PMA ETHIOPIA
PERFORMANCE MONITORING FOR ACTION

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH | Bill & Melinda Gates Institute for Population and Reproductive Health

PMA-Ethiopia
Panel Cohort 2 One Year Follow-up Survey
Female Questionnaire

SECTION 1 - IDENTIFICATION	
Enter the three digits of your Phone's ID If it contains only two digits start with 0 followed by two digits, Example: 014. FOR TESTING PURPOSE ENTER 371.	
A. Your name: ${your_name} Is this your name? 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).	${your_name} != '' ◯ Yes ◯ No
WARNING - Unable to find your name for the ID your provided - ${phone_id_calc}. Please enter your full name in the next screen.	${your_name} = ''
A. Enter your name below. Please record your name	(${your_name_check} = 'no') or (${your_name} = '')
Current date	Day: Month: Year:
B. Is this date and time correct?	◯ Yes ◯ No
C. Record the correct date and time	${system_date_check} = 'no' Day: Month: Year:
E1. Region	◯ Amhara ◯ Oromiya ◯ Snnp ◯ Addis Ababa filter_list=${this_form}
E2. Zone	
E3. District	
E4. Locality Name	
E5. Enumeration area	
E6. Structure number Please record the structure number from the woman's ID card.	
E7. Household number Please record the household number from the woman's ID card.	

E8. Check: Have you already sent a form for this structure and household? Do not duplicate any form unless you are correcting a mistake in an earlier form.	◯ Yes ◯ No
WARNING: Contact your supervisor before sending this form again.	${duplicate_check}='yes'
E9. CHECK: Why are you resending this form? Choose all that apply.	${duplicate_check}='yes' ☐ I am correcting a mistake made on a previous form ☐ The previous form disappeared from my phone without being sent ☐ I submitted the previous form and my supervisor told me that it was not received ☐ Other reason(s)
D. QR Code Scan the QR code that appears on the ID card given at enrollment. If you are unable to scan the QR code enter the number on the next screen.	
CHECK: Are the last 4 digits the same as the two digit EA number and the two digit number on the ID card? If no, enter the 2 digit ID number on the next screen	◯ Yes ◯ No
D1. Record the correct number on the ID card Confirm that the QR code matches the code on the card before advancing.	${qr_check}='no'
D2. Does the QR code match what is on the paper? QR Code - ${qr_code}	◯ Yes ◯ No
F. Respondent's name Enter the respondent's name exactly as it appears on the ID card given at enrollment.	
G. Is the respondent present and available to be interviewed today?	◯ Yes ◯ No, unavailable ◯ No, died
H. Date of death Enter '01-01-2030' for do not know	${available_rw} = 'no_died' Day: Month: Year:
INFORMED CONSENT Confirm that this woman, is willing to participate in the study.	${available_rw} = 'yes'
I. Do you still consent to participate in the study?	${available_rw} = 'yes' ◯ Yes ◯ No
M. Interviewer's name: ${your_name} Mark your name as a witness to the consent process.	${consent_obtained} and ${name_typed} = '' ◯

M. Interviewer's name Please record your name as a witness to the consent process. You previously entered "${name_typed}."	${consent_obtained} and ${name_typed} != ''

SECTION 2 - AWARENESS, RISK PERCEPTION, VACCINATION AND FOOD SECURITY RELATED TO COVID-19

The next series of questions are about COVID-19, also called Coronavirus

${consent_obtained}

COV4. How concerned are you about the spread of Coronavirus (COVID-19) in your community? Read all options	${consent_obtained} ◯ Very concerned ◯ Concerned ◯ A little concerned ◯ Not concerned ◯ No response
COV5. How concerned are you about getting infected yourself? Read all options	${consent_obtained} ◯ Very concerned ◯ Concerned ◯ A little concerned ◯ Not concerned ◯ I was infected with COVID-19 ◯ No response
COV5a. Will you take vaccination against Coronavirus (COVID-19) if it is offered to you?	${consent_obtained} ◯ Yes, I will take ◯ No, I won't ◯ Already vaccinated ◯ Not decided ◯ Do not know ◯ No response
COV6. Are you able to avoid contact with people outside of your household? Select "No" if she used public transport, go to market place etc.	${consent_obtained} ◯ Yes ◯ No ◯ No response
COV8. Since the Coronavirus (COVID-19) restrictions began, how much of a loss of income has your household experienced due to the COVID-19 pandemic?" Date of COVID19 restriction has been placed since March 16, 2020 Read all options	${consent_obtained} ◯ No change ◯ Partial ◯ Complete ◯ No response
COV9. Since the Coronavirus (COVID-19) restrictions began, how much of a loss of income have you personally experienced due to the COVID-19 pandemic? Date of COVID19 restriction has been placed since March 16, 2020 Read all options	${hh_loss_inc_lvl_rw}='partial' ◯ Large ◯ Moderate ◯ Small ◯ No change ◯ Has no income ◯ No response

COV10. During the past 4 weeks , did you or any household member go a whole day and night without eating anything because there was not enough food?	${consent_obtained} ◯ Yes ◯ No ◯ Do not know ◯ No response
COV11. During the past 4 weeks, how often did this happen?	${ety_stomach_p_4_w}='yes' ◯ Rarely (1-2 times) ◯ Sometimes (3-10 times) ◯ Often (more than 10 times) ◯ Do not know ◯ No response

SECTION 3 — INFANT

I would like to ask you some questions about the child/ren you gave birth to one year ago.

In case of multiples, ODK will repeat questions in this section. Questions 2-32 will be asked about children from that recent pregnancy who are still alive. Questions 33-34 will be asked about any children) who has died since the last interview. Questions will be repeated for twins/triplets etc

000a. Did you interview this respondent for the six-month questionnaire? This question should not be read out to the respondent. The RE, you, must verify with information on the QR code	${consent_obtained} ◯ Yes ◯ No
	${consent_obtained}
01a. On what day and month did you give birth? If the respondent cannot remember the exact date of birth remind her of the information you recorded in the QR code and ask her to confirm	
Enter the date	Day: Month: Year:
You can not interview the respondent before it is more than 11 months after delivery. Please go back and correct the date of birth.	${today} < ${birthday_plus_11m}
You entered that the mother died on approximately ${respondent_death_lab}. That is before the date of birth on ${birthday_lab}. Go back and update these dates so that they are consistent.	(${respondent_death_date} != '') and (${respondent_death_date} < ${birthday})
1A. How many children were in this pregnancy? (eg twin or triplet?) Fill in the following from the ID card given at enrollment:	${consent_obtained} ◯ Single ◯ Twin ◯ Triplet + ◯ No response
I will now ask you some questions about the baby. If there was more than one child, we will start with the first child born.	(${birthday} != '') and (${consent_obtained})

ODK will repeat questions Q1b-Q32 for each child born in this pregnancy	
`${consent_obtained} and ${child_repeat_count} > 0` Child	
000b. Was (were) the child (children) alive at the time of the six-month questionnaire? This question should not be read out to the respondent. The RE, you, must verify with information on the QR code	`${six_month_fu_yn} = 'yes'` ◯ Yes ◯ No
1D. Type name given to baby if name given. Otherwise, type BABY ODK Will repeat I for each child identified in H.	`${alive_at_six_month} = 'yes' or ${six_month_fu_yn} = 'no'`
1B. Is ${child_name} a boy or a girl?	`${alive_at_six_month} = 'yes' or ${six_month_fu_yn} = 'no'` ◯ Boy ◯ Girl ◯ No response
1C. Is ${child_name} alive?	`${alive_at_six_month} = 'yes' or ${six_month_fu_yn} = 'no'` ◯ Yes ◯ No ◯ No response
2. Has ${child_name}'s birth ever been registered with the Woreda or Kebele?	`${alive} = 'yes'` ◯ Yes ◯ No ◯ Do not know ◯ No response
3. At what age did ${child_name} first take any food regularly other than breastmilk? Record age in months. 0 is a possible answer. Enter -88 for Do not know. Enter -99 for No response.	`${alive} = 'yes'`
4. Now I would like to ask you about foods that ${child_name} had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods or liquids. Yesterday, refers to the period of time the child woke up yesterday morning to the time the child woke up today, including any drinks or food consumed overnight	`${alive} = 'yes'`

	`${alive} = 'yes'`
4a. Yesterday during the day or at night did ${child_name} drink:	
A) Breast milk	◯ Yes ◯ No ◯ Do not know ◯ No response

B) Milk – powdered or fresh animal milk? (such as Nido)	◯ Yes ◯ No ◯ Do not know ◯ No response
C) Infant formula (such as Plan, S-26)?	◯ Yes ◯ No ◯ Do not know ◯ No response
D) Yogurt?	◯ Yes ◯ No ◯ Do not know ◯ No response

