

PMA Ethiopia Panel Cohort 2 – Baseline Survey Female Questionnaire

IDENTIFICATION

A. Are you in the correct household?	<input type="radio"/> Yes <input type="radio"/> No
EA - \${EA}	
Structure number - \${structure}	
Household number - \${household}	

B. RETURN TO INTERVIEW THE CORRECT HOUSEHOLD.

C. Your name	
Is this your name ?	<input type="radio"/> Yes <input type="radio"/> No

D. Enter your name below. *Please record your name*

E. Current date	Day: Month: Year:
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No

F. Record the correct date and time

Day:
Month:
Year:

G. The following information is from the Household Questionnaire. Please review to make sure you are interviewing the correct respondent.	
Region	
Zone	
District	
Locality	
EA	
Structure number	
Household number	

Is the above information correct?	<input type="radio"/> Yes <input type="radio"/> No
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H. GO TO THE RIGHT HOUSEHOLD OR UPDATE THE HOUSEHOLD ROSTER IF NEEDED

I. You should be attempting to interview \${firstname} . Is that correct? <i>If misspelled, select "yes" here and update the name in question "O11." If this is the wrong person, you have two options: (1) exit and ignore changes to this form. Open the correct form. Or (2) find and interview the person whose name appears above.</i>	<input type="radio"/> Yes <input type="radio"/> No
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J. Is the respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
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K. How well acquainted are you with the respondent?	<div style="text-align: right;">\${available}='yes'</div> <input type="radio"/> Very well acquainted <input type="radio"/> Well acquainted <input type="radio"/> Not well acquainted <input type="radio"/> Not acquainted
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As a reminder this is a study about maternal and newborn health. We will be visiting you at four time points: now, 6 weeks postpartum, 6 months postpartum and 1 year postpartum. Do you still consent to be enrolled in this study?	<input type="radio"/> Yes <input type="radio"/> No
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N. May I begin the interview now?	<input type="radio"/> Yes <input type="radio"/> No
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Oa. 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? <i>If no, enter the 2 digit ID number on the next screen.</i>	<input type="radio"/> Yes <input type="radio"/> No

Oc. Record the correct number on the ID card	
Confirm that the QR code matches the code on the card before advancing. <i>QR Code is \${qr_lab}</i>	<input type="radio"/> Yes <input type="radio"/> No

O. Interviewer's name: \${re_name}	<input type="radio"/>
Mark your name as a witness to the consent process.	

P. Respondent's first name <i>You may correct the spelling here if it is not correct, but you must be interviewing the person whose name appears below.</i>	
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Section 1 – Respondent’s Background, Marital Status, and Household Characteristics

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

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'.

Day:
Month:
Year:

Does not know month

FFQ002. How old were you at your last birthday?
Must be more than 14 and less than 50. Must agree with FFQ001.

FFQ003a. Are you currently married or living together with a man as if married?
Probe: If no, ask whether the respondent is divorced, separated, widowed, or never in union/never married.

- Yes, currently married
- Yes, living with a man
- Divorced / separated
- Not currently in union: Widow
- No, never in union
- No response

FFQ003b. Have you been married or lived with a man only once or more than once?

- `\${consent}` and `\${married}` != 'no_never'
- Only once
 - More than once
 - No response

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'.

Day:
Month:
Year:

`\${consent}` and
`\${number_of_times_married}` =
'more_than_once'

Does not know month

FFQ004b. CHECK: Based on the response you entered in FFQ004a, the respondent was possibly 10 years old or younger at the time of her first marriage. Did you enter FFQ004a correctly?

`\${age_livings_first_auto}` <= 10

- Yes
- No

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?

Day:
Month:
Year:

<p>Select 'Do not know' for month and '2030' for year to indicate 'No Response'</p>	<p><code>#{consent}</code> and <code>(#{number_of_times_married} = 'only_once' or <code>#{number_of_times_married} = 'more_tha ...</code></code></p>
<p>Does not know month</p>	<p><input type="radio"/></p>

<p>FFQ005b. CHECK: Based on the response you entered in FFQ005a, the respondent was possibly 10 years old or younger at the beginning of her marriage or cohabitation. Did you enter FFQ005a correctly?</p>	<p><code>#{age_livings_cauto} <= 10</code> <input type="radio"/> Yes <input type="radio"/> No</p>
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<p>FFQ006. Does your husband / partner have other wives or does he live with other women as if married?</p>	<p><code>#{consent}</code> and <code>(#{married} = 'yes_married' or <code>#{married} = 'yes_living_wman')</code> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</code></p>
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<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>#{consent}</code> and <code>(#{married} = 'yes_married' or <code>#{married} = '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"/> Do not know <input type="radio"/> No response</code></p>
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<p>FFQ006b. How old is your husband/partner? Age(years) <i>If respondent is unsure, she can estimate his age. Do not know -88. No response -99.</i></p>	<p><code>#{consent}</code> and <code>(#{married} = 'yes_married' or <code>#{married} = 'yes_living_wman')</code></code></p>
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<p>FFQ007. What is your religion?</p>	<p><code>#{consent}</code> <input type="radio"/> Protestant <input type="radio"/> Orthodox <input type="radio"/> Muslim <input type="radio"/> Catholic <input type="radio"/> Traditional <input type="radio"/> Wakefeta <input type="radio"/> Non-believers <input type="radio"/> Other <input type="radio"/> No response</p>
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<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>#{education_lvl}='never_attended'</code> <input type="radio"/> Never attended <input type="radio"/> Primary</p>
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	<input type="radio"/> Secondary <input type="radio"/> Technical & vocational <input type="radio"/> Higher <input type="radio"/> No response
FFQ009. Can you read or write in any language?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

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?	\${consent}	<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>Enter -99 for no response.</i>	\${ever_pregnant} = 'yes' or \${ever_pregnant} = '-99'	

FFQ020. When was your FIRST birth? <i>Please record the date of the first live birth. Date should be found by calculating forward or backward from memorable events if needed. 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'</i>	Day: Month: Year: \${no_live_birth} > 1
Do not know month	<input type="radio"/>

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'. Note to RE: use visual aid to record dates of most recent birth</i>	Day: Month: Year: \${no_live_birth} > 1
Do not know month	<input type="radio"/>

	\${consent}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/> No response
FFQ025. Are you pregnant now?		

FFQ029a. How many months pregnant are you? The most recent birth was: \${recent_birth_date_lab} <i>Please record the number of completed months. Do not know -88. No response -99.</i>	\${pregnant_now} = 'yes'
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FFQ026. When did your last menstrual period start?	\${consent}
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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.
Enter 0 days for today.

- Days ago
- Weeks ago
- Months ago
- Years ago
- Before last birth
- Never menstruated
- In menopause/has had hysterectomy
- No response

Enter the number of $\{\text{last_period_lab}\}$
Enter 0 days for today.

$\{\text{last_period}\} = \text{'days_ago'}$ or
 $\{\text{last_period}\} = \text{'weeks_ago'}$ or
 $\{\text{last_period}\} = \text{'months_ago'}$ or ...

You entered that the respondent is $\{\text{months_pregnant}\}$ months pregnant, but she said her last menstrual period started $\{\text{last_period_val}\}$ ($\{\text{last_period_lab}\}$) ago. Is that what she said?

$((\{\text{last_period}\} = \text{'days_ago'})$ and
 $(\{\text{months_pregnant}\} >$
 $\text{int}(\{\text{last_period_val}\} \text{div } 30))$ or
 $((\{\text{ ...$

- Yes
- No

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?
Remind the postpartum respondent that we are asking about her most recent pregnancy; or if currently pregnant respondent about the current pregnancy

$\{\text{pregnant_now}\} = \text{'yes'}$ or
 $\{\text{recent_birth_years}\} < 5$

- Then
- Later
- Not at all
- No response

FFQ172. When you found out you were pregnant, how did you feel?
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.

$\{\text{pregnant_now}\} = \text{'yes'}$ or
 $\{\text{recent_birth_years}\} < 5$

- Very happy
- Sort of happy
- Mixed happy and unhappy
- Sort of unhappy
- Very unhappy
- No response

FFQ173. When your partner found out you were pregnant, how did he feel?
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.

$\{\text{pregnant_now}\} = \text{'yes'}$ or
 $\{\text{recent_birth_years}\} < 5$

- Very happy
- Sort of happy
- Mixed happy and unhappy
- Sort of unhappy
- Very unhappy
- Have not told partner
- No partner
- Do not know
- No response

FFQ22A. Is the respondent a usual household member or staying at her parental home temporarily?

