p>	
<p>FFQ256. If I use family planning, my husband/partner may seek another sexual partner.</p>	<p> <input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response </p>
<p>FFQ257. If I use family planning, I may have trouble getting pregnant the next time I want to.</p>	<p> <input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response </p>
<p>FFQ258. There could be/will be conflict in my relationship/marriage if I use family planning.</p>	<p> <input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response </p>
<p>FFQ259. If I use family planning, my children may not be born normal.</p>	<p> <input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response </p>
<p>FFQ260. 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 agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response </p>

WGE_2. I can decide to switch from one family planning method to another if I want to.	<input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
WGE_3. I feel confident telling my provider what is important for me when selecting a family planning method.	<input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
WGE_4. I feel confident discussing family planning with my husband/partner.	<input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
FFQ261. It is acceptable for a woman to use family planning before she has children	<input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
FFQ262. Women who use family planning are considered promiscuous	<input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
FFQ263. Couples who use family planning are financially responsible	<input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
FFQ264. Women should be the ones to decide about family planning	<input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response

SECTION 7 - Social Accountability Constructs & Outcomes Questions

The next series of questions are about the values, attitudes, and interactions of both service users and health care providers with regard to social accountability processes in reproductive health

#{consent_obtained}

Section 7.1 - Participation and Voice	#{consent_obtained}
<p>CSC901. Have you heard about a Community Scorecard process to improve health services for your community?</p> <p><i>Hint: The Community Score Card process is a community-based monitoring tool that enables citizens to voice their assessment of a priority health services. It is an instrument used to elicit social and public accountability and increases the responsiveness of health service provider..</i></p>	<p>#{consent_obtained}</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
CSC902a. In the past 12 months, have you participated in a Community Scorecard meeting focused on improving health services for your community?	<p>#{heard_about_csc} = 'yes'</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
CSC902b. Have you ever participated in a Community Scorecard meeting focused on improving health services for your community?	<p>#{part_csc_meetings_12m} = 'no'</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
#{consent_obtained}	
CSC903. If you went to a community meeting focused on identifying health service delivery issues in your community...	
A) How sure are you that you could express your opinion at a community meeting?.	<p> <input type="radio"/> Not at all sure <input type="radio"/> Somewhat unsure <input type="radio"/> Neither sure/unsure <input type="radio"/> Somewhat sure <input type="radio"/> Completely sure <input type="radio"/> No response </p>
#{consent_obtained}	
CSC903B. If you went to a community meeting focused on identifying health service delivery issues in your community...	
B) How sure are you that you could express your opinion at a community meeting if a few people did not agree with what you were saying.	<p> <input type="radio"/> Not at all sure <input type="radio"/> Somewhat unsure <input type="radio"/> Neither sure/unsure <input type="radio"/> Somewhat sure <input type="radio"/> Completely sure <input type="radio"/> No response </p>
#{consent_obtained}	

CSC903C. If you went to a community meeting focused on identifying health service delivery issues in your community...	
C) How sure are you that you could express your opinion at a community meeting if many people did not agree with what you were saying?.	<input type="radio"/> Not at all sure <input type="radio"/> Somewhat unsure <input type="radio"/> Neither sure/unsure <input type="radio"/> Somewhat sure <input type="radio"/> Completely sure <input type="radio"/> No response
CSC904. How sure are you that the people in your community could work together with health providers/officials to improve health services in your community?	\${consent_obtained} <input type="radio"/> Not at all sure <input type="radio"/> Somewhat unsure <input type="radio"/> Neither sure/unsure <input type="radio"/> Somewhat sure <input type="radio"/> Completely sure <input type="radio"/> No response
Section 7.2 - Agency/Empowerment	\${consent_obtained}
Now I am going to ask you some questions about your perception on your choices and rights regarding family planning services utilization. Please tell me how much you agree or disagree with each statement based on your experiences WHEN YOU RECEIVED YOUR MOST RECENT/CURRENT METHOD.	\${consent_obtained}
CSC906. A healthcare provider has the right to refuse to provide me family planning information, services, and contraceptives because of who I am.	\${consent_obtained} <input type="radio"/> Strongly agree <input type="radio"/> Agree <input type="radio"/> Neither agree/disagree <input type="radio"/> Disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
CSC907. The government ensures that family planning methods and services are free of cost.	\${consent_obtained} <input type="radio"/> Strongly agree <input type="radio"/> Agree <input type="radio"/> Neither agree/disagree <input type="radio"/> Disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
CSC908. I have the right to privacy during my family planning visits.	\${consent_obtained} <input type="radio"/> Strongly agree <input type="radio"/> Agree <input type="radio"/> Neither agree/disagree <input type="radio"/> Disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
CSC909. If I am unhappy with the care I received, I know there are ways to make a complaint.	\${consent_obtained} <input type="radio"/> Strongly agree <input type="radio"/> Agree <input type="radio"/> Neither agree/disagree