	${alive} = 'yes'
4b. Yesterday during the day or at night did ${child_name} drink:	
A) Plain water	◯ Yes ◯ No ◯ Do not know ◯ No response
B) Fresh juice or unsweetened juice drinks	◯ Yes ◯ No ◯ Do not know ◯ No response
C) Clear broth	◯ Yes ◯ No ◯ Do not know ◯ No response
D) Tea, with no sugar added, or honey added	◯ Yes ◯ No ◯ Do not know ◯ No response
E) Gruel (atmit) with no sugar, or honey added	◯ Yes ◯ No ◯ Do not know ◯ No response
F) Fenugreek (abish) with no sugar, or honey added	◯ Yes ◯ No ◯ Do not know ◯ No response
G) Thin porridge (aja soup)	◯ Yes ◯ No ◯ Do not know ◯ No response

H) Any other non-sweetened liquids?	◯ Yes ◯ No ◯ Do not know ◯ No response

	${alive} = 'yes'
4c. Yesterday during the day or at night did ${child_name} eat:	
A) Any commercial fortified baby food like Fafa, Hilina, Cerilak, Plumpynut,Cerifam, Mother Choice?	◯ Yes ◯ No ◯ Do not know ◯ No response
B) Injera, bread, rice, noodles, porridge, or other foods made from grains such as teff, oats, maize, barley	◯ Yes ◯ No ◯ Do not know ◯ No response
C) Any foods made from beans, peas, lentils, or nuts?	◯ Yes ◯ No ◯ Do not know ◯ No response
D) Cheese or other food made from milk?	◯ Yes ◯ No ◯ Do not know ◯ No response

	${alive} = 'yes'
4d. Yesterday during the day or at night did ${child_name} eat:	
E) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	◯ Yes ◯ No ◯ Do not know ◯ No response
F) White potatoes, white yams, bulla, kocho, manioc, cassava, or any other foods made from roots?	◯ Yes ◯ No ◯ Do not know ◯ No response
G) Any dark green, leafy vegetables like kale, spinach,	◯ Yes ◯ No ◯ Do not know ◯ No response
H) Ripe mangoes, papayas?	◯ Yes ◯ No ◯ Do not know ◯ No response
I) Any other fruits or vegetables?	◯ Yes ◯ No

	◯ Do not know ◯ No response

	${alive} = 'yes'
4e. Yesterday during the day or at night did ${child_name} eat:	
A) Liver, kidney, heart, or other organ meats?	◯ Yes ◯ No ◯ Do not know ◯ No response
B) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	◯ Yes ◯ No ◯ Do not know ◯ No response
C) Eggs?	◯ Yes ◯ No ◯ Do not know ◯ No response
D) Fresh or dried fish or shellfish?	◯ Yes ◯ No ◯ Do not know ◯ No response
E) Any other solid, semi-solid, or soft food?	◯ Yes ◯ No ◯ Do not know ◯ No response

	${alive} = 'yes'
5a. Yesterday during the day or night, did ${child_name} receive any of the following sugary liquids, even if it was combined with other foods or drinks?	
A) Tea, with sugar added	◯ Yes ◯ No ◯ Do not know ◯ No response
B) Tea with honey added	◯ Yes ◯ No ◯ Do not know ◯ No response
C) Sugar-sweetened juice, juice drinks soft drinks, soda, or fizzy drinks? (e.g. Runi)	◯ Yes ◯ No ◯ Do not know ◯ No response
D) Honey-sweetened juice or juice drinks	◯ Yes ◯ No

	◯ Do not know ◯ No response
E) Gruel (atmit) with sugar added	◯ Yes ◯ No ◯ Do not know ◯ No response
F) Gruel (atmit) with honey added	◯ Yes ◯ No ◯ Do not know ◯ No response
G) Fenugreek (abish) with sugar added	◯ Yes ◯ No ◯ Do not know ◯ No response
H) Fenugreek (abish) with honey added	◯ Yes ◯ No ◯ Do not know ◯ No response
I) Sugar-sweetened yogurt	◯ Yes ◯ No ◯ Do not know ◯ No response
J) Honey-sweetened yogurt	◯ Yes ◯ No ◯ Do not know ◯ No response
K) Any other sweetened liquids?	◯ Yes ◯ No ◯ Do not know ◯ No response

	`selected(join( ' ', ${sugar_tea}, ${honey_tea}, ${sugar_juice}, ${honey_juice}, ${sugar_gruel}, $ …`
5b. Were any of the sugary liquids that ${child_name} had yesterday:	
Homemade?	◯ Yes ◯ No ◯ Do not know ◯ No response
Prepared by a local vendor, merchant, or restaurant?	◯ Yes ◯ No

	◯ Do not know ◯ No response
Processed, packaged, or a brand name product?	◯ Yes ◯ No ◯ Do not know ◯ No response

	${alive} = 'yes'
6. Yesterday during the day or night, did ${child_name} receive any of the following foods, even if it was combined with other foods or drinks?	
A) Sugary foods, bombolino/donuts, cake, sweet biscuits or candies?	◯ Yes ◯ No ◯ Do not know ◯ No response
B) Savory snacks like fried chips, French fries, samosas, or other fried foods?	◯ Yes ◯ No ◯ Do not know ◯ No response

	${sweet_snacks} = 'yes'
7. Were any of the sugary foods that ${child_name} had yesterday:	
Homemade?	◯ Yes ◯ No ◯ Do not know ◯ No response
Prepared by a local vendor, merchant, or restaurant?	◯ Yes ◯ No ◯ Do not know ◯ No response
Processed, packaged, or a brand name product?	◯ Yes ◯ No ◯ Do not know ◯ No response

	${savory_snacks} = 'yes'
8. Were any of the savory snacks that ${child_name} had yesterday:	
Homemade?	◯ Yes ◯ No ◯ Do not know ◯ No response
Prepared by a local vendor, merchant, or restaurant?	◯ Yes ◯ No

	◯ Do not know ◯ No response
Processed, packaged, or a brand name product?	◯ Yes ◯ No ◯ Do not know ◯ No response
10. Did ${child_name} get any vaccinations?	`${alive} = 'yes'` ◯ Yes ◯ No ◯ Do not know ◯ No response
11. Do you have a formal vaccination card with an official Ministry of Health logo where ${child_name}'s vaccinations are written down? If yes: May I see it please?	`${alive} = 'yes'` ◯ Yes, seen ◯ Yes, not seen ◯ No ◯ Do not know ◯ No response
12. Did you ever have a formal vaccination card for ${child_name}?	`selected('no_card -88', ${has_official_vaccine_card})` ◯ Yes ◯ No ◯ Do not know ◯ No response
13. What happened to ${child_name}'s formal immunization card?	`(${ever_vaccine_card} = 'yes') or (${has_official_vaccine_card} = 'yes_not_seen')` ◯ Never given a card ◯ Card was lost or destroyed ◯ Card at health facility ◯ Card is locked away/inaccessible at moment ◯ Other ◯ Do not know ◯ No response
13b. Do you have any paper or card with vaccination information of ${child_name} written down? This does not have to be an official vaccination card, but please make sure it has a list of vaccines and the dates that they were given. If yes: May I see it please?	`${has_official_vaccine_card} = 'no_card'` ◯ Yes, seen ◯ Yes, not seen ◯ No ◯ Do not know ◯ No response
	`${has_vaccine_card} = 'yes_seen'` 14a. Vaccine Card Looking at the vaccine card, does ${child_name} have ... ?

BCG	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Polio-0	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Polio-1	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Pentavalent-1 (DPT-Hep B-Hib1)	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
PCV-1	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Rota-1	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Polio-2	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Pentavalent-2 (DPT-Hep B-Hib2)	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
PCV-2	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Rota-2	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Polio-3	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response

Pentavalent-3 (DPT-Hep B-Hib3)	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
PCV-3	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
IPV	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Measles-1	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Vitamin A Supplementation	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response

14b. Vaccine Card (1) Copy date from the card for each vaccine that the child has (2) If either the day or month are illegible select the respective checkbox to indicate which date is not legible. One vaccine per screen.	${has_vaccine_card} = 'yes_seen'

(${bcg_card} = 'yes_legible') or (${bcg_card} = 'illegible')	
BCG	
##### Birthdate: ${birthday_lab}	${birthday_lab} != ''
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	◯
Check here if the MONTH is uncertain or illegible	◯

(${polio0_card} = 'yes_legible') or (${polio0_card} = 'illegible')	
Polio-0	
##### Birthdate: ${birthday_lab}	${birthday_lab} != ''
Enter the date	Day: Month:

	Year:
Check here if the DAY is uncertain or illegible	◯
Check here if the MONTH is uncertain or illegible	◯

(${polio1_card} = 'yes_legible') or (${polio1_card} = 'illegible')	
Polio-1	
##### Birthdate: ${birthday_lab}	${birthday_lab} != ''
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	◯
Check here if the MONTH is uncertain or illegible	◯