$(\{\text{recent_birth_weeks}\} < 9$ or
 $\{\text{pregnant_now}\} = \text{'yes'})$ and
 $(\{\text{begin_interview_panel}\} \neq \text{'yes'}$ and
...

	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ022. Is the respondent enrolled in the panel study?	<pre>(\${recent_birth_weeks} < 9 or \${pregnant_now}='yes') and (\${begin_interview_panel} != 'yes' and ...</pre> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

FFQ022b. If NO: Explain the panel survey to the woman and attempt to enroll her. Even if she is enrolled in the panel study, she may also be eligible for the cross-section Panel consent script:

Based on your answers to the previous questions, you are qualified to participate in our study. The survey is about maternal and neonatal health and is being conducted with the support of the Ministry of Health. The information you give us will help to inform the government to better plan health services. We would very much appreciate your participation in this survey, but whether or not you choose to participate is completely up to you. There is no penalty for not participating.

The survey will take place over three study visits. These visits will take place at 6 weeks, 6 months, and one year after the delivery of your baby. We will return at each of the three visits and ask you questions about your health and the health of your baby. At each visit, we will ask similar questions, because we are trying to learn about how the health of you and your baby changes over time. Some of the questions will have to do with your health during and after pregnancy and what care you received and some of the questions will be about your baby's health and what care they received. Some of the questions may be sensitive but you do not have to answer any questions that you do not feel comfortable answering.

The first visit will take approximately 45 to 60 minutes to complete. The second and third interview will take approximately 20 to 30 minutes to complete.

There are minimal or no perceived risks or harm for participating in this survey. Keep in mind that you do not have to answer all of the questions and you may stop at any time.

Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team. All research projects carry some risk that information about you may become known to people outside of the study. To protect against this, the phone and any applications with PMA Ethiopia data are password protected.

If you agree to participate today, we will give you an identification card with a bar code scan. This card will only be used to identify you for this study. At the last in-person visit, we will take the card away and destroy it.

There is no direct benefit to you from being in the study. You will receive 50 birr in phone credit at each visit as a thank you for your time. If you agree to participate today, we will assume that you agree to each of the three study visits but you have the right to stop participation in the study at any time.

`${usual_member} = 'yes' and ${enrolled_in_panel} = 'no'`

FFQ022c. Did she agree to enroll in the panel survey?	<pre><code>\${usual_member} = 'yes' and \${enrolled_in_panel} = 'no'</code></pre> <input type="radio"/> Yes <input type="radio"/> No
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FFQ022d. Scan QR Code If you are unable to scan the QR code enter the number on the next screen. Confirm that the scanned code matches the code on the card before advancing.	
CHECK: Are the last 4 digits the same as the two digit EA number and the two digit number on the ID card?"	<pre><code>\${agree_panel_enrollment}='yes'</code></pre> <input type="radio"/> Yes <input type="radio"/> No

If no, enter the 2 digit ID number on the next screen.

FFQ022e. Record the correct number on the ID card. Confirm that the QR code matches the code on the card before advancing.

($\{qr_pnl_auto\} = ''$ or $\{qr_pnl_check\}='no'$) and $\{agree_panel_enrollment\}='yes'$

FFQ022f. Does the QR code match what is on the paper?
QR Code is $\{qr_pnl_lab\}$

$\{agree_panel_enrollment\}='yes'$

- Yes
- No

Error: This woman is receiving a panel questionnaire but her responses indicate she is ineligible for the panel.

$\{pregnant_now\}='no'$ and $\{recent_birth_weeks\} > 9$ and $\{panel_enrolled\}='yes'$

FFQ030. Have you ever delivered in a health facility before?

$\{no_live_birth\} >= 1$ and $\{beg_or_agre_pnl\}$

- Yes
- No
- No response

FFQ032. Where would you like to deliver your baby?

$\{pregnant_now\}='yes'$ and $\{beg_or_agre_pnl\}$

- Her Home
- 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
- Other
- Have not decided yet
- No response

FFQ033. Who would you like to deliver your baby?

$\{pregnant_now\}='yes'$ and $\{beg_or_agre_pnl\}$

- Doctor
- Health officer
- Nurse/Midwife
- Any professional healthcare provider (can't distinguish)
- HEW
- Traditional birth attendant
- Family member
- No one
- Have not decided yet
- No response

FFQ034a. Thus far in your pregnancy, have you seen a health extension worker for antenatal care?

($\{pregnant_now\}='yes'$) and $\{beg_or_agre_pnl\}$

- Yes
- No

	<input type="radio"/> Do not know <input type="radio"/> No response
FFQ034b. At any point in your pregnancy, did you see a health extension worker for antenatal care?	$\${beg_or_agre_pnl} \text{ and } (\${recent_birth_weeks} \geq 5 \text{ and } \${recent_birth_weeks} \leq 8)$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ035. Where did you see the HEW? <i>Select multiple</i>	$\${seen_hew_anc} = 'yes' \text{ or } \${saw_hew_anc} = 'yes'$ <input type="checkbox"/> Home <input type="checkbox"/> Government health post <input type="checkbox"/> Other health facility <input type="checkbox"/> Other <input type="checkbox"/> No response
FFQ036a. How many times have you received antenatal care during this pregnancy from a health extension worker, either at a health post or at home? <i>Do not know -88. No response -99.</i>	$\${seen_hew_anc} = 'yes'$
FFQ036b. How many times did you receive antenatal care during this pregnancy from a health extension worker, either at a health post or at home? <i>Do not know -88. No response -99.</i>	$\${saw_hew_anc} = 'yes'$
FFQ037. How many months pregnant were you when you first talked to a health extension worker about your pregnancy? <i>Do not know -88. No response -99.</i>	$\${seen_hew_anc} = 'yes' \text{ or } \${saw_hew_anc} = 'yes'$
FFQ038a. Have you seen a professional healthcare provider, other than an HEW, for antenatal care during this pregnancy?	$\${pregnant_now} = 'yes' \text{ and } \${beg_or_agre_pnl}$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ038b. Did you see a professional healthcare provider, other than an HEW, for antenatal care during this pregnancy?	$(\${recent_birth_weeks} \geq 5 \text{ and } \${recent_birth_weeks} < 9) \text{ and } \${beg_or_agre_pnl}$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ039. Whom did you see, not including an HEW? Anyone else? <i>(Select all that apply) Probe to identify each type of person and record all mentioned.</i>	$\${seen_other_hew} = 'yes' \text{ or } \${saw_other_hew} = 'yes'$ <input type="checkbox"/> Doctor <input type="checkbox"/> Health officer <input type="checkbox"/> Nurse/midwife <input type="checkbox"/> Professional health provider, can't distinguish <input type="checkbox"/> Other <input type="checkbox"/> No response

<p>FFQ040a. How many times have you received antenatal care during this pregnancy from a professional healthcare provider, other than an HEW? <i>Do not know -88. No response -99.</i></p>	<p>$\\${seen_other_hew}='yes'$</p>
<p>FFQ040b. How many times did you receive antenatal care during this pregnancy from a professional healthcare provider, other than an HEW? <i>Do not know -88. No response -99.</i></p>	<p>$\\${saw_other_hew}='yes'$</p>
<p>FFQ041. How many months pregnant were you when you first received antenatal from a professional healthcare provider other than an HEW for this pregnancy? <i>Do not know -88. No response -99.</i></p>	<p>$\\${seen_other_hew} = 'yes' \text{ or } \\${saw_other_hew} = 'yes'$</p>
<p>FFQ042. Where did you receive antenatal care for this pregnancy, not including from the HEW? Anywhere else? <i>Select all that apply Probe to identify the type of source and record all mentioned</i></p>	<p>$\\${seen_other_hew} = 'yes' \text{ or } \\${saw_other_hew} = 'yes'$</p> <ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response

<p>FFQ043. As part of your antenatal care during this pregnancy were any of the following measured at least once: This includes any ANC from any provider $\\${seen_hew_anc} = 'yes' \text{ or } \\${saw_hew_anc} = 'yes' \text{ or } \\${seen_other_hew} = 'yes' \text{ or } \\${saw_other_hew} \dots$</p>	
<p>A) Was your blood pressure measured?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>B) Was your weight taken?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>C) Did you give a urine sample that was not for a pregnancy test?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>D) Did you give a blood sample?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

	<input type="radio"/> Do not know <input type="radio"/> No response
E) Did you give a stool sample?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

FFQ044. I don't want to know the results, but as part of your antenatal care were you:
This includes any ANC from any provider

