**Female Screening Questionnaire**

### Identification

Please record the following identifying information prior to beginning the interview.

<table>
<thead>
<tr>
<th>NO</th>
<th>Questions and Filters</th>
<th>Coding Categories</th>
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</thead>
</table>
| A  | **Is this your name?**  
   [Interviewer name from Household Screening Questionnaire]  
   *Check the button next to the name if that is your name and select ‘yes’ here. Do not check the button if that is not your name and select ‘no’ here (long press to remove response next to the name if needed).* | Yes .......................... 1  
   No .......................... 0 | Always |
| A2 | **Enter your name below.**  
   *Please record your name* | Interviewer’s Name | A=0 |
| B  | **Is this date and time correct?**  
   [The current date and time will be displayed on screen] | Yes .......................... 1  
   No .......................... 0 | Always |
| C  | **Record the correct date and time**  
   Date | Month | Day | Year |
   Time | Hour | Minutes | AM/PM | B=0 |
| D  | The following information is from the Household Screening Questionnaire.  
   Please review to make sure you are interviewing the correct respondent.  
   [ODK will display the geographic location information, Structure Number, and Household Number from the linked Household Questionnaire.]  
   **Is the above information correct?**  
   Go to the right household or update the Household Screening Questionnaire if needed. | Yes .......................... 1  
   No .......................... 0 | Always |
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|    | CHECK: You should be attempting to interview [Respondent’s Name]. Is that correct?  
If misspelled, select “Yes” here and update the name in question “K.”  
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 | Yes ..................................................... 1  
No ..................................................... 0 | Always |
|    | How well acquainted are you with the respondent? | Very well acquainted ..................... 1  
Well acquainted ..................... 2  
Not well acquainted ..................... 3  
Not acquainted ..................... 4 | Always |
|    | Is the respondent present and available to be interviewed today? | Yes ..................................................... 1  
No ..................................................... 0 | Always |

**INFORMED CONSENT**

*Find the woman between the ages of 15-49 associated with this Screening Questionnaire. The interview must have auditory privacy. Read the following greeting:*

|    | Explain the consent form to the respondent. Then, ask: May I begin the interview now? | Yes ..................................................... 1  
No ..................................................... 0 | F=1 |
|    | Interviewer’s name [ODK will display the Interviewer’s name from linked Household Screening Questionnaire]  
*Mark your name as a witness to the consent process.* |  | G=1 |
|    | Respondent’s Name |  |  |