(${pentavalent1_card} = 'yes_legible') or (${pentavalent1_card} = 'illegible')	
Pentavalent-1 (DPT-Hep B-Hib1)	
##### Birthdate: ${birthday_lab}	${birthday_lab} != ''
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	◯
Check here if the MONTH is uncertain or illegible	◯

(${pcv1_card} = 'yes_legible') or (${pcv1_card} = 'illegible')	
PCV-1	
##### Birthdate: ${birthday_lab}	${birthday_lab} != ''
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	◯
Check here if the MONTH is uncertain or illegible	◯

(${rota1_card} = 'yes_legible') or (${rota1_card} = 'illegible')	
Rota-1	
##### Birthdate: ${birthday_lab}	${birthday_lab} != ''

Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	◯
Check here if the MONTH is uncertain or illegible	◯

($\{polio2_card} = 'yes_legible') or ($\{polio2_card} = 'illegible')	
Polio-2	
##### Birthdate: ${birthday_lab}	${birthday_lab} != ''
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	◯
Check here if the MONTH is uncertain or illegible	◯

(${pentavalent2_card} = 'yes_legible') or (${pentavalent2_card} = 'illegible')	
Pentavalent-2 (DPT-Hep B-Hib2)	
##### Birthdate: ${birthday_lab}	${birthday_lab} != ''
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	◯
Check here if the MONTH is uncertain or illegible	◯

(${pcv2_card} = 'yes_legible') or (${pcv2_card} = 'illegible')	
PCV-2	
##### Birthdate: ${birthday_lab}	${birthday_lab} != ''
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	◯
Check here if the MONTH is uncertain or illegible	◯

(${rota2_card} = 'yes_legible') or (${rota2_card} = 'illegible')	
Rota-2	

##### Birthdate: ${birthday_lab}	${birthday_lab} != ''
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	◯
Check here if the MONTH is uncertain or illegible	◯

	(${polio3_card} = 'yes_legible') or (${polio3_card} = 'illegible')
Polio-3	
##### Birthdate: ${birthday_lab}	${birthday_lab} != ''
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	◯
Check here if the MONTH is uncertain or illegible	◯

	(${pentavalent3_card} = 'yes_legible') or (${pentavalent3_card} = 'illegible')
Pentavalent-3 (DPT-Hep B-Hib3)	
##### Birthdate: ${birthday_lab}	${birthday_lab} != ''
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	◯
Check here if the MONTH is uncertain or illegible	◯

	(${pcv3_card} = 'yes_legible') or (${pcv3_card} = 'illegible')
PCV-3	
##### Birthdate: ${birthday_lab}	${birthday_lab} != ''
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	◯

Check here if the MONTH is uncertain or illegible	◯

(${ipv_card} = 'yes_legible') or (${ipv_card} = 'illegible')	
IPV	
##### Birthdate: ${birthday_lab}	${birthday_lab} != ''
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	◯
Check here if the MONTH is uncertain or illegible	◯

(${measles1_card} = 'yes_legible') or (${measles1_card} = 'illegible')	
Measles-1	
##### Birthdate: ${birthday_lab}	${birthday_lab} != ''
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	◯
Check here if the MONTH is uncertain or illegible	◯

	(${vit_a_card} = 'yes_legible') or (${vit_a_card} = 'illegible')
Vitamin A Supplementation	
##### Birthdate: ${birthday_lab}	${birthday_lab} != ''
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	◯
Check here if the MONTH is uncertain or illegible	◯

15. Did ${child_name} receive a BCG vaccination against tuberculosis, that is, an injection in the right arm or right shoulder that usually causes a scar?	(${vaccines_yn} = 'yes') and (${has_vaccine_card} != '') and (${has_vaccine_card} != 'yes_seen') ◯ Yes ◯ No ◯ Do not know ◯ No response

16. Did ${child_name} receive an oral polio vaccine, that is, about two drops in the mouth, to prevent polio?	(${vaccines_yn} = 'yes') and (${has_vaccine_card} != '') and (${has_vaccine_card} != 'yes_seen') ◯ Yes ◯ No ◯ Do not know ◯ No response
17. How many times did ${child_name} receive the oral polio vaccine? Enter -88 for Do not know. Enter -99 for No response.	${polio_yn} = 'yes'
Please verify with the respondent how many times the child received the vaccine. You recorded ${polio_count}. Is that correct? How many times did ${child_name} receive the oral polio vaccine?	${polio_count} > 4 ◯ Yes ◯ No
18. Did ${child_name} receive the injection polio vaccine on the right thigh?	(${vaccines_yn} = 'yes') and (${has_vaccine_card} != '') and (${has_vaccine_card} != 'yes_seen') ◯ Yes ◯ No ◯ Do not know ◯ No response
19. Did ${child_name} receive a pentavalent (DPT-Hep B-Hib1) vaccination, that is, an injection given in the left upper thigh, usually at the same time as polio drops?	(${vaccines_yn} = 'yes') and (${has_vaccine_card} != '') and (${has_vaccine_card} != 'yes_seen') ◯ Yes ◯ No ◯ Do not know ◯ No response
20. How many times did ${child_name} receive the pentavalent vaccine? Enter -88 for Do not know. Enter -99 for No response.	${pentavalent_yn} = 'yes'
Please verify with the respondent how many times the child received the vaccine. You recorded ${pentavalent_count}. Is that correct? How many times did ${child_name} receive the pentavalent vaccine?	${pentavalent_count} > 3 ◯ Yes ◯ No
21. Did ${child_name} receive a PCV vaccination, that is, an injection usually given in the right upper thigh to prevent pneumonia?	(${vaccines_yn} = 'yes') and (${has_vaccine_card} != '') and (${has_vaccine_card} != 'yes_seen') ◯ Yes ◯ No ◯ Do not know ◯ No response

Question	Condition / Response
22. How many times did ${child_name} receive the PCV vaccine? Enter -88 for Do not know. Enter -99 for No response.	${pcv_yn} = 'yes'
Please verify with the respondent how many times the child received the vaccine. You recorded ${pcv_count}. Is that correct? How many times did ${child_name} receive the PCV vaccine?	${pcv_count} > 3 ◯ Yes ◯ No
23. Did ${child_name} receive a Rota vaccination, that is, liquid in the mouth to prevent diarrheal disease?	(${vaccines_yn} = 'yes') and (${has_vaccine_card} != '') and (${has_vaccine_card} != 'yes_seen') ◯ Yes ◯ No ◯ Do not know ◯ No response
24. How many times did ${child_name} receive the rotavirus vaccine? Enter -88 for Do not know. Enter -99 for No response.	${rota_yn} = 'yes'
Please verify with the respondent how many times the child received the vaccine. You recorded ${rota_count}. Is that correct? How many times did ${child_name} receive the rotavirus vaccine?	${rota_count} > 2 ◯ Yes ◯ No
25. Did ${child_name} receive an injection to prevent measles, that is an injection in the arm and given usually at 9 months?	(${vaccines_yn} = 'yes') and (${has_vaccine_card} != '') and (${has_vaccine_card} != 'yes_seen') ◯ Yes ◯ No ◯ Do not know ◯ No response
26a. Has ${child_name} received any Vitamin A supplementation, that is oily drops in the mouth? A photo of vitamin A supplements will appear on the screen [VitaminA_image.png]	(${vaccines_yn} = 'yes') and (${has_vaccine_card} != '') and (${has_vaccine_card} != 'yes_seen') ◯ Yes ◯ No ◯ Do not know ◯ No response

	(${alive_at_six_month} = 'yes' or ${six_month_fu_yn} = 'no') and ${alive} = 'yes'
27. Did ${child_name} suffer any of these illnesses in the last two weeks? Read out all answer options.	
(a) Difficulties feeding/ unable to suck	◯ Yes ◯ No ◯ Do not know ◯ No response

(b) Red eye/passage of pus from eyes	◯ Yes ◯ No ◯ Do not know ◯ No response
(c) Skin rash/skin lesion	◯ Yes ◯ No ◯ Do not know ◯ No response
(d) Convulsion	◯ Yes ◯ No ◯ Do not know ◯ No response
(e) Reduced alertness (lethargy)	◯ Yes ◯ No ◯ Do not know ◯ No response
(f) Unconscious	◯ Yes ◯ No ◯ Do not know ◯ No response
(g) Fever	◯ Yes ◯ No ◯ Do not know ◯ No response
(h) Cold/cough	◯ Yes ◯ No ◯ Do not know ◯ No response
(i) Sore throat/Tonsillitis	◯ Yes ◯ No ◯ Do not know ◯ No response
(j) Fast breathing	◯ Yes ◯ No ◯ Do not know ◯ No response
(k) Difficulty in breathing	◯ Yes ◯ No ◯ Do not know ◯ No response
(l) Diarrhea	◯ Yes ◯ No ◯ Do not know ◯ No response

(m) Vomiting	◯ Yes ◯ No ◯ Do not know ◯ No response
(n) Constipation	◯ Yes ◯ No ◯ Do not know ◯ No response
(o) Abdominal/body swelling	◯ Yes ◯ No ◯ Do not know ◯ No response
(p) Other	◯ Yes ◯ No ◯ Do not know ◯ No response