A) Tested for syphilis?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) Did you receive the results of your test?	<div style="text-align: right;">\${tested_syphilis}='yes'</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Did someone discuss the results with you after you were tested?	<div style="text-align: right;">\${tested_syphilis}='yes'</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

FFQ045. I don't want to know the results, but as part of your antenatal care were you:
This includes any ANC from any provider

A) Tested for HIV?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) Did you receive the results of your test?	<div style="text-align: right;">\${tested_hiv}='yes'</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Did someone discuss the results with you after you were tested?	<div style="text-align: right;">\${tested_hiv}='yes'</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ046a. During your antenatal care visit, did your provider discuss breastfeeding as a method to prevent pregnancy? <i>This includes any ANC from any provider</i>	<div style="text-align: right;"> \${seen_hew_anc} = 'yes' or \${saw_hew_anc} = 'yes' or \${seen_other_hew} = 'yes' or \${saw_other_hew} ... </div> <input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ046b. During your antenatal care visit, did your provider talk with you about postpartum family planning? <i>This includes any ANC from any provider</i></p>	<p style="text-align: right;"> \${seen_hew_anc} = 'yes' or \${saw_hew_anc} = 'yes' or \${seen_other_hew} = 'yes' or \${saw_other_hew} ... </p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ047. Which family planning method or methods did you discuss with the provider? <i>Select all that apply Note: breastfeeding was included previously and is not part of this list</i></p>	<p style="text-align: right;">\${talk_postpartum_fp}='yes'</p> <input type="checkbox"/> Female Sterilization <input type="checkbox"/> Male Sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male Condom <input type="checkbox"/> Female Condom <input type="checkbox"/> Std. Days/Cycle beads <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other traditional methods <input type="checkbox"/> No response
<p>FFQ048. Are you planning to breastfeed?</p>	<p style="text-align: right;"> \${pregnant_now}='yes' and \${beg_or_agre_pnl} </p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure yet <input type="radio"/> No response
<p>FFQ049. Are you planning to use breastfeeding to delay or avoid getting pregnant?</p>	<p style="text-align: right;"> \${pregnant_now}='yes' and \${breastfeed_plan}='yes' </p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure yet <input type="radio"/> No response
<p>FFQ052. Do you plan to use a method of family planning, other than breastfeeding, within a year of giving birth?</p>	<p style="text-align: right;"> \${pregnant_now}='yes' and \${beg_or_agre_pnl} </p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ053a. When do you plan to start using the method?</p>	<p style="text-align: right;">\${fp_method_plan}='yes'</p> <input type="radio"/> Immediately (at facility) <input type="radio"/> At first postpartum visit <input type="radio"/> Weeks

	<input type="radio"/> Months <input type="radio"/> After return of menses <input type="radio"/> Not sure yet <input type="radio"/> No response
FFQ053b. Enter number of $\{when_start_fpm_lab\}$ <i>If weeks or months</i>	$\{when_start_fp_method\}='weeks'$ or $\{when_start_fp_method\}='months'$
FFQ054. What method do you plan to use? <i>This does not include LAM/breastfeeding</i>	$\{fp_method_plan\}='yes'$ <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"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Not sure <input type="radio"/> No response
FFQ055. During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is convulsions (locked jaw) after birth?	$\{seen_hew_anc\} = 'yes'$ or $\{saw_hew_anc\} = 'yes'$ or $\{seen_other_hew\} = 'yes'$ or $\{saw_other_hew\} \dots$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ056. During this pregnancy, how many times have you gotten a tetanus injection? <i>Do not know -88. No response -99.</i>	$\{given_tetn_injection\}='yes'$
CHECK: You entered that the respondent received $\{number_tetn_injection\}$ tetanus injections in question FFQ056. Confirm that these were received only during this pregnancy. $\{number_tetn_injection\}>3$	
FFQ057. During this pregnancy have you consumed any multivitamins that contain iron, iron tablets, iron syrup, or folic acid/iron co-packs? <i>A photo of iron tablets/syrup will appear on the screen [iron_tablets_syrup.png]</i>	$(\{beg_or_agre_pnl\} \text{ and } \{is_panel_region\}='yes')$ and $(\{pregnant_now\}='yes' \text{ or } (\{recent_birth_ \dots$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ058. During this pregnancy, have you taken any drug for intestinal worms?	$((\{pregnant_now\}='yes') \text{ or } ((\{recent_birth_weeks\} < 9 \text{ and } \{recent_birth_weeks\} \geq 5)) \text{ and } \{b \dots$

A photo of intestinal worms tablets will appear on the screen

[albendazole.png]

- Yes
- No
- Do not know
- No response

FFQ059a. Have you experienced any of the following problems during this pregnancy: <div style="text-align: right;"> $\\${pregnant_now}='yes'$ and $\\${beg_or_agre_pnl}$ </div>	
A) Severe headache with blurred vision?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) High blood pressure?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Edema (swelling) face/feet/body?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
D) Convulsion/fits?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
E) Vaginal bleeding before delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
F) High fever?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
G) Abnormal vaginal discharge (foul smelling/dark)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
H) Lower abdominal pain?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
I) Worsening vision, particularly at night?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

FFQ059b. Did you experience any of the following problems during this pregnancy:

($\{beg_or_agre_pnl\}$ and ($\{recent_birth_weeks\} < 9$ and $\{recent_birth_weeks\} \geq 5$))	
A) Severe headache with blurred vision?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) High blood pressure?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Edema (swelling) face/feet/body?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
D) Convulsion/fits?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
E) Vaginal bleeding before delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
F) High fever?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
G) Abnormal vaginal discharge (foul smelling/dark)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
H) Lower abdominal pain?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
I) Worsening vision, particularly at night?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

FFQ060. Did you seek treatment at a health facility for $\{pregnant_now\} = 'yes'$ and $\{beg_or_agre_pnl\}$ and $\{seek_trtmt_chk\}$	
A) Severe headache with blurred vision?	$\{headache\} = 'yes'$

	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
B) High blood pressure?	\${blood_pressure}='yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
C) Edema (swelling) face/feet/body?	\${edema_swelling}='yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
D) Convulsion/fits?	\${convulsion_fits}='yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
E) Vaginal bleeding before delivery?	\${vaginal_bleeding}='yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
F) High fever?	\${high_fever}='yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
G) Abnormal vaginal discharge (foul smelling/dark)?	\${discharge}='yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
H) Lower abdominal pain?	\${abdominal_pain}='yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
I) Worsening vision, particularly at night?	\${worsening_vision}='yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

FFQ060. Did you seek treatment at a health facility for

A) Severe headache with blurred vision?	\${headache_5t9ws}='yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
B) High blood pressure?	\${blood_pressure_5t9ws}='yes'

	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
C) Edema (swelling) face/feet/body?	\${edema_swelling_5t9ws}='yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
D) Convulsion/fits?	\${convulsion_fits_5t9ws}='yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
E) Vaginal bleeding before delivery?	\${vaginal_bleeding_5t9ws}='yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
F) High fever?	\${high_fever_5t9ws}='yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
G) Abnormal vaginal discharge (foul smelling/dark)?	\${discharge_5t9ws}='yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
H) Lower abdominal pain?	\${abdominal_pain_5t9ws}='yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
I) Worsening vision, particularly at night?	\${worsening_vision_5t9ws}='yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

FFQ061. During your antenatal care visit(s) was there any discussion about the following: \${seen_hew_anc} = 'yes' or \${saw_hew_anc} = 'yes' or \${seen_other_hew} = 'yes' or \${saw_other_hew} ...	
A) Place of delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) Delivery by a skilled attendant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Arrangement for transport for delivery?	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
D) Where to go if experience of pregnancy danger signs?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
E) Severe headaches with blurred vision as a danger sign in pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
F) High blood pressure as a danger sign in pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
G) Edema/swelling of the face/feet/body as a danger sign in pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
H) Convulsions/fits as a danger sign in pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
I) Bleeding before delivery as a danger sign in pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

FFQ062. Did you receive any tablets that should be taken to prevent bleeding after delivery?	<pre> \${seen_hew_anc} = 'yes' or \${saw_hew_anc} = 'yes' or \${seen_other_hew} = 'yes' or \${saw_other_hew} ... </pre> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ063. As part of your antenatal care visits, did a healthcare worker or HEW talk with you about your nutrition or diet?	<pre> \${seen_hew_anc} = 'yes' or \${saw_hew_anc} = 'yes' or \${seen_other_hew} = 'yes' or \${saw_other_hew} ... </pre> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ064. What information or messages did you receive during your pregnancy about nutrition or diet?	<pre> \${nutrition_talk}='yes' </pre> <input type="checkbox"/> Eat more (quantity) <input type="checkbox"/> Eat a variety of foods / foods rich with iron (quality)

Probe: From either a health provider at a facility or an HEW?
Select all that apply. Read all responses aloud.