	<input type="radio"/> Disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
CSC910. Healthcare providers must answer all my health-related questions.	<div style="text-align: right;">\${consent_obtained}</div> <input type="radio"/> Strongly agree <input type="radio"/> Agree <input type="radio"/> Neither agree/disagree <input type="radio"/> Disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
CSC911. Healthcare providers should inform me about the different family planning options.	<div style="text-align: right;">\${consent_obtained}</div> <input type="radio"/> Strongly agree <input type="radio"/> Agree <input type="radio"/> Neither agree/disagree <input type="radio"/> Disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
CSC912. I can refuse any family planning method offered if I do not want to use it.	<div style="text-align: right;">\${consent_obtained}</div> <input type="radio"/> Strongly agree <input type="radio"/> Agree <input type="radio"/> Neither agree/disagree <input type="radio"/> Disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
<p style="text-align: center;">Section 8. Sexual Activity</p> <p style="text-align: center;"><i>Now I'm going to ask you a few sensitive questions about sexual activity. 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.</i></p> <p style="text-align: center;"><i>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</i></p>	
FFQ277. You stated that you were not currently married, but are you currently in a relationship?	<div style="text-align: right;"> (\${marital_status} != 'yes_married' and \${marital_status} != 'yes_living_wman') </div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ278. How long have you been in a relationship with your current partner?	<div style="text-align: right;">\${in_rshp}='yes'</div> <input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> No response

Please enter the number of \${how_long_in_rshp_lab}	<pre> \${how_long_in_rshp} = 'months' or \${how_long_in_rshp} = 'years' </pre>
<p>FFQ279a. How old were you when you first had sexual intercourse? The respondent said she was \${last_dob_age} years old at her last birthday. She has had \${total_births_entry} live births.</p> <p><i>Enter the age in years. Enter -77 if she never had sex. Enter -88 if respondent does not know. Enter -99 for no response.</i></p>	<pre> \${consent_obtained} </pre>
<p>FFQ279b. You have entered that the respondent was \${age_first_intercourse} years old when she first had sexual intercourse. Is this what she said?</p> <p><i>Go back and correct FFQ279a if it is not correct.</i></p>	<pre> (\${age_first_intercourse} >= 0 and \${age_first_intercourse} < 10) and (\${age_first_intercourse} != ... </pre> <p> <input type="radio"/> Yes <input type="radio"/> No </p>
<p>FFQ281. When was the last time you had sexual intercourse?</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. Enter -99 for no response</i></p>	<pre> \${age_first_intercourse} != -77 and \${consent_obtained} </pre> <p> <input type="radio"/> Days ago <input type="radio"/> Weeks ago <input type="radio"/> Months ago <input type="radio"/> Years ago </p>
Please enter the number of \${when_last_intercourse_lab}	<pre> \${age_first_intercourse} != -77 and \${consent_obtained} </pre>
<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>	<pre> \${age_first_intercourse} > 0 or \${age_first_intercourse} = '- 88' or \${age_first_intercourse} = '-99' </pre>
<p>WGE_11. If I refuse sex with my husband/partner, he may stop supporting me.</p>	<pre> \${age_first_intercourse} > 0 or \${age_first_intercourse} = '- 88' or \${age_first_intercourse} = '-99' </pre> <p> <input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response </p>
<p>WGE_12. If I refuse sex with my husband/partner, he may force me to have sex.</p>	<pre> \${age_first_intercourse} > 0 or \${age_first_intercourse} = '- 88' or \${age_first_intercourse} = '-99' </pre> <p> <input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree </p>

	<input type="radio"/> Strongly disagree <input type="radio"/> No response
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WGE_13. If I refuse sex with my husband/partner, he may physically hurt me.	$\text{\$}\{age_first_intercourse\} > 0$ or $\text{\$}\{age_first_intercourse\} = '-88'$ or $\text{\$}\{age_first_intercourse\} = '-99'$ <input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
WGE_14. If I show my husband/partner that I want to have sex, he may consider me promiscuous.	$\text{\$}\{age_first_intercourse\} > 0$ or $\text{\$}\{age_first_intercourse\} = '-88'$ or $\text{\$}\{age_first_intercourse\} = '-99'$ <input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
WGE_15. I am confident I can tell my husband/partner when I want to have sex.	$\text{\$}\{age_first_intercourse\} > 0$ or $\text{\$}\{age_first_intercourse\} = '-88'$ or $\text{\$}\{age_first_intercourse\} = '-99'$ <input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
WGE_16. I am able to decide when to have sex.	$\text{\$}\{age_first_intercourse\} > 0$ or $\text{\$}\{age_first_intercourse\} = '-88'$ or $\text{\$}\{age_first_intercourse\} = '-99'$ <input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
WGE_17. If I do not want to have sex, I can tell my husband/partner.	$\text{\$}\{age_first_intercourse\} > 0$ or $\text{\$}\{age_first_intercourse\} = '-88'$ or $\text{\$}\{age_first_intercourse\} = '-99'$ <input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree

	<input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
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WGE_18. If I do not want to have sex, I am capable of avoiding it with my husband/partner.	$\text{\$}\{\text{age_first_intercourse}\} > 0$ or $\text{\$}\{\text{age_first_intercourse}\} = '-88'$ or $\text{\$}\{\text{age_first_intercourse}\} = '-99'$ <input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
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We understand that this interview may have raised some difficult issues. How are you feeling after we've asked these questions? Would you like to speak with a trained care provider further? We can connect you to the local health center for follow-up care.	$\text{\$}\{\text{consent_obtained}\}$
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Follow-up Consent $\text{\$}\{\text{consent_obtained}\}$	
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801. Thank you for the time you have kindly granted us. Would you be willing to participate in another survey in the future?	$\text{\$}\{\text{consent_obtained}\}$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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802a. Do you own a phone? <i>To select yes, the phone should be equipped with a mobile or fixed voice subscription.</i>	$\text{\$}\{\text{consent_obtained}\}$ <input type="radio"/> Yes, Mobile <input type="radio"/> Yes, Fixed <input type="radio"/> No <input type="radio"/> No response
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802b. Do you have access to a phone owned by members of your household or other people that you can be easily reached over the phone?	$\text{\$}\{\text{own_phone}\} = 'no'$ <input type="radio"/> Yes, Mobile <input type="radio"/> Yes, Fixed <input type="radio"/> No <input type="radio"/> No response
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802c. Would you please tell me your relationship to the owner of the phone? <i>We are asking here only about the primary phone number.</i>	$\text{\$}\{\text{access_phone}\} = 'yes_mobile'$ or $\text{\$}\{\text{access_phone}\} = 'yes_fixed'$ <input type="radio"/> Husband/partner <input type="radio"/> Son/Daughter/in-law <input type="radio"/> Brother/Sister/in-law <input type="radio"/> Parent/in-law <input type="radio"/> Other relative <input type="radio"/> Neighbor <input type="radio"/> HEW/HDA <input type="radio"/> PMA Field Guide/Translator
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	<input type="radio"/> other <input type="radio"/> No response
803. Can I have your primary phone number in case we would like to follow up with you in the future? <i>Enter a 10 digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	({own_phone} = 'yes_mobile' or \${own_phone} = 'yes_fixed') or (\${access_phone} = 'yes_mobile' or ...
804. Can you repeat the number again? <i>Enter a 10 digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	\${get_primary_pnumber}!='0' and \${get_primary_pnumber}!='' and \${consent_obtained}
805. Can I have your secondary phone number in case we would like to follow up with you in the future? <i>Enter a 10 digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	({own_phone} = 'yes_mobile' or \${own_phone} = 'yes_fixed') or (\${access_phone} = 'yes_mobile' or ...
806. Can you repeat the number again? <i>Enter a 10 digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	\${get_secondary_pnumber}!='0' and \${get_secondary_pnumber}!='' and \${consent_obtained}
END OF SURVEY Thank the respondent for her time <i>The respondent is finished, but there are still 3 more questions for you to complete outside the home</i>	\${consent_obtained}
Location	
U. Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m. GPS coordinates can only be collected when outside.</i>	
V. Did you have to step away from the respondent's home to take the GPS reading?	<input type="radio"/> Yes <input type="radio"/> No
QUESTIONNAIRE RESULT	
W. 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
X. What language was this interview conducted in?	<input type="radio"/> English <input type="radio"/> Amharic <input type="radio"/> Afaan Oromo <input type="radio"/> Tigrigna <input type="radio"/> Sidamigna <input type="radio"/> Wolayitigna <input type="radio"/> Afar <input type="radio"/> Somali <input type="radio"/> Kefigna <input type="radio"/> Other
Y. Was a translator used for this interview?	<input type="radio"/> Yes <input type="radio"/> No

<p>Z. Questionnaire result <i>Record the result of the Female Questionnaire</i></p>	<p> <input type="radio"/> Completed <input type="radio"/> Not at home <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Incapacitated <input type="radio"/> Respondent death <input type="radio"/> Respondent temporarily moved <input type="radio"/> Respondent permanently moved <input type="radio"/> Household moved </p>
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