28a. Did you go to seek treatment, or were you visited by a professional health worker at your home for ${child_name}'s cough?	`${ill_cold} = 'yes'` ◯ Yes ◯ No ◯ Do not know ◯ No response

28b. Where did you seek treatment for ${child_name}'s cough?	`${cough_trt_yn} = 'yes'`
	☐ Provider made home visit
	☐ Other home
	☐ Government hospital
	☐ Government health center
	☐ Government health post
	☐ Other public sector
	☐ Private hospital/clinic
	☐ Other private medical sector
	☐ NGO/Faith-based health facility
	☐ Pharmacy / Drugstore
	☐ Retail store
	☐ Traditional healer / medicine
	☐ Religious Treatment/Holy water
	☐ Other
	☐ Do not know
	☐ No response
	`filter_list != 'church' and filter_list != 'her_home' and filter_list != 'on_the_way'`

28c. How soon after the onset of ${child_name}'s cough did you seek treatment? Enter number of days. Do not restrict number of days. Enter -88 for Do not know. Enter -99 for No response	`${cough_trt_yn} = 'yes'`

28d. During ${child_name}'s treatment for cough, did s/he get any of the following treatments: Read all options and select all that apply	${cough_trt_yn} = 'yes' ☐ Advised to continue breastfeeding ☐ Counseled to give warm/hot drinks ☐ Given oral antibiotic ☐ Given pain reliver (oral or suppository) ☐ Given cough syrup ☐ Given injections ☐ Given an inhaled medicine ☐ Advised when to seek care immediately ☐ Got a follow-up appointment ☐ Referred to higher health facility ☐ Other ☐ Did not receive treatment ☐ Do not know ☐ No response
29a. Did you go to seek treatment, or were you visited by a professional health worker at your home for ${child_name}'s fast breathing or difficulty breathing?	${ill_fast_breath} = 'yes' or ${ill_airflow} = 'yes' ◯ Yes ◯ No ◯ Do not know ◯ No response
29b. Where did you seek treatment for ${child_name}'s fast breathing or difficulty breathing?	${breathe_trt_yn} = 'yes' ☐ Provider made home visit ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Pharmacy / Drugstore ☐ Retail store ☐ Traditional healer / medicine ☐ Religious Treatment/Holy water ☐ Other ☐ Do not know ☐ No response filter_list != 'church' and filter_list != 'her_home' and filter_list != 'on_the_way'
29c. How soon after the onset of ${child_name}'s fast breathing or difficulty breathing did you seek treatment? Enter number of days. Do not restrict number of days. Enter -88 for Do not know. Enter -99 for No response	${breathe_trt_yn} = 'yes'
29d. During ${child_name}'s treatment for fast breathing or difficult breathing, did s/he get any of the following treatments: Read all options and select all that apply	${breathe_trt_yn} = 'yes' ☐ Advised to continue breastfeeding ☐ Counseled to give warm/hot drinks

	☐ Given oral antibiotic ☐ Given pain reliver (oral or suppository) ☐ Given cough syrup ☐ Given injections ☐ Given an inhaled medicine ☐ Advised when to seek care immediately ☐ Got a follow-up appointment ☐ Referred to higher health facility ☐ Other ☐ Did not receive treatment ☐ Do not know ☐ No response
30a. Did ${child_name}'s diarrhea have blood in it (blood stained or mixed)?	${ill_diarrhea} = 'yes' ◯ Yes ◯ No ◯ Do not know ◯ No response
30b. Did you go to seek treatment, or were you visited by a professional health worker at your home for ${child_name}'s diarrhea?	${ill_diarrhea} = 'yes' ◯ Yes ◯ No ◯ Do not know ◯ No response
30c. Where did you seek treatment for ${child_name}'s the diarrhea?	${diarrhea_trt_yn} = 'yes' ☐ Provider made home visit ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Pharmacy / Drugstore ☐ Retail store ☐ Traditional healer / medicine ☐ Religious Treatment/Holy water ☐ Other ☐ Do not know ☐ No response filter_list != 'church' and filter_list != 'her_home' and filter_list != 'on_the_way'
30d. How soon after the onset of ${child_name}'s diarrhea did you seek treatment? Enter number of days. Do not restrict number of days. Enter -88 for Do not know. Enter -99 for No response	${diarrhea_trt_yn} = 'yes'

30e. During ${child_name}'s diarrhea treatment, did s/he get any of the following treatments: Read all options and select all that apply	${diarrhea_trt_yn} = 'yes' ☐ Stool examination ☐ Counseled to give more fluids ☐ Counseled to give more food ☐ Advised to continue breastfeeding ☐ Given ORS sachets to take home ☐ Given ORS to drink in facility ☐ Given Zinc tablets ☐ Given oral antibiotic ☐ Given pain reliver (oral or suppository) ☐ Given IV fluid infusion ☐ Given injections ☐ Advised when to seek care immediately ☐ Got a follow-up appointment ☐ Referred to higher health facility ☐ Other ☐ Did not receive treatment ☐ Do not know ☐ No response
31a. Did you go to seek treatment, or were you visited by a professional health worker at your home for ${child_name}'s fever?	${ill_fever} = 'yes' ◯ Yes ◯ No ◯ Do not know ◯ No response
31b. Where did you seek treatment for ${child_name}'s fever?	${fever_trt_yn} = 'yes' ☐ Provider made home visit ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Pharmacy / Drugstore ☐ Retail store ☐ Traditional healer / medicine ☐ Religious Treatment/Holy water ☐ Other ☐ Do not know ☐ No response filter_list != 'church' and filter_list != 'her_home' and filter_list != 'on_the_way'
31c. How soon after the onset of ${child_name}'s fever did you seek treatment? Enter number of days. Do not restrict number of days. Enter -88 for Do not know. Enter -99 for No response	${fever_trt_yn} = 'yes'

31d. During ${child_name}'s fever treatment, did s/he get any of the following treatments: Read all options and select all that apply	${fever_trt_yn} = 'yes' ☐ Blood examination ☐ Advised to continue breastfeeding ☐ Given oral antimalarial ☐ Given oral antibiotic ☐ Given pain reliver (oral or suppository) ☐ Given IV fluid infusion ☐ Given injections ☐ Advised when to seek care immediately ☐ Got a follow-up appointment ☐ Referred to higher health facility ☐ Other ☐ Did not receive treatment ☐ Do not know ☐ No response
32. Did ${child_name} sleep under an insecticide treated bed net last night?	${alive} = 'yes' ◯ Yes ◯ No ◯ Do not know ◯ No response
##### I am going to ask some questions about your deceased infant. These questions are important to the study. Some of these questions may be difficult to you. We can pause at any time. If you do not feel comfortable answering any of the questions, please let me know and I will move onto the next question	${alive} = 'no'
	${alive} = 'no'
33. What date did ${child_name} die?	Day: Month: Year:
Check here if respondent does not know the DAY	◯
Check here if respondent does not know the MONTH	◯
34. Exactly how old was ${child_name} when (he/she) died? If respondent says her response in days record 0 for week	${alive} = 'no' ◯ X weeks ◯ X months ◯ Do not know ◯ No response
#####	0 ◯ X weeks ◯ X months ◯ Do not know ◯ No response
Enter a value for "${age_at_death_lab}" Exactly how old was ${child_name} when (he/she) died?	selected('weeks months', ${age_at_death_units})

35. Was ${child_name} vaccinated any time before her/his death?	${alive} = 'no' ◯ Yes ◯ No ◯ Do not know ◯ No response

Section 4 – Post-Natal

I would like to ask some questions about where you gave birth and to follow up on how you are and checks for your health since delivery. I will also ask you some questions about the child you gave birth to one year ago

50. Has any health extension worker visited you in the past 6 months?	${consent_obtained} ◯ Yes ◯ No ◯ Do not know ◯ No response
50b. Did you go visit a health extension worker in the past 6 months, either for yourself or for the baby?	${consent_obtained} ◯ Yes ◯ No ◯ Do not know ◯ No response
49. Did you go visit another professional healthcare provider other than an HEW in the past 6 months, either for yourself or for the baby?	${consent_obtained} ◯ Yes ◯ No ◯ Do not know ◯ No response

	${has_had_visit} and selected(join(' ', ${alive}), 'yes')
51. At any health check in the past 6 months (either by a HEW or other professional healthcare provider) did the provider discuss: Giving a variety of foods when the baby starts feeding after 6 months	
Giving a variety of foods when the baby starts feeding after 6 months	◯ Yes ◯ No ◯ Do not know ◯ No response
Giving animal source foods specifically (e.g. eggs, milk, meat, fish)	◯ Yes ◯ No ◯ Do not know ◯ No response
How often to feed foods	◯ Yes ◯ No ◯ Do not know ◯ No response