- Take iron-containing tablets (IFAS)
- Take preventive malaria treatment
- Take deworming tablet
- How much weight to gain
- Regularly exercise
- How to manage nausea/vomiting
- Reduce salt intake
- Do not eat raw meat
- None of the above
- No response

FFQ066. Do you know how to contact the HEW if you go into labor?

- \${pregnant_now}='yes' and
\${beg_or_agre_pnl}
- Yes
 - No
 - No HEW
 - No response

FFQ067a. Has your partner encouraged you to go to the clinic for antenatal care?

- \${pregnant_now}='yes' and
\${beg_or_agre_pnl}
- Yes, encouraged
 - No, did not encourage
 - No, actively discouraged
 - No partner
 - Do not know
 - No response

FFQ067b. Did your partner encourage you to go to the clinic for antenatal care?

- (\${beg_or_agre_pnl} and
(\${recent_birth_weeks} < 9 and
\${recent_birth_weeks} >=5))
- Yes, encouraged
 - No, did not encourage
 - No, actively discouraged
 - No partner
 - Do not know
 - No response

FFQ068. Have you and your partner discussed where you are planning to deliver?

- \${pregnant_now}='yes' and
\${beg_or_agre_pnl}
- Yes
 - No
 - Partner not involved
 - No partner
 - Do not know
 - No response

FFQ069. While you were pregnant, did you and your partner discuss where you planned to deliver?

- (\${beg_or_agre_pnl} and
(\${recent_birth_weeks} < 9 and
\${recent_birth_weeks} >=5))
- Yes
 - No
 - Partner not involved
 - No partner

	<input type="radio"/> Do not know <input type="radio"/> No response
FFQ070. Did you go to a maternity waiting home before going into labor? <i>This is a room or home where women go to live for days before they go into labor. It is not the waiting room in the health center where they stay while laboring before delivery.</i>	\${agree_panel_5t8ws} <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ071. How many months pregnant were you when the [pregnancy ended/baby was born]?	\${agree_panel_5t8ws}
FFQ072. How many children were in this pregnancy? (eg twin or triplet?)	\${agree_panel_5t8ws} <input type="radio"/> Single <input type="radio"/> Twin <input type="radio"/> Triplet + <input type="radio"/> No response

I will now ask you some questions about the baby that was born. If there was more than one child, we will start with the first child born.

\${number_children} != '-99' and \${agree_panel_5t8ws}

FFQ073. What was the outcome of this pregnancy for the \${current_baby_pos_lab} born?	<input type="radio"/> Live birth <input type="radio"/> Still birth <input type="radio"/> No response
FFQ074. Did the baby cry or show any signs of life?	\${pregnancy_outome} = 'still_birth' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
CHECK: The outcome of this pregnancy is live birth. Go back and correct Question number 073. \${pregnancy_outome} = 'still_birth' and \${baby_cry} = 'yes'	
FFQ075. What was the name given to the baby that was just born? <i>Write 'Baby' if no name given</i>	\${pregnancy_outome}='live_birth'
FFQ076. Is \${baby_name} a boy or a girl?	\${pregnancy_outome}='live_birth' <input type="radio"/> Boy <input type="radio"/> Girl <input type="radio"/> No response
FFQ077. Is \${baby_name} still alive?	\${pregnancy_outome}='live_birth' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ078. IF DEAD: Exactly how many days or weeks old was \${baby_name} when (he/she) died? <i>If less than 1 week, select days</i>	\${baby_alive}='no' <input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Do not know <input type="radio"/> No response

<p>Enter the number of $\{days_weeks_died_lab\}$ <i>If less than 1 week, select days</i></p>	<p>$\{baby_alive\} = 'no'$ and $\{days_weeks_died\} \neq '-99'$ and $\{days_weeks_died\} \neq '-88'$</p>
<p>FFQ079. Where did you give birth? <i>Probe to identify the type of facility.</i></p>	<p>$\{number_children\} \neq '-99'$ and $\{agree_panel_5t8ws\}$</p> <ul style="list-style-type: none"> <input type="radio"/> Her Home <input type="radio"/> Other home <input type="radio"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Government health post <input type="radio"/> Other public sector <input type="radio"/> Private hospital/clinic <input type="radio"/> Other private medical sector <input type="radio"/> NGO/Faith-based health facility <input type="radio"/> Other <input type="radio"/> No response
<p>FFQ080. What are the reasons you did not go to a health facility for delivery? <i>Any other reason?</i> <i>Select all that apply</i></p>	<p>$\{where_delivered\} = 'her_home'$ or $\{where_delivered\} = 'other_home'$</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not necessary <input type="checkbox"/> Not understand that service is needed <input type="checkbox"/> Not customary <input type="checkbox"/> Cost too much <input type="checkbox"/> Lack of money <input type="checkbox"/> Too far <input type="checkbox"/> Transport problem <input type="checkbox"/> No one to accompany <input type="checkbox"/> No provider available <input type="checkbox"/> Baby came too fast <input type="checkbox"/> Providers mistreat women <input type="checkbox"/> Provider not competent <input type="checkbox"/> Sent home previously <input type="checkbox"/> Concern about privacy <input type="checkbox"/> Family did not allow <input type="checkbox"/> Better care at home <input type="checkbox"/> Not know how to go <input type="checkbox"/> Not know where to go <input type="checkbox"/> For fear <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>FFQ081. Who assisted with the delivery? <i>If Respondent says 'No one assisted,' probe to determine whether any adults were present at the delivery. If Respondent says more than one person, ask who was the primary attendant.</i></p>	<p>$\{number_children\} \neq '-99'$ and $\{agree_panel_5t8ws\}$</p> <ul style="list-style-type: none"> <input type="radio"/> No one assisted <input type="radio"/> Doctor <input type="radio"/> Health officer <input type="radio"/> Nurse/Midwife <input type="radio"/> Skilled attendant can't distinguish <input type="radio"/> Health extension worker <input type="radio"/> Health development army

	<input type="radio"/> Traditional birth attendant <input type="radio"/> Family member <input type="radio"/> Other <input type="radio"/> No response
FFQ082. Was your delivery by caesarean, that is, did they cut your belly open to take the baby out?	\${delivered_at_facility} <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ083. Was the baby weighed at birth?	\${delivered_at_facility} <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

FFQ084. Did you experience any of the following problems during the delivery: \${number_children} != '-99' and \${agree_panel_5t8ws}	
A) Severe bleeding?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) Leaking/rupture of membrane and no labor pain for >24 hours?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Leaking/rupture of membrane before 9 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
D) Malpresentation (the feet/hand came out first) or malposition (baby lied transversely during pregnancy)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
E) Prolonged labor (>12 hours)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
F) Convulsion/fits?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

FFQ085. Where did you seek treatment for the complications you experienced during delivery? <i>Select all that apply.</i>	\${delivery_complications} <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center
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- Government health post
- Other public sector
- Private hospital/clinic
- Other private medical sector
- NGO/Faith-based health facility
- Traditional healer/medicine
- Pharmacy
- Other
- Nowhere, no treatment sought
- No response

FFQ086. Did you experience any of the following problems within the first 24 hours after the delivery: \${number_children} != '-99' and \${agree_panel_5t8ws}	
A) Retained placenta (more than 30 minutes)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) High fever with foul/smelly discharge or lower abdominal pain?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Severe/heavy bleeding?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
D) Convulsions/fits?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

FFQ087. Where did you seek treatment for :

This question will be repeated for every health problem you said you experienced after delivery

\${retailed_placenta} = 'yes'	
A) Retained placenta (more than 30 minutes)?	<input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response

<p>B) High fever with foul/smelly discharge or lower abdominal pain?</p>	<p style="text-align: right;">\${fever_discharge_pain} = 'yes'</p> <ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>C) Severe/heavy bleeding?</p>	<p style="text-align: right;">\${heavy_bleeding} = 'yes'</p> <ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>D) Convulsions/fits?</p>	<p style="text-align: right;">\${convulsion_fits_after} = 'yes'</p> <ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ088. Did you receive an injection in your thigh immediately after you delivered to prevent excess bleeding?</p>	<p style="text-align: right;">\${number_children} != '-99' and \${agree_panel_5t8ws}</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

<p>FFQ089. How long were you in labor before you left your home to seek care? <i>You will enter a number for x on the next screen.</i></p>	<p style="text-align: right;">\${delivered_at_facility} or \${where_delivered} = 'other_home'</p> <p><input type="radio"/> Minutes <input type="radio"/> Hours <input type="radio"/> Before labor started <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>Enter the number of \${labor_duration_lab}</p>	<p style="text-align: right;">(\${delivered_at_facility} or \${where_delivered} = 'other_home') and \${labor_duration} != '-99' an ...</p>

The next set of questions asks specifically about your experiences during labor, delivery and immediate postpartum care (FFQ091-FQ110).