**SCREENING QUESTIONNAIRE**
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<tbody>
<tr>
<td>FSQ 0</td>
<td>In what month and year were you born? The age in the household screening questionnaire is [AGE].</td>
<td>Month  &lt;br&gt; Year</td>
<td>G=1</td>
</tr>
<tr>
<td>FSQ 00</td>
<td>How old were you at your last birthday? Must be more than 14. Must agree with FSQ0.</td>
<td>Age</td>
<td>G=1</td>
</tr>
<tr>
<td>FSQ 1</td>
<td>Are you pregnant now?</td>
<td>Yes .............................................................. 1  &lt;br&gt; No .......................................................... 0  &lt;br&gt; No response .............................................-99</td>
<td>G=1</td>
</tr>
<tr>
<td>FSQ 2</td>
<td>How many months pregnant are you?</td>
<td>Months:  &lt;br&gt; No response .............................................-99</td>
<td>FSQ1=1</td>
</tr>
<tr>
<td>FSQ 3</td>
<td>When did your last menstrual period start? If you select days, weeks, months or years, you will enter a number for x on the next screen. Enter 0 days for today, not 0 weeks/months/years.</td>
<td>Days ago:  &lt;br&gt; Weeks ago:  &lt;br&gt; Months ago:  &lt;br&gt; Years ago:  &lt;br&gt; Before last birth ............................................. 5  &lt;br&gt; Never menstruated ............................................. 6  &lt;br&gt; In menopause/has had hysterectomy ... 7  &lt;br&gt; No response .............................................-99</td>
<td>G=1</td>
</tr>
<tr>
<td></td>
<td>If time since LMP &gt; 3 months but response to pregnancy status is ‘No’ ODK will display:] CHECK: Based on the response you entered in FSQ1, the respondent has not had her menstrual period in the last three months. Please verify pregnancy status</td>
<td>(FSQ3&gt;3 &amp; FSQ1=0)  &lt;br&gt; OR  &lt;br&gt; (FSQ3&gt;3 &amp; FSQ1=--99)</td>
<td></td>
</tr>
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Now I would like to ask a question about your current pregnancy. If FSQ1=1
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| FSQ 4 | Where would you like to deliver your baby? | Her Home .................................. 1  
Other home.................................. 2  
Government hospital ......................... 11  
Government health center .................... 12  
Government health post ...................... 13  
Other public sector .......................... 14  
Private hospital/clinic ..................... 21  
Other private medical sector.............. 22  
NGO/Faith-based health facility........... 31  
Other........................................... 96  
Have not decided yet.........................-88  
No response ...................................-99  | FSQ1=1 |
| FSQ 5 | 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? | Then .......................................... 1  
Later .......................................... 2  
Not at all .................................... 3  
No response ...................................-99  | FSQ=1 |
| FSQ 6 | At the time you became pregnant, were you using any method(s) of contraception to avoid becoming pregnant? | Yes .......................................... 1  
No .............................................. 0  
No response ...................................-99  | FSQ=1 |
| FSQ 7 | If yes, which method or methods were you using?  
Probe: Anything else?  
Select all methods mentioned. Be sure to scroll to bottom to see all choices. | Female Sterilization....................... 1/0  
Male Sterilization ......................... 1/0  
Implant........................................ 1/0  
IUD ............................................. 1/0  
Injectables ................................... 1/0  
Pill............................................... 1/0  
Emergency Contraception .................. 1/0  
Male Condom .................................. 1/0  
Female Condom .............................. 1/0  
Std. Days/Cycle beads ...................... 1/0  
LAM ............................................. 1/0  
Other modern ................................ 1/0  
Rhythm method .............................. 1/0  
Withdrawal.................................... 1/0  
Other traditional methods ............... 1/0  
No response ...................................-99  | FSQ6=1 |
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| FSQ 8 | Do you have an insecticide treated net in your household? | Yes ........................................ 1  
No ........................................ 0  
Don’t know .................................... -88  
No response ................................... -99 | G=1 |
| FSQ 9 | Do you have regular access to a mobile phone or landline? | Yes, own ........................................ 1  
Yes, within household ................................ 2  
Yes, neighbor ....................................... 3  
No access .......................................... 0 | (FSQ1=1 & FSQ2>6) |
| FSQ 10 | Do you also have network coverage where you regularly access the phone? | Yes, coverage is reliable ................................ 1  
Yes, but network coverage is not reliable at times ................................... 2  
No network coverage .................................. 0 | FSQ9=1, 2, 3 |

**LONGITUDINAL STUDY INFORMED CONSENT**

[FOR ANDUALEM: SCREEN SHOULD ONLY APPEAR IF (FSQ1=1 & FSQ2>=6)]

*Read Longitudinal Informed Consent script here:*

| FSQ 11 | Do you consent to be enrolled in the study? | Yes ........................................ 1  
No ........................................ 0 | (FSQ1=1 & FSQ2>=6) |
| FSQ 11 | If the respondent is randomly selected to the phone interview to be conducted 6 months after birth, ODK will display: | Yes ........................................ 1  
No ........................................ 0 | If random_num < 0.5 and SQ11 = '1' and SQ9='1' or '2' |
| FSQ 12 | Can you please give me your phone number and an alternate phone number if we are unable to reach you? | Phone number:  
Alternate phone number: | FSQ11=1 and FSQ 9= 1 or 2 or 3 |
| FSQ 13 | Do you intend to move to your parent's or relative's home right before or after delivery of this pregnancy? | Yes ........................................ 1  
No ........................................ 0  
Do not know .................................... -88 | FSQ11=1 |
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</table>
| FSQ 14 | Do they live in the same or adjacent kebele? | Yes ........................................ 1  
No ........................................... 0  
Don’t know .................................. -88 | FSQ13=1 |
| FSQ 15 | Do they live in the same or adjacent district? | Yes ........................................ 1  
No ........................................... 0  
Don’t know .................................. -88 | FSQ13=1 |

**LOCATION AND QUESTIONNAIRE RESULT**

<table>
<thead>
<tr>
<th>J</th>
<th>Location</th>
<th>RECORD LOCATION</th>
<th>Always</th>
</tr>
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</table>
| 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. | | |

| K | How many times have you visited this household to interview this female respondent? | 1<sup>st</sup> time .................................... 1  
2<sup>nd</sup> time .................................... 2  
3<sup>rd</sup> time .................................... 3 | Always |

| L | Questionnaire result | Completed .................................... 1  
Not at home .................................... 2  
Postponed .................................... 3  
Refused .................................... 4  
Partly completed ................................ 5  
Incapacitated ................................ 6 | Always |