Not feeding sugar-sweetened beverages	◯ Yes ◯ No ◯ Do not know ◯ No response
	`${has_had_visit} and selected(join(' ', ${alive}), 'yes')`
52. At any health check in the past 6 months, has any health care provider measured your baby's:	
Weight	◯ Yes ◯ No ◯ Do not know ◯ No response
Length of height	◯ Yes ◯ No ◯ Do not know ◯ No response
Around their upper arm	◯ Yes ◯ No ◯ Do not know ◯ No response
53. At any health check in the past 6 months for yourself or your baby, did you receive any family planning information, referrals or services, not including immunization visits?	`${has_had_visit}` ◯ Yes ◯ No ◯ Do not know ◯ No response
54a. In the past 6 months, did you receive any family planning information, referrals, or services during any of the immunization visits for your baby?	`selected(join(' ', ${vaccines_yn}), 'yes') and selected(join(' ', ${alive}), 'yes')` ◯ Yes ◯ No ◯ Do not know ◯ No response

54b. Did you sleep under an insecticide treated bed net last night?	${consent_obtained} ◯ Yes ◯ No ◯ Do not know ◯ No response
Section 5 – Family Planning *Now, I would like to ask you a few questions about your health, family planning and desires to have more children. Some of the questions I will ask are about sensitive topics, including sex. Remember that all of the information you share is confidential and will not be shared with other people outside of the study team. If you are uncomfortable at any time and would like to skip to the next question, please let me know.*	
55a. Are you currently pregnant?	${consent_obtained} ◯ Yes ◯ No ◯ Do not know ◯ No response
55ai. 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? Remind the respondent that we are asking about her current pregnancy.	${consent_obtained} and ${pregnant}='yes' ◯ Then ◯ Later ◯ Not at all ◯ No response
55aii. When you found out you were pregnant, how did you feel? Read the response options	${consent_obtained} and ${pregnant}='yes' ◯ Very happy ◯ Sort of happy ◯ Mixed happy and unhappy ◯ Sort of unhappy ◯ Very unhappy ◯ No response
55b. If you got pregnant now, how would you feel?	${pregnant} = 'no' ◯ Very happy ◯ Sort of happy ◯ Mixed happy and unhappy ◯ Sort of unhappy ◯ Very unhappy ◯ No response
56. Has your menstrual cycle returned since delivery?	${consent_obtained} ◯ Yes ◯ No ◯ No response
57. When did your last menstrual period start?	${cycle_returned} = 'yes' ◯ X days ago ◯ X weeks ago ◯ X months ago

	◯ Do not know ◯ No response
Enter a value for "${cycle_return_lab}" When did your last menstrual period start?	selected('days weeks months', ${cycle_return_units})
58a. Have you resumed sexual activity since the birth of your most recent child?	${consent_obtained} and (${pregnant} = 'no' or ${pregnant} = '-88') ◯ Yes ◯ No ◯ No response
58b. How long after the delivery did you wait before resuming sexual activity? Enter in "months." If less than a month record 0 for number of months. Enter -99 for No response.	${resumed_sex} = 'yes' or ${pregnant} = 'yes'
59. When was the last time you had sexual intercourse?	${resumed_sex} = 'yes' or ${pregnant} = 'yes' ◯ X days ago ◯ X weeks ago ◯ X months ago ◯ Do not know ◯ No response
Enter a value for "${last_sex_lab}" When was the last time you had sexual intercourse?	selected('days weeks months', ${last_sex_units})
60. Would you like to have another child or would you prefer not to have any more children?	(${pregnant} = 'no') or (${pregnant} = '-88') ◯ Yes, more children ◯ No, no more children ◯ Do not know ◯ No response
61. How long would you like to wait before the birth of your next child?	${wait_child_yn} = 'yes' ◯ X months ◯ X years ◯ Do not know ◯ No response
Enter a value for "${wait_child_lab}"	selected('months years', ${wait_child_units})
62. Are you or your partner currently doing something or using any family planning method to delay or avoid getting pregnant?	${consent_obtained} and (${pregnant} = 'no' or ${pregnant} = '-88') ◯ Yes ◯ No ◯ No response
63. Which method or methods are you using? Probe: Anything else Select all methods mentioned. Be sure to scroll to bottom to see all choices in the list.	${current_user_yn} = 'yes' ☐ Female Sterilization ☐ Male Sterilization ☐ Implant ☐ IUD

	☐ Injectables ☐ Pill ☐ Emergency Contraception ☐ Male Condom ☐ Female Condom ☐ Std. Days/Cycle beads ☐ LAM ☐ Rhythm method ☐ Withdrawal ☐ Other traditional methods ☐ No response
IMP_301a. CHECK. In question 63, the respondent mentioned that she had been using implants. Is that correct? If she says she is not currently using implants, please verify her answer and go back to 63 and select the correct method.	selected(${current_methods}, 'impl') ◯ Yes ◯ No
IMP_302. At the visit when the implant was inserted, were you told for how long the implant would protect you from pregnancy?	${implant_check} = 'yes' ◯ Yes ◯ No ◯ No response
IMP_303. Were you told how much it would cost to get your implant removed?	${implant_check} = 'yes' ◯ Yes ◯ No ◯ No response
IMP_304. Were you told where you could go to have the implant removed?	${implant_check} = 'yes' ◯ Yes ◯ No ◯ Do not know ◯ No response
	${current_method} != ''
65. Since what month and year have you been using ${current_method_lab} without stopping? Calculate backwards from birth of the baby Most Recent Birth: ${birthday_lab} Must be before today. Select 'Do not know' for month and '2030' for year to indicate 'No Response'. CALENDAR: Enter episode of contraceptive use in the visual aide/paper calendar.	Day: Month: Year:
Check here if respondent does not know the MONTH	◯
66. Since this most recent birth have you used any method to delay or avoid being pregnant?	${current_user_yn} = 'no' or ${pregnant} = 'yes' ◯ Yes ◯ No ◯ No response
66b. Which method or methods did you recently use? Probe: Anything else	${ever_used_fp} = 'yes' ☐ Female Sterilization ☐ Male Sterilization

Select all methods mentioned as concurrently used during her most recent experience. Be sure to scroll to bottom to see all choices in the list	☐ Implant ☐ IUD ☐ Injectables ☐ Pill ☐ Emergency Contraception ☐ Male Condom ☐ Female Condom ☐ Std. Days/Cycle beads ☐ LAM ☐ Rhythm method ☐ Withdrawal ☐ Other traditional methods ☐ No response
67. Did you use any other methods of family planning since this most recent birth?	${current_user_yn} = 'yes' or ${ever_used_fp} = 'yes' ◯ Yes ◯ No ◯ Do not know ◯ No response
STEPS TO FILL OUT THE CONTRACEPTIVE CALENDAR for 1-Year Follow-up interview You are now about to complete the Contraceptive Calendar Section. Please strictly follow the steps and instructions stated below: 1. First enter all the calendar information into the paper calendar visual aid. Whenever applicable, you are recommended to use the calendar visual aid that you partly completed during the 6-month follow-up interview. 2. Learn about and note Births (B), Pregnancy Months (P), and Terminations (T); 3. Learn about and note Contraceptive - Use and Non-Use, and Duration of use for each method in the last 6 months; 4. Probe to complete the calendar on the paper visual aide (Coll = use/non-use; Co/2 =any discontinuations/shift) accurately; 5. Enter all the calendar information into ODK Important reminder: - You are expected to complete the paper form of the contraceptive calendar from left to right: - Birth -> Month of Delivery+12 for those who missed the 6-month interview or - Month of Delivery+7 -> Month of Delivery+12 for those who completed the 6-month follow-up interview.	${consent_obtained}
Cal001. Have you completed the paper Calendar Visual aid form?	${consent_obtained} and ${six_month_fu_yn} = 'no' ◯ Yes ◯ No ◯ No response
Cal002. During this follow-up interview, have you used the paper calendar visual aid that you partly completed during the 6-month follow-up interview? Hint: If your response is “No”, you are advised to start recording the contraceptive/fertility events by starting from Month of Delivery in the paper visual aid and enter the calendar information into ODK starting from Month of Deliver+7.	${consent_obtained} and ${six_month_fu_yn} = 'yes' ◯ Yes ◯ No ◯ No response
	${mtd_cal_rel}

68. What Method Were You using in: Approximate date of birth ${birthday_lab}	
Month of Delivery	${six_month_fu_yn} = 'no' ◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery+1	${six_month_fu_yn} = 'no' ◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery+2	${six_month_fu_yn} = 'no' ◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD

	◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery+3	${six_month_fu_yn} = 'no' ◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery+4	${six_month_fu_yn} = 'no' ◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal

	◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery+5	${six_month_fu_yn} = 'no' ◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery+6	${six_month_fu_yn} = 'no' ◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery+7	(${six_month_fu_yn} = 'yes' or ${six_month_fu_yn} = 'no') ◯ 0. No method used ◯ 1. Female Sterilization

	◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery+8	(${six_month_fu_yn} = 'yes' or ${six_month_fu_yn} = 'no') ◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery+9	(${six_month_fu_yn} = 'yes' or ${six_month_fu_yn} = 'no') ◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom

	◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery+10	(${six_month_fu_yn} = 'yes' or ${six_month_fu_yn} = 'no') ◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery+11	(${six_month_fu_yn} = 'yes' or ${six_month_fu_yn} = 'no') ◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births

	◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery+12	(${six_month_fu_yn} = 'yes' or ${six_month_fu_yn} = 'no') ◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response

CHECK: You just recorded in the calendar that the respondent has not used different method (s) other than the one mentioned in Q63, which is ${current_method_lab}. But you recorded in Q67 she has used other method(s). Is this correct ?	(${other_fp} = 'yes' and ${current_user_yn} = 'yes') and not(${mtd_switch}) ◯ Yes ◯ No
CHECK: You just recorded in the calendar that the respondent has used different method (s) other than the one mentioned in Q63, which is ${current_method_lab}. But you recorded in Q67 she has not used other method(s). Please go back and correct this inconsistency.	(${other_fp} = 'no' and ${current_user_yn} = 'yes') and (${mtd_switch})
CHECK: You just recorded in the calendar that the respondent has not used any method. But you recorded in Q66 she has used a method after her most recent birth to delay or avoid being pregnant. Is this correct ?	${ever_used_fp} = 'yes' and not(${mtd_usage}) ◯ Yes ◯ No
CHECK: You just recorded in the calendar that the respondent has used a method(s). But you recorded in Q66 she has not used a method after her most recent birth to delay or avoid being pregnant. Please go back and correct this inconsistency.	${ever_used_fp} = 'no' and (${mtd_usage})
CHECK: You just recorded in the calendar that the respondent is currently using ${cc_current_method_lab}. But you recorded in Q63 she is currently using ${current_method_lab} which is a different method. Is this correct ?	${current_user_yn} = 'yes' and ${current_method} != '-99' and ${cc_current_user} and ${current_met ...

	◯ Yes ◯ No
CHECK: You just recorded in the calendar that the respondent has not used different method(s) other than the one mentioned in Q66b which is ${recent_method_lab}. But you recorded in Q67 she has used other method(s). Is this correct?	${ever_used_fp} = 'yes' and ${other_fp} = 'yes' and (${recent_method} != '' and ${recent_method} ! ... ◯ Yes ◯ No
	${mtd_cal_rel}
Method Calendar Summary Please review what you entered in the method calendar and confirm if it is correct.	
Month of Delivery You have entered ${m0_method_lab}	${six_month_fu_yn} = 'no'
Month of Delivery+1 You have entered ${m1_method_lab}	${six_month_fu_yn} = 'no'
Month of Delivery+2 You have entered ${m2_method_lab}	${six_month_fu_yn} = 'no'
Month of Delivery+3 You have entered ${m3_method_lab}	${six_month_fu_yn} = 'no'
Month of Delivery+4 You have entered ${m4_method_lab}	${six_month_fu_yn} = 'no'
Month of Delivery+5 You have entered ${m5_method_lab}	${six_month_fu_yn} = 'no'
Month of Delivery+6 You have entered ${m6_method_lab}	${six_month_fu_yn} = 'no'
Month of Delivery+7 You have entered ${m7_method_lab}	(${six_month_fu_yn} = 'yes' or ${six_month_fu_yn} = 'no')
Month of Delivery+8 You have entered ${m8_method_lab}	(${six_month_fu_yn} = 'yes' or ${six_month_fu_yn} = 'no')
Month of Delivery+9 You have entered ${m9_method_lab}	(${six_month_fu_yn} = 'yes' or ${six_month_fu_yn} = 'no')
Month of Delivery+10 You have entered ${m10_method_lab}	(${six_month_fu_yn} = 'yes' or ${six_month_fu_yn} = 'no')
Month of Delivery+11 You have entered ${m11_method_lab}	(${six_month_fu_yn} = 'yes' or ${six_month_fu_yn} = 'no')
Month of Delivery+12 You have entered ${m12_method_lab}	(${six_month_fu_yn} = 'yes' or ${six_month_fu_yn} = 'no')
Is the information shown in the summary correct ?	◯ Yes ◯ No
	${mtd_switch}

69. Why did you stop using Approximate date of birth ${birthday_lab_et}	
${m0_method_lab} in month of Delivery	${six_month_fu_yn} = 'no' and ${m0_switch} ◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method ◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far ◯ Costs too much ◯ Inconvenient to use ◯ Up to god / fatalistic ◯ Difficult to get pregnant / menopausal ◯ Fear of being infected with COVID-19 at healthcare facilities ◯ Other ◯ Do not know ◯ No response
${m1_method_lab} in month of Delivery+1	${six_month_fu_yn} = 'no' and ${m1_switch} ◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method ◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far ◯ Costs too much ◯ Inconvenient to use ◯ Up to god / fatalistic ◯ Difficult to get pregnant / menopausal ◯ Fear of being infected with COVID-

	19 at healthcare facilities ◯ Other ◯ Do not know ◯ No response
${m2_method_lab} in month of Delivery+2	`${six_month_fu_yn} = 'no' and ${m2_switch}` ◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method ◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far ◯ Costs too much ◯ Inconvenient to use ◯ Up to god / fatalistic ◯ Difficult to get pregnant / menopausal ◯ Fear of being infected with COVID-19 at healthcare facilities ◯ Other ◯ Do not know ◯ No response
${m3_method_lab} in month of Delivery+3	`${six_month_fu_yn} = 'no' and ${m3_switch}` ◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method ◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far ◯ Costs too much ◯ Inconvenient to use ◯ Up to god / fatalistic ◯ Difficult to get pregnant /

	menopausal ◯ Fear of being infected with COVID-19 at healthcare facilities ◯ Other ◯ Do not know ◯ No response
${m4_method_lab} in month of Delivery+4	${six_month_fu_yn} = 'no' and ${m4_switch} ◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method ◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far ◯ Costs too much ◯ Inconvenient to use ◯ Up to god / fatalistic ◯ Difficult to get pregnant / menopausal ◯ Fear of being infected with COVID-19 at healthcare facilities ◯ Other ◯ Do not know ◯ No response
${m5_method_lab} in month of Delivery+5	${six_month_fu_yn} = 'no' and ${m5_switch} ◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method ◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far ◯ Costs too much ◯ Inconvenient to use

	◯ Up to god / fatalistic ◯ Difficult to get pregnant / menopausal ◯ Fear of being infected with COVID-19 at healthcare facilities ◯ Other ◯ Do not know ◯ No response
${m6_method_lab} in month of Delivery+6	${six_month_fu_yn} = 'no' and ${m6_switch} ◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method ◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far ◯ Costs too much ◯ Inconvenient to use ◯ Up to god / fatalistic ◯ Difficult to get pregnant / menopausal ◯ Fear of being infected with COVID-19 at healthcare facilities ◯ Other ◯ Do not know ◯ No response
${m7_method_lab} in month of Delivery+7	${m7_switch} ◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method ◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far ◯ Costs too much

	◯ Inconvenient to use ◯ Up to god / fatalistic ◯ Difficult to get pregnant / menopausal ◯ Fear of being infected with COVID-19 at healthcare facilities ◯ Other ◯ Do not know ◯ No response
${m8_method_lab} in month of Delivery+8	${m8_switch} ◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method ◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far ◯ Costs too much ◯ Inconvenient to use ◯ Up to god / fatalistic ◯ Difficult to get pregnant / menopausal ◯ Fear of being infected with COVID-19 at healthcare facilities ◯ Other ◯ Do not know ◯ No response
${m9_method_lab} in month of Delivery+9	${m9_switch} ◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method ◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far ◯ Costs too much

	◯ Inconvenient to use ◯ Up to god / fatalistic ◯ Difficult to get pregnant / menopausal ◯ Fear of being infected with COVID-19 at healthcare facilities ◯ Other ◯ Do not know ◯ No response
${m10_method_lab} in month of Delivery+10	${m10_switch} ◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method ◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far ◯ Costs too much ◯ Inconvenient to use ◯ Up to god / fatalistic ◯ Difficult to get pregnant / menopausal ◯ Fear of being infected with COVID-19 at healthcare facilities ◯ Other ◯ Do not know ◯ No response
${m11_method_lab} in month of Delivery+11	${m11_switch} ◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method ◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far ◯ Costs too much