	<p style="text-align: right;">\${delivered_at_facility}</p>
<p>FFQ091. Did the doctors, nurses, or other staff at the facility treat you with respect?</p>	<p style="text-align: right;">\${delivered_at_facility}</p> <p><input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response</p>
<p>FFQ092. Did the doctors, nurses, and other staff at the facility treat you in a friendly manner?</p>	<p style="text-align: right;">\${delivered_at_facility}</p> <p><input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response</p>
<p>FFQ093. Did the doctors or nurses explain to you why they were doing examinations or procedures on you?</p>	<p style="text-align: right;">\${delivered_at_facility}</p> <p><input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response</p>
<p>FFQ094. Did the doctors or nurses ask your permission/consent before doing procedures or examinations on you?</p>	<p style="text-align: right;">\${delivered_at_facility}</p> <p><input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response</p>
<p>FFQ095. Did the doctors or nurses explain to you why they were giving you any medicine?</p>	<p style="text-align: right;">\${delivered_at_facility}</p> <p><input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time</p>

	<input type="radio"/> Did not get any medicine <input type="radio"/> Do not remember <input type="radio"/> No response
FFQ096. Did you feel you could ask the doctors, nurses or other staff at the facility any questions you had?	\${delivered_at_facility} <input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response
FFQ097. During the delivery, did you feel like you were able to be in the position that you preferred?	\${delivered_at_facility} <input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response
FFQ098. Did you feel like the doctors or nurses at the facility involved you in decisions about your care?	\${delivered_at_facility} <input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Did not have to make any decisions <input type="radio"/> Do not remember <input type="radio"/> No response
FFQ099. When you needed help, did you feel the doctors, nurses or other staff at the facility paid attention?	\${delivered_at_facility} <input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response
FFQ100. Did the doctors or nurses at the facility talk to you about how you were feeling?	\${delivered_at_facility} <input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response
FFQ101. Did you feel the doctors, nurses or other staff at the facility took the best care of you?	\${delivered_at_facility} <input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response

<p>FFQ102. During examinations in the labor room, were you covered up with a cloth or blanket or screened with a curtain so that you did not feel exposed?</p>	<p style="text-align: right;">\${delivered_at_facility}</p> <p> <input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response </p>
<p>FFQ103. Did the doctors, nurses, or other healthcare providers call you by your preferred name?</p>	<p style="text-align: right;">\${delivered_at_facility}</p> <p> <input type="radio"/> No, never <input type="radio"/> Yes, a few times <input type="radio"/> Yes, most of the time <input type="radio"/> Yes, all of the time <input type="radio"/> Do not remember <input type="radio"/> No response </p>
<p>FFQ104. Were you allowed to have someone you wanted (outside of staff at the facility, such as family or friends) stay with you during labor?</p>	<p style="text-align: right;">\${delivered_at_facility}</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not remember <input type="radio"/> No response </p>
<p>FFQ105. Did anyone check on YOUR health after delivery, while you were still in the facility, other than a family member? For example did someone ask you questions about your health or examine you?</p>	<p style="text-align: right;">\${delivered_at_facility}</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not remember <input type="radio"/> No response </p>
<p>FFQ106. Who checked on your health?</p>	<p style="text-align: right;">\${examine_after_delivery}='yes'</p> <p> <input type="radio"/> Doctor <input type="radio"/> Health officer <input type="radio"/> Nurse/Midwife <input type="radio"/> Skilled attendant can't distinguish <input type="radio"/> Health extension worker <input type="radio"/> Other <input type="radio"/> No response </p>
<p>FFQ107. How long after delivery did the first check take place?</p>	<p style="text-align: right;">\${examine_after_delivery}='yes'</p> <p> <input type="radio"/> Minutes <input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Do not remember <input type="radio"/> No response </p>
<p>Enter the number of \${delivery_first_check_lab}</p>	<p> \${delivery_first_check} != '-88' and \${delivery_first_check} != '-99' and \${examine_after_delivery} ... </p>
<p>FFQ107a. Has your menstrual cycle returned since delivery?</p>	<p style="text-align: right;">\${number_children} != '-99'</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>

<p>FFQ107c. Have you resumed sexual activity since the birth of your most recent child?</p>	<p style="text-align: right;">\${number_children} != '-99' and \${agree_panel_5t8ws}</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ107d. How long after the delivery did you wait before resuming sexual activity? <i>If less than a month record 0 for number of months. No response -99.</i></p>	<p style="text-align: right;">\${resumed_sex}='yes'</p>
<p>FFQ108. Before you left the facility after delivery, did a provider talk with you about using a family planning method?</p>	<p style="text-align: right;">\${delivered_at_facility}</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ109. Before you left the facility after delivery, did you receive a method of family planning or a referral for a method?</p>	<p style="text-align: right;">\${delivered_at_facility}</p> <p><input type="radio"/> Yes, received method <input type="radio"/> Yes, received referral <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ110. What method of family planning did you receive immediately after delivery?</p>	<p style="text-align: right;">\${received_method}='yes_received'</p> <p><input type="radio"/> Female Sterilization <input type="radio"/> Male Sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male Condom <input type="radio"/> Female Condom <input type="radio"/> Std. Days/Cycle beads <input type="radio"/> No response</p>

Now we are going to ask you a few questions specific to the baby that was just born.

(\${agree_panel_5t8ws}) and (\${number_children} != '-99')

<p>FFQ111a. Was \${baby_name_bsrq}'s cord tied before it was cut?</p>	<p style="text-align: right;">(\${where_delivered} = 'her_home' or \${where_delivered} = 'other_home' or \${where_delivered} = '96')</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ111b. What was used to cut the cord?</p>	<p style="text-align: right;">(\${where_delivered} = 'her_home' or \${where_delivered} = 'other_home' or \${where_delivered} = '96')</p> <p><input type="radio"/> Surgical blade <input type="radio"/> Razor blade</p>

	<input type="radio"/> Bamboo strips <input type="radio"/> Scissor <input type="radio"/> Others <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ112. Was the instrument boiled before cutting the cord?</p>	<p>(<code>{where_delivered} = 'her_home'</code> or <code>{where_delivered} = 'other_home'</code> or <code>{where_delivered} = '96'</code>)</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> New blade/ no need to boil <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ113. Was anything applied to the cord after cutting it?</p>	<p><code>{pregnancy_outome_bsrq}='live_birth'</code></p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ114. What was applied to the cord after cutting the cord? <i>Select all that apply.</i></p>	<p><code>{applied_on_cord}='yes'</code></p> <input type="checkbox"/> Chlorhexidine <input type="checkbox"/> Other antiseptic/Savlon <input type="checkbox"/> Antibiotics (Powder/Ointment) <input type="checkbox"/> Spirit/Alcohol <input type="checkbox"/> Gentian violet (GV) <input type="checkbox"/> Butter <input type="checkbox"/> Petroleum jelly <input type="checkbox"/> Body/Hair lotion <input type="checkbox"/> Cattle dung <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>FFQ115. Was there any bleeding after the cord was cut and/or tied?</p>	<p><code>{pregnancy_outome_bsrq}='live_birth'</code></p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ116. What did they do for the bleeding cord?</p>	<p><code>{bleeding_after_cord}='yes'</code></p> <input type="radio"/> Pressure <input type="radio"/> Sponge bath (water and soap) <input type="radio"/> Alcohol <input type="radio"/> Chlorhexidine <input type="radio"/> Injection was given <input type="radio"/> Unknown substance applied <input type="radio"/> Nothing was applied <input type="radio"/> No response
<p>FFQ117. Did <code>{baby_name_bsrq}</code> cry/breathe normally immediately after birth?</p>	<p><code>{pregnancy_outome_bsrq}='live_birth'</code></p>