	◯ Inconvenient to use ◯ Up to god / fatalistic ◯ Difficult to get pregnant / menopausal ◯ Fear of being infected with COVID-19 at healthcare facilities ◯ Other ◯ Do not know ◯ No response
70. When you obtained your ${current_recent_method_lab_2}, did you obtain the method you wanted to delay or avoid getting pregnant?	(${current_user_yn} = 'yes' and ${current_method_sc}) or (${ever_used_fp} = 'yes' and ${rm_sc}) ◯ Yes ◯ No ◯ No response
71. Why did you choose the ${current_method_lab}? Select all that apply	${current_user_yn} = 'yes' ☐ Long duration of protection ☐ Less need for follow-up ☐ Unavailability of other methods ☐ Provider recommended ☐ Fewer side effects than other methods ☐ Can use without husband's knowledge ☐ Other ☐ No response
72. When you obtained your ${current_recent_method_lab_2}, were you told by the provider about side effects or problems you might have with a method to delay or avoid pregnancy?	(${current_user_yn} = 'yes' and ${current_method_sc}) or (${ever_used_fp} = 'yes' and ${rm_sc}) ◯ Yes ◯ No ◯ Do not know ◯ No response
72b. Were you told what to do if you experienced these side effects or problems?	${fp_side_fx_explained} = 'yes' ◯ Yes ◯ No ◯ No response
72c. At that time, were you told by a family planning provider about methods of family planning other than ${current_recent_method_lab_2} that you could use?	(${current_user_yn} = 'yes' and ${current_method_sc_2}) or (${ever_used_fp} = 'yes' and ${rm_sc_2}) ◯ Yes ◯ No ◯ No response
73a. At that time, were you told that you could switch to a different method in the future?	(${current_user_yn} = 'yes' and ${current_method} != 'fster' and ${current_method} != 'mster') or …

	◯ Yes ◯ No ◯ Do not know ◯ No response
74. Are you experiencing any side effects?	${current_user_yn} = 'yes' ◯ Yes ◯ No ◯ Do not know ◯ No response
74. Did you experience any side effects?	(${ever_used_fp} = 'yes') ◯ Yes ◯ No ◯ Do not know ◯ No response
75. What are the side effects that you are currently experiencing? Do not read option choices aloud	${fp_current_side_fx_yn} = 'yes' ☐ Less bleeding or no bleeding ☐ Heavier bleeding ☐ Irregular bleeding / spotting ☐ Uterine cramping / lower abdominal pain ☐ Gained weight ☐ Lost weight ☐ Facial spotting ☐ Headaches ☐ Got infection ☐ Nausea/vomiting ☐ Increased menstrual cramping ☐ Lowered sex drive ☐ Decreased sexual pleasure ☐ Vaginal dryness ☐ General weakness/pain ☐ Diarrhea ☐ Partner feels during sex ☐ Pain at insertion site ☐ Mood swings ☐ Backache ☐ Other ☐ Do not know ☐ No response
75. What were the side effects that you EXPERIENCED while using the method? Do not read option choices aloud	${fp_recent_side_fx_yn} = 'yes' ☐ Less bleeding or no bleeding ☐ Heavier bleeding ☐ Irregular bleeding / spotting ☐ Uterine cramping / lower abdominal pain ☐ Gained weight ☐ Lost weight ☐ Facial spotting

	☐ Headaches ☐ Got infection ☐ Nausea/vomiting ☐ Increased menstrual cramping ☐ Lowered sex drive ☐ Decreased sexual pleasure ☐ Vaginal dryness ☐ General weakness/pain ☐ Diarrhea ☐ Partner feels during sex ☐ Pain at insertion site ☐ Mood swings ☐ Backache ☐ Other ☐ Do not know ☐ No response
76. Where did you obtain ${current_recent_method_lab} when you started using it after the birth of your baby? Probe to identify the type of source and select the appropriate code.	`${current_user_yn} = 'yes' or ${ever_used_fp} = 'yes'` ◯ Govt. Hospital ◯ Govt. Health Center ◯ Govt. Health Post/HEW ◯ Other Public ◯ NGO Health Facility ◯ Other NGO ◯ Private Hospital ◯ Private Clinic ◯ Pharmacy ◯ Other Private Medical ◯ Drug Vendor/Store ◯ Shop ◯ Friend/Relative ◯ Self ◯ Other ◯ Do not know ◯ No response
preQCC1a. Since you delivered your most recent baby, has a health extension worker or healthcare provider talked with you about family planning?	`${six_month_fu_yn} = 'no'` ◯ Yes ◯ No ◯ Do not know ◯ No response
preQCC1b. Since the Six-month interview after you delivered your most recent baby, has a health extension worker or healthcare provider talked with you about family planning?	`${six_month_fu_yn} = 'yes'` ◯ Yes ◯ No ◯ Do not know ◯ No response
preQCC2. During your most recent experience talking with a health extension worker or healthcare provider about family planning, did you receive a contraceptive method or a referral for a method?	`${talked_about_fp}='yes' or ${talked_about_fp_6m} = 'yes'` ◯ Received method ◯ Received referral

Select all that apply.	◯ Did not receive method or referral ◯ Do not know ◯ No response
Now I am going to ask you some questions about your recent visit when you received family planning information, referral, or services. If you are currently using a method, please think about the visit when you received your method. If you are not currently using a method, please think about the most recent visit you had when family planning information, referral, or services were provided. Please tell me how much you agree with each statement based on your experiences at your most recent family planning visit.	${qcc_rel}
QCC001. During the family planning visit, I felt encouraged to ask questions and express my concerns. Read all options	${qcc_rel} ◯ Completely agree ◯ Agree ◯ Disagree ◯ Completely disagree ◯ Do not know ◯ No response
QCC002. During the family planning visit, the provider made efforts to ensure there were no interruptions during our session. Read all options	${qcc_rel} ◯ Completely agree ◯ Agree ◯ Disagree ◯ Completely disagree ◯ Do not know ◯ No response
QCC003. During the family planning visit, the provider asked me questions in order to provide counseling that fit me personally Read all options	${qcc_rel} ◯ Completely agree ◯ Agree ◯ Disagree ◯ Completely disagree ◯ Do not know ◯ No response
QCC004. During the family planning visit, I received all of the information I wanted to know about my options for contraceptive methods Read all options	${qcc_rel} ◯ Completely agree ◯ Agree ◯ Disagree ◯ Completely disagree ◯ Do not know ◯ No response
QCC005. During the family planning visit, the provider gave me the time I needed to consider the contraceptive options we discussed Read all options	${qcc_rel} ◯ Completely agree ◯ Agree ◯ Disagree ◯ Completely disagree ◯ Do not know ◯ No response
QCC006. During the family planning visit, I could understand how my body might react to using contraception.	${qcc_rel}

Read all options	◯ Completely agree ◯ Agree ◯ Disagree ◯ Completely disagree ◯ Do not know ◯ No response
QCC007. After the family planning visit, I understood how to use the method(s) we talked about during the consultation. Read all options	${qcc_rel} ◯ Completely agree ◯ Agree ◯ Disagree ◯ Completely disagree ◯ Do not know ◯ No response
QCC008. During the family planning visit, I was able to give my opinion about what I needed. Read all options	${qcc_rel} ◯ Completely agree ◯ Agree ◯ Disagree ◯ Completely disagree ◯ Do not know ◯ No response
QCC009. During the family planning visit, I felt pressured by the healthcare provider to use the method they wanted me to use. Read all options	${qcc_rel} ◯ Completely agree ◯ Agree ◯ Disagree ◯ Completely disagree ◯ Do not know ◯ No response
QCC010. During the family planning visit, I felt scolded because of my marital status. Read all options	${qcc_rel} ◯ Completely agree ◯ Agree ◯ Disagree ◯ Completely disagree ◯ Do not know ◯ No response
IMP_305a. Do you want to have your implant removed?	${implant_check} = 'yes' ◯ Yes ◯ No ◯ No response
IMP_305b. In the past 6 months, have you tried to have your current implant removed?	${implant_check} = 'yes' ◯ Yes ◯ No ◯ No response
IMP_305c. Where did you go to try to have your implant removed?	${impl_tried_remove} = 'yes' ☐ Govt. Hospital ☐ Govt. Health Center ☐ Govt. Health Post/HEW ☐ Other Public ☐ NGO Health Facility

	☐ Other NGO ☐ Private Hospital ☐ Private Clinic ☐ Pharmacy ☐ Other Private Medical ☐ Drug Vendor/Store ☐ Shop ☐ Friend/Relative ☐ Other ☐ Do not know ☐ No response `filter_list != 'self'`
IMP_305d. Who tried to remove the implant?	`${impl_tried_remove} = 'yes'` ◯ Self ◯ Friend/Relative ◯ Partner ◯ HEW ◯ Doctor ◯ Health officer ◯ Nurse/midwife ◯ Other professional healthcare provider, cannot distinguish ◯ No one tried ◯ Do not know ◯ No response
IMP_306. Why were you not able to have your implant removed?	`${impl_tried_remove} = 'yes'` ☐ Facility not open ☐ Qualified provider not available ☐ Provider attempted but could not remove the implant ☐ Provider refused ☐ Cost of removal services ☐ Travel cost ☐ Provider counseled against removal ☐ Told to return another day ☐ Referred elsewhwere ☐ Other ☐ Do not know ☐ No response
77. Before you started using your first method after delivery, had you discussed the decision to delay or avoid pregnancy with your husband/partner?	`${current_user_yn} = 'yes' or ${ever_used_fp} = 'yes'` ◯ Yes ◯ No ◯ Do not know ◯ No response
78. Would you say that using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together?	`(${current_user_yn} = 'yes')` ◯ Mainly respondent ◯ Mainly husband/partner ◯ Joint decision