	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ118. Was anything done to help <code>#{baby_name_bsr}</code> cry or breathe immediately after birth? <i>Do not suggest any answers. Ask: Anything else? Select all that apply.</i></p>	<p style="text-align: right;"><code>#{baby_cried}='no'</code></p> <input type="checkbox"/> Dried the baby <input type="checkbox"/> Wrapped the baby <input type="checkbox"/> Rubbed the back for stimulation <input type="checkbox"/> Rubbed the feet for stimulation <input type="checkbox"/> Use of ambu-bag <input type="checkbox"/> Suction cleaning <input type="checkbox"/> Heated the cord <input type="checkbox"/> Slapped the baby <input type="checkbox"/> Hold the baby upside down <input type="checkbox"/> Nothing done <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>FFQ119. Who took initiative to resuscitate or to help the baby cry?</p>	<input type="radio"/> Doctor <input type="radio"/> Health officer <input type="radio"/> Nurse/Midwife <input type="radio"/> Skilled attendant, can't distinguish <input type="radio"/> Health extension worker <input type="radio"/> Health development army <input type="radio"/> Traditional birth attendant <input type="radio"/> Family member <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ120. Did the <code>#{baby_name_bsr}</code> receive eye ointment following delivery?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ121. Did someone place <code>#{baby_name_bsr}</code> naked on your chest against your skin, immediately after delivery of the baby?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ122. After delivery, was <code>#{baby_name_bsr}</code> wrapped with a cloth?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ123. How many minutes after delivery of <code>#{baby_name_bsr}</code> was he/she wrapped? <i>Do not know -88. No response -99.</i></p>	
<p>FFQ124. When was <code>#{baby_name_bsr}</code> given a bath for the first time?</p>	<input type="radio"/> Immediately after birth <input type="radio"/> Within 24 hours <input type="radio"/> Second day <input type="radio"/> Third day

	<input type="radio"/> Days 4-6 <input type="radio"/> Day 7 and later <input type="radio"/> Not given <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ125. How long after birth did you first put \${baby_name_bsrq} to the breast? <i>Enter a number for Minutes, Hours, or Days on the next screen.</i></p>	<input type="radio"/> Minutes <input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Not yet <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ126. Number of \${first_breast_lab} baby first put to breast <i>If less than 1 hour, record minutes. If less than 24 hours, record hours; otherwise, record days. If Immediately, record "0" minutes</i></p>	
<p>FFQ127. Did anyone check on \${baby_name_bsrq} health after delivery, while you were still in the facility, other than a family member? For example did someone ask you questions about \${baby_name_bsrq} health or examine him/her?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not remember <input type="radio"/> No response
<p>FFQ128. Who checked on \${baby_name_bsrq} health?</p>	<input type="radio"/> Doctor <input type="radio"/> Health officer <input type="radio"/> Nurse/Midwife <input type="radio"/> Skilled attendant can't distinguish <input type="radio"/> Health extension worker <input type="radio"/> Other <input type="radio"/> No response
<p>FFQ129. How long after delivery did the first check take place?</p>	<input type="radio"/> Minutes <input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Do not remember <input type="radio"/> No response
<p>Enter the number of \${when_first_check_lab} <i>For minutes, enter between 0 and 59. For hours, enter between 1 and 23. For days, enter between 1 and 6.</i></p>	
<p>FFQ130. Yesterday during the day or night, did \${baby_name_bsrq} receive any of the following?</p>	
<p>Breast milk?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>Vitamin, mineral supplements or medicine?</p>	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
Plain water?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Sweetened, flavored water or fruit juice or tea or infusion?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Oral rehydration solution (ORS)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Infant formula?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Tinned, powered or fresh milk?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Herbal tonic/drinks	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Any other liquids?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Anything else?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ131. Has <code>#{baby_name_bsr}</code> ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	<code>#{pregnancy_outome_bsr}='live_birth'</code> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ132. Has <code>#{baby_name_bsr}</code> ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	<code>#{pregnancy_outome_bsr}='live_birth'</code> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

<p>FFQ133. Do you have a formal vaccination card with an official Ministry of Health logo where $\{baby_name_bsrg\}$ vaccinations are written down? <i>If yes: May I see it please?</i></p>	<p>$\{pregnancy_outome_bsrg\} = 'live_birth'$</p> <p><input type="radio"/> Yes, seen <input type="radio"/> Yes, not seen <input type="radio"/> No card <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ133a. Did you ever have a formal vaccination card for $\{baby_name_bsrg\}$?</p>	<p>$\{have_formal_vac_card\} = '0'$</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ133b. What happened to $\{baby_name_bsrg\}$'s formal vaccination card?</p>	<p>$\{have_formal_vac_card\} = 'not_seen'$</p> <p><input type="radio"/> Never given a card <input type="radio"/> Card was lost or destroyed <input type="radio"/> Card at health facility <input type="radio"/> Card is locked away/inaccessible at moment <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ133c. Do you have any paper or card with vaccination information of $\{baby_name_bsrg\}$ written down? <i>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.</i> <i>If yes: May I see it please?</i></p>	<p>$\{had_formal_vac_card\} = 'no'$</p> <p><input type="radio"/> Yes, seen <input type="radio"/> Yes, not seen <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ133d. Looking at the vaccine card, does $\{baby_name_bsrg\}$ have ?</p>	
<p>BCG</p>	<p><input type="radio"/> Yes, legible <input type="radio"/> No, not given <input type="radio"/> Yes, but month or day illegible <input type="radio"/> No Response</p>
<p>Polio-0</p>	<p><input type="radio"/> Yes, legible <input type="radio"/> No, not given <input type="radio"/> Yes, but month or day illegible <input type="radio"/> No Response</p>
<p>Polio-1</p>	<p><input type="radio"/> Yes, legible <input type="radio"/> No, not given <input type="radio"/> Yes, but month or day illegible <input type="radio"/> No Response</p>
<p>FFQ134. BCG Vaccine Card (1) Copy date from the card for each vaccine (2) If either the day or month are illegible select the respective checkbox to indicate which date is not legible $\{vac_card_bcg\} = 'yes_legible'$ or $\{vac_card_bcg\} = '-88'$</p>	
<p>Date</p>	<p>Day: Month:</p>

	Year:
Day illegible	<input type="radio"/>
Month illegible	<input type="radio"/>

FFQ134. Polio-0

Vaccine Card (1) Copy date from the card for each vaccine (2) If either the day or month are illegible select the respective checkbox to indicate which date is not legible

`#{vac_card_p0} = 'yes_legible' or #{vac_card_p0} = '-88'`

Date	Day: Month: Year:
Day illegible	<input type="radio"/>
Month illegible	<input type="radio"/>

FFQ134. Polio-1

Vaccine Card (1) Copy date from the card for each vaccine (2) If either the day or month are illegible select the respective checkbox to indicate which date is not legible

`#{vac_card_p1} = 'yes_legible' or #{vac_card_p1} = '-88'`

Date	Day: Month: Year:
Day illegible	<input type="radio"/>
Month illegible	<input type="radio"/>

FFQ135. What illness, if any, has `#{baby_name_bsrq}` suffered from since birth?

Select all that apply.

Do not read aloud.

`#{pregnancy_outome_bsrq}='live_birth'`

- Poor feeding or unable to suck
- Diarrhea
- Pus in the umbilicus
- Redness of the umbilicus
- Red eye/passage of pus from eyes
- Hypothermia
- Jaundice
- Convulsion
- Skin rash/skin lesion
- Baby doesn't cry/breathe
- Fever
- Unconscious
- Fast breathing
- Sore throat/Tonsillitis
- Difficulty in breathing
- Chest in drawing
- Doesn't pass urine
- Doesn't pass stool
- Cold/cough
- Vomiting

	<input type="checkbox"/> Reduced alertness (lethargy) <input type="checkbox"/> No illness <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Poor feeding or unable to suck? This question will be repeated for every illness you said that <code>#{baby_name_bsrq}</code> experienced since birth <i>Select all that apply</i></p>	<p style="text-align: right;"><code>selected(#{baby_illness}, 'poor_feed')</code></p> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Diarrhea? This question will be repeated for every illness you said that <code>#{baby_name_bsrq}</code> experienced since birth <i>Select all that apply</i></p>	<p><code>selected(#{baby_illness}, 'diarrhea')</code></p> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Pus in the umbilicus? This question will be repeated for every illness you said that <code>#{baby_name_bsrq}</code> experienced since birth <i>Select all that apply</i></p>	<p><code>selected(#{baby_illness}, 'pus_umbi')</code></p> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other

	<input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Redness of the umbilicus? This question will be repeated for every illness you said that <code>#{baby_name_bsrg}</code> experienced since birth <i>Select all that apply</i></p>	<pre>selected(#{baby_illness}, 'red_umbi')</pre> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Red eye/passage of pus from eyes? This question will be repeated for every illness you said that <code>#{baby_name_bsrg}</code> experienced since birth <i>Select all that apply</i></p>	<pre>selected(#{baby_illness}, 'pus_eye')</pre> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Hypothermia? This question will be repeated for every illness you said that <code>#{baby_name_bsrg}</code> experienced since birth <i>Select all that apply</i></p>	<pre>selected(#{baby_illness}, 'hypo')</pre> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response

<p>FFQ136. Where did you seek treatment for Jaundice? This question will be repeated for every illness you said that \${baby_name_bsrg} experienced since birth <i>Select all that apply</i></p>	<p>selected(\${baby_illness}, 'jund')</p> <ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Convulsion? This question will be repeated for every illness you said that \${baby_name_bsrg} experienced since birth <i>Select all that apply</i></p>	<p>selected(\${baby_illness}, 'conv')</p> <ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Skin rash/skin lesion? This question will be repeated for every illness you said that \${baby_name_bsrg} experienced since birth <i>Select all that apply</i></p>	<p>selected(\${baby_illness}, 'skin_rash')</p> <ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Baby doesn't cry/breathe? This question will be repeated</p>	<p>selected(\${baby_illness}, 'not_cry')</p>

<p>for every illness you said that <code>{baby_name_bsr}</code> experienced since birth <i>Select all that apply</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Fever? This question will be repeated for every illness you said that <code>{baby_name_bsr}</code> experienced since birth <i>Select all that apply</i></p>	<p style="text-align: right;"><code>selected({baby_illness}, 'fever')</code></p> <ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Unconscious? This question will be repeated for every illness you said that <code>{baby_name_bsr}</code> experienced since birth <i>Select all that apply</i></p>	<p style="text-align: right;"><code>selected({baby_illness}, 'unconscious')</code></p> <ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Fast breathing? This question will be repeated for every illness you said that <code>{baby_name_bsr}</code> experienced since birth</p>	<p style="text-align: right;"><code>selected({baby_illness}, 'fast_breath')</code></p> <ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home

<p><i>Select all that apply</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Sore throat/Tonsillitis This question will be repeated for every illness you said that <code>#{baby_name_bsrq}</code> experienced since birth <i>Select all that apply</i></p>	<p style="text-align: right;"><code>selected(#{baby_illness}, 'soar_throat')</code></p> <ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Difficulty in breathing? This question will be repeated for every illness you said that <code>#{baby_name_bsrq}</code> experienced since birth <i>Select all that apply</i></p>	<p style="text-align: right;"><code>selected(#{baby_illness}, 'diff_breath')</code></p> <ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Chest in drawing? This question will be repeated for every illness you said that <code>#{baby_name_bsrq}</code> experienced since birth <i>Select all that apply</i></p>	<p style="text-align: right;"><code>selected(#{baby_illness}, 'chest_draw')</code></p> <ul style="list-style-type: none"> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital

	<input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Doesn't pass urine? This question will be repeated for every illness you said that \${baby_name_bsrq} experienced since birth</p> <p><i>Select all that apply</i></p>	<p><code>selected(\${baby_illness}, 'no_urine')</code></p> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Doesn't pass stool? This question will be repeated for every illness you said that \${baby_name_bsrq} experienced since birth</p> <p><i>Select all that apply</i></p>	<p><code>selected(\${baby_illness}, 'no_stool')</code></p> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Cold/cough? This question will be repeated for every illness you said that \${baby_name_bsrq} experienced since birth</p> <p><i>Select all that apply</i></p>	<p><code>selected(\${baby_illness}, 'cough')</code></p> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector

	<input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Vomiting? This question will be repeated for every illness you said that $\{baby_name_bsrg\}$ experienced since birth <i>Select all that apply</i></p>	<p>selected($\{baby_illness\}$, 'vomit')</p> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ136. Where did you seek treatment for Reduced alertness (lethargy)? This question will be repeated for every illness you said that $\{baby_name_bsrg\}$ experienced since birth <i>Select all that apply</i></p>	<p>selected($\{baby_illness\}$, 'lethargy')</p> <input type="checkbox"/> Her home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response
<p>FFQ137. Has any health extension worker visited you since delivery?</p>	<p>$\{agree_panel_5t8ws\}$</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ138. How many days after birth did the health extension worker visit you? <i>If less than 24 hours, write 0 days</i> <i>No response: -99; Do not know: -88</i></p>	<p>$\{pnc_hew_visit\}='yes'$</p>

<p>FFQ139. Did you go visit a health extension worker since delivery, either for yourself or for the baby?</p>	<p style="text-align: right;">\${agree_panel_5t8ws}</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ140. How many days after birth did you go visit the health extension worker? <i>If less than 24 hours, write 0 days No response: -99; Do not know: -88</i></p>	<p style="text-align: right;">\${visited_hew}='yes'</p>
<p>FFQ141. Did you go visit another professional healthcare provider other than an HEW since delivery, either for yourself or for the baby?</p>	<p style="text-align: right;">\${agree_panel_5t8ws}</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ142. How many days after birth did you go visit the other professional healthcare provider? <i>If less than 24 hours, write 0 days No response: -99; Do not know: -88</i></p>	<p style="text-align: right;">\${visited_sw}='yes'</p>
<p>FFQ143. Whom did you see, not including an HEW? Anyone else? <i>Select all that apply</i> <i>Probe to identify each type of person and record all mentioned.</i></p>	<p style="text-align: right;">\${visited_sw}='yes'</p> <p><input type="checkbox"/> Doctor <input type="checkbox"/> Health officer <input type="checkbox"/> Nurse/Midwife <input type="checkbox"/> Professional healthcare provider, can't distinguish <input type="checkbox"/> Traditional healer <input type="checkbox"/> Other <input type="checkbox"/> No response</p>

<p>FFQ144. At your visit after delivery (either by a HEW or other professional healthcare provider) did the provider discuss: ($\text{\\${pnc_hew_visit}} = \text{'yes'}$ or $\text{\\${visited_hew}} = \text{'yes'}$ or $\text{\\${visited_sw}} = \text{'yes'}$)</p>	
<p>A) Family planning?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>B) Exclusive breastfeeding?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>C) Immunization?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>D) Infant feeding?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>E) Infant growth?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

	<input type="radio"/> Do not know <input type="radio"/> No response
F) Other infant development issues?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

FFQ145. Are you currently breastfeeding?	$\text{sum}(\{\text{alive_count}\}) \geq 1$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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FFQ146. Are you using breastfeeding as a family planning method to delay or avoid getting pregnant?	$\text{sum}(\{\text{alive_count}\}) \geq 1$ and $\{\text{breastfeeding}\} = \text{'yes'}$ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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Now I have some questions about the future \${consent}

FFQ175a. Would you like to have a/another child or would you prefer not to have any / any more children?	$\{\text{pregnant_now}\} = \text{'no'}$ and \${consent} <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
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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?	$\{\text{pregnant_now}\} = \text{'yes'}$ and \${consent} <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
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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>	$\{\text{have_children}\} = \text{'yes'}$ and \${consent} <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"/> Don't know <input type="radio"/> No response
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Enter the number of \${how_long_wait_lab} you would like to wait	$\{\text{how_long_wait}\} = \text{'months'}$ or $\{\text{how_long_wait}\} = \text{'years'}$
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FFQ176b. 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>	$\{\text{have_children_preg}\} = \text{'yes'}$ <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
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	<input type="radio"/> Don't know <input type="radio"/> No response
Enter the number of $\${\text{how_long_wait_preg_lab}}$ you would like to wait	$\${\text{how_long_wait_preg}} = \text{'months'}$ or $\${\text{how_long_wait_preg}} = \text{'years'}$
FFQ177. If you got pregnant now, how would you feel?	$\${\text{pregnant_now}} = \text{'no'}$ and $\${\text{consent}}$ <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 – COVID Related Questions