	◯ Other ◯ No response
79. Would you say that not using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together?	`${current_user_yn} = 'no' and ${pregnant} = 'no'` ◯ Mainly respondent ◯ Mainly husband/partner ◯ Joint decision ◯ Other ◯ No response
80. Why did you decide not to use a family planning method after the birth of your baby? Do not read out aloud answer options	`${ever_used_fp} = 'no'` ☐ Worried about side effects ☐ Currently breastfeeding ☐ Family planning might make getting pregnant again difficult ☐ Has not resumed menstruation ☐ Do not know enough about family planning ☐ Infrequent sex/husband/partner away ☐ Prefers abstinence ☐ Has not resumed sexual intercourse ☐ Currently pregnant ☐ Wants to become pregnant ☐ Religious prohibition ☐ Husband/partner disapproves ☐ The desired method is unavailable ☐ Other ☐ Do not know ☐ No response
81. Do you think you will use a contraceptive method to delay or avoid getting pregnant in the future?	`${current_user_yn} = 'no' or ${pregnant} = 'yes'` ◯ Yes ◯ No ◯ Do not know ◯ No response
82. When do you think you will start using a method?	`${fp_future_user} = 'yes'` ◯ In X months ◯ In X years ◯ Soon/now ◯ After finishing breastfeeding ◯ After menses returns ◯ After having another baby ◯ After having all the children I want ◯ Do not know ◯ No response
Enter a value for "${when_method_lab}"	`selected('months years', ${when_method})`

PMA ETHIOPIA
PERFORMANCE MONITORING FOR ACTION

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH | Bill & Melinda Gates Institute for Population and Reproductive Health

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

We know that relationships can sometimes have conflict and difficulty. These next questions ask about conflicts you may have had in relationships. Remember, you can skip any question you do not want to answer. We can pause at any time. If you do not feel comfortable answering any of the questions, please let me know and I will move onto the next question.

Note to RE: Confirm visual and auditory privacy before asking these questions. It is very important that these questions are asked in a private space to ensure the safety of the participant. If you are unable to confirm privacy, skip these questions

VIO_1a. Were you able to obtain confirm visual and auditory privacy? Do not read out to respondent, this is a question directed to the RE	${consent_obtained} ◯ Yes ◯ No
	${confirmed_privacy} = 'yes'
83a. Sometimes conflict can occur in relationships. Since the birth of your most recent child, has your husband/partner:	
a) Made you feel bad or treated you badly for wanting to use a FP method to delay or prevent pregnancy?	◯ Yes ◯ No ◯ Do not know ◯ No response
b) Tried to force or pressure you to become pregnant?	◯ Yes ◯ No ◯ Do not know ◯ No response
c) Said he would leave you if you did not get pregnant?	◯ Yes ◯ No ◯ Do not know ◯ No response
d) Told you he would have a baby with someone else if you did not get pregnant?	◯ Yes ◯ No ◯ Do not know ◯ No response
e) Taken away your family planning or kept you from going to the clinic to get family planning?	◯ Yes ◯ No ◯ Do not know ◯ No response
f) Hurt you physically because you did not get pregnant	◯ Yes ◯ No ◯ Do not know ◯ No response
	${confirmed_privacy} = 'yes'

83b. Sometimes conflict can occur in relationships. At any time since the birth of ${first_child_name}, did your husband/partner do any of the following things to you:	
a) Push you, shake you, or throw something at you?	◯ Yes ◯ No ◯ Do not know ◯ No response
b) Slap you?	◯ Yes ◯ No ◯ Do not know ◯ No response
c) Twist your arm or pull your hair?	◯ Yes ◯ No ◯ Do not know ◯ No response
d) Punch you with his fist or with something that could hurt you?	◯ Yes ◯ No ◯ Do not know ◯ No response
e) Kick you, drag you, or beat you up?	◯ Yes ◯ No ◯ Do not know ◯ No response
f) Try to choke you or burn you on purpose?	◯ Yes ◯ No ◯ Do not know ◯ No response
g) Threaten or attack you with a knife, gun, or other weapon?	◯ Yes ◯ No ◯ Do not know ◯ No response
h) Physically force you to have sexual intercourse with him when you did not want to?	◯ Yes ◯ No ◯ Do not know ◯ No response
i) Physically force you to perform any other sexual acts you did not want to?	◯ Yes ◯ No ◯ Do not know ◯ No response
j) Used threats or pressure to make you have sex when you didn't want to, but did not use physical force?	◯ Yes ◯ No ◯ Do not know ◯ No response

	${resumed_sex} = 'yes' and ${confirmed_privacy} = 'yes'
83. At the last time you had sex, did any of the following happen?	
A) I did not want to have sex at that time.	◯ Yes ◯ No ◯ Do not know ◯ No response
B) I felt pressured by my husband/partner to have sex then.	◯ Yes ◯ No ◯ Do not know ◯ No response
C) I did not consent (was forced) to having sex then.	◯ Yes ◯ No ◯ Do not know ◯ No response
D) I felt at risk of physical violence if I declined to have sex at that time	◯ Yes ◯ No ◯ Do not know ◯ No response
Now I'm going to ask you a series of statements about sex. For each, please tell me how strongly you agree or disagree with the statement.	${consent_obtained} and ${confirmed_privacy} = 'yes'
84. If I refuse sex with my husband/partner, he may physically hurt me.	${consent_obtained} and ${confirmed_privacy} = 'yes' ◯ Strongly agree ◯ Somewhat agree ◯ Neither agree nor disagree ◯ Somewhat disagree ◯ Strongly disagree ◯ No response
85. If I refuse sex with my husband/partner, he may force me to have sex.	${consent_obtained} and ${confirmed_privacy} = 'yes' ◯ Strongly agree ◯ Somewhat agree ◯ Neither agree nor disagree ◯ Somewhat disagree ◯ Strongly disagree ◯ No response
86. If I show my husband/partner that I want to have sex, he may consider me promiscuous.	${consent_obtained} and ${confirmed_privacy} = 'yes' ◯ Strongly agree ◯ Somewhat agree ◯ Neither agree nor disagree ◯ Somewhat disagree

	◯ Strongly disagree ◯ No response
87. If I refuse sex with my husband/partner, he may stop supporting me.	${consent_obtained} and ${confirmed_privacy} = 'yes' ◯ Strongly agree ◯ Somewhat agree ◯ Neither agree nor disagree ◯ Somewhat disagree ◯ Strongly disagree ◯ No response
88. I am confident I can tell my husband/partner when I want to have sex	${consent_obtained} and ${confirmed_privacy} = 'yes' ◯ Strongly agree ◯ Somewhat agree ◯ Neither agree nor disagree ◯ Somewhat disagree ◯ Strongly disagree ◯ No response
89. I am able to decide when to have sex	${consent_obtained} and ${confirmed_privacy} = 'yes' ◯ Strongly agree ◯ Somewhat agree ◯ Neither agree nor disagree ◯ Somewhat disagree ◯ Strongly disagree ◯ No response
90. If I do not want to have sex, I can tell my husband/partner	${consent_obtained} and ${confirmed_privacy} = 'yes' ◯ Strongly agree ◯ Somewhat agree ◯ Neither agree nor disagree ◯ Somewhat disagree ◯ Strongly disagree ◯ No response
91. If I do not want to have sex, I am capable of avoiding it with my husband/partner	${consent_obtained} and ${confirmed_privacy} = 'yes' ◯ Strongly agree ◯ Somewhat agree ◯ Neither agree nor disagree ◯ Somewhat disagree ◯ Strongly disagree ◯ No response
Location	
N. Location 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.	

O. Did you have to step away from the respondent's home to take the GPS reading?	◯ Yes ◯ No
QUESTIONNAIRE RESULT	
P. How many times have you visited this household to interview this female respondent?	◯ 1st time ◯ 2nd time ◯ 3rd time
Q. What language was this interview conducted in?	◯ English ◯ Amharic ◯ Afan Oromo ◯ Tigrigna ◯ Sidamigna ◯ Wolayitigna ◯ Afar ◯ Somali ◯ Kefigna ◯ Other
R. Was a translator used for this interview?	◯ Yes ◯ No
S. Questionnaire result	◯ Completed ◯ Not at home ◯ Postponed ◯ Refused ◯ Partly completed ◯ Incapacitated ◯ Respondent death ◯ Respondent moved temporarily ◯ Respondent moved permanently ◯ Mother absent for indefinite period ◯ Interview date after eligibility window ◯ Enrolled by mistake / Unknown pregnancy outcome