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

COV4. How concerned are you about the spread of Coronavirus (COVID-19) in your community? <i>Read all options</i>	$(\${\text{consent}} \text{ or } \${\text{agree_panel_enrollment}} = \text{'yes'})$ <input type="radio"/> Very concerned <input type="radio"/> Concerned <input type="radio"/> A little concerned <input type="radio"/> Not concerned <input type="radio"/> Do not know <input type="radio"/> No response
COV5. How concerned are you about getting infected yourself? <i>Read all options</i>	$(\${\text{consent}} \text{ or } \${\text{agree_panel_enrollment}} = \text{'yes'})$ <input type="radio"/> Very concerned <input type="radio"/> Concerned <input type="radio"/> A little concerned <input type="radio"/> Not concerned <input type="radio"/> I was infected with COVID-19 <input type="radio"/> Do not know <input type="radio"/> No response
COV5a. Will you take vaccination against Coronavirus (COVID-19) if it is offered to you?	$(\${\text{consent}} \text{ or } \${\text{agree_panel_enrollment}} = \text{'yes'})$ <input type="radio"/> Yes, I will take <input type="radio"/> No, I won't <input type="radio"/> Already vaccinated <input type="radio"/> Not decided <input type="radio"/> Do not know <input type="radio"/> No response
COV8. Since the Coronavirus (COVID-19) restrictions began, how much of a loss of income has your household experienced? <i>Read all options</i>	$(\${\text{consent}} \text{ or } \${\text{agree_panel_enrollment}} = \text{'yes'})$ <input type="radio"/> No change <input type="radio"/> Partial <input type="radio"/> Complete

	<input type="radio"/> Do not know <input type="radio"/> No response
COV9. Since the Coronavirus (COVID-19) restrictions began, how much of a loss of income have you personally experienced? <i>Read all options</i>	\${hh_loss_inc_lvl}='partial' <input type="radio"/> Large <input type="radio"/> Moderate <input type="radio"/> Small <input type="radio"/> No change <input type="radio"/> Has no income <input type="radio"/> Do not know <input type="radio"/> 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

<p>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></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>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]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>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> [female_condom.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ178j. Have you ever heard of the standard days method or Cycle Beads? <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> [SDM-Beads_only.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ178k. Have you ever heard of the Lactational Amenorrhea Method or LAM? <i>PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ178l. Have you ever heard of the rhythm method? <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 <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ178m. Have you ever heard of the withdrawal method? <i>PROBE: Men can be careful and pull out before climax. [NO IMAGE]</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <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 <input type="radio"/> No <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 style="text-align: right;">\${pregnant_now}='no'</p> <p><input type="radio"/> Yes <input type="radio"/> No <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 style="text-align: right;">\${currently_using}='no' or \${currently_using}='-99'</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>

FFQ179b. Which method or methods are you using?
Probe: Anything else? Select all methods mentioned. Be sure to scroll to bottom to see all choices.

- \${currently_using} = 'yes' or
 \${currently_using_chk}='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

FFQ180. Since what month and year have you been using \${curr_mthd_calc_lab} without stopping? Most Recent Birth: \${recent_birth_date_lab} Current Marriage: \${living_start_cmy_lab} <i>Calculate backwards from memorable events if needed. 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 visual aid</i>	Day: Month: Year: (\${currently_using} = 'yes' or or \${currently_using_chk}='yes') and (\${curr_mthd_calc} != 'fml_str')
Do not know month	<input type="radio"/>

FFQ181. Did you or your partner use any other methods between November 2019 and when you started using \${curr_mthd_calc_lab} which was \${curr_mthd_my_lab}? <i>Interviewer notes: [Since November 2019]. Probe to see if she has used the same method at a previous time.</i>	\${currently_using}='yes' or \${currently_using_chk} = 'yes' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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FFQ182. Have you or your partner done anything or used a method to delay or avoid getting pregnant in the last 2 years (since November 2019)?	(\${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
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CS2. Which method did you use just before \${curr_mthd_calc_lab}?	((\${currently_using} = 'yes' or or \${currently_using_chk}='yes') and \${use_any_other_mthd}='yes') o ...
CS2. Which method did you use?	\${used_anything_else} = 'yes'

<p><i>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.</i></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
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STEPS TO FILL OUT THE CALENDAR You are now about to complete the Contraceptive Calendar Section. Please strictly follow the steps and instructions stated below:

1. First you have to enter all the calendar information into the paper calendar visual aid
2. Learn about and note Births (B), Pregnancy Months (P), and Terminations (T) in the last two years;
3. Learn about and note Contraceptive - Use and Non-Use, and Duration of Each method in the last two years;
4. Probe to complete the calendar on the paper visual aid (Coll = all months; Co/2 = any discontinuations)
5. Enter all the calendar information into ODK

Important reminder:

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>Cal001. Have you completed the paper Calendar Visual aid form?</p>	<p style="text-align: right;">\${consent}</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ 182a. What Method Were You using in Feb 2022</p>	<p style="text-align: right;">\${current_month} >=2 and \${current_year} = 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

	<ul style="list-style-type: none"> <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 2022</p>	<p style="text-align: right;"> $\{\text{current_month}\} \geq 1$ and $\{\text{current_year}\} = 2022$ </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 Dec 2021</p>	<p style="text-align: right;"> $(\{\text{current_month}\}=12$ and $\{\text{current_year}\} = 2021)$ or $(\{\text{current_month}\} \geq 1$ and $\{\text{current_year}\} = 2021)$ </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 Nov 2021	<p style="text-align: right;"> ({\$current_month} >= 11 and {\$current_year} = 2021) or ({\$current_month} >= 1 and {\$current_year} ... </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 Oct 2021	<p style="text-align: right;"> ({\$current_month} >= 10 and {\$current_year} = 2021) or ({\$current_month} >= 1 and {\$current_year} ... </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

<p>FFQ 182a. What Method Were You using in Sept 2021</p>	<p>($\{\text{current_month}\} \geq 9$ and $\{\text{current_year}\} = 2021$) or ($\{\text{current_month}\} \geq 1$ and $\{\text{current_year}\} \dots$)</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 Aug 2021</p>	<p>($\{\text{current_month}\} \geq 8$ and $\{\text{current_year}\} = 2021$) or ($\{\text{current_month}\} \geq 1$ and $\{\text{current_year}\} \dots$)</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 Jul 2021</p>	<p>($\{\text{current_month}\} \geq 7$ and $\{\text{current_year}\} = 2021$) or ($\{\text{current_month}\} \geq 1$ and $\{\text{current_year}\} \dots$)</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 Jun 2021</p>	<p style="text-align: right;">($\{current_month\} \geq 6$ and $\{current_year\} = 2021$) or $(\{current_month\} \geq 1$ and $\{current_year\} \dots$</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 May 2021</p>	<p style="text-align: right;">($\{current_month\} \geq 5$ and $\{current_year\} = 2021$) or $(\{current_month\} \geq 1$ and $\{current_year\} \dots$</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

	<ul style="list-style-type: none"> <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 2021</p>	<p style="text-align: right;">(\${current_month} >= 4 and \${current_year} = 2021) or (\${current_month} >= 1 and \${current_year} ...</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 2021</p>	<p style="text-align: right;">(\${current_month} >= 3 and \${current_year} = 2021) or (\${current_month} >= 1 and \${current_year} ...</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

	<ul style="list-style-type: none"> <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 Feb 2021</p>	<p style="text-align: right;"> ({\$current_month} >= 2 and {\$current_year} = 2021) or ({\$current_month} >= 1 and {\$current_year} ... </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 2021</p>	<p style="text-align: right;"> ({\$current_month} >= 1 and {\$current_year} = 2021) or ({\$current_month} >= 1 and {\$current_year} ... </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

	<ul style="list-style-type: none"> <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 Dec 2020</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 Nov 2020</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 Oct 2020</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

	<ul style="list-style-type: none"> <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 Sep 2020</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 Aug 2020</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 Jul 2020</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
<p>FFQ 182a. What Method Were You using in Jun 2020</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
<p>FFQ 182a. What Method Were You using in May 2020</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

	<ul style="list-style-type: none"> <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 2020</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 2020</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 2020

- No Method
- 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
- Birth
- Pregnancy
- Termination
- No response

FFQ 182a. What Method Were You using in Jan 2020

- No Method
- 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
- Birth
- Pregnancy
- Termination
- No response

FFQ 182a. What Method Were You using in Dec 2019

- No Method
- Female Sterilization
- Male Sterilization
- Implant
- IUD
- Injectables
- Pill
- Emergency Contraception
- Male Condom
- Female Condom
- 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
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FFQ 182a. What Method Were You using in Nov 2019	<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
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There are more than three(3) births (B) recorded in the contraceptive calendar. Please make sure the maximum number of births is three(3).
Go back and correct the number of births.

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.

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.

RECENT USE ERROR -You replied 'Yes' for FFQ181 or FFQ182 and what you have recorded in the contraceptive calendar (FFQ182a) is not similar.
Please go back to either FFQ181(FFQ182) or 182a and correct it.

NON RCENT USER ERROR - You replied 'No' to FFQ181 or FFQ182 and what you have recorded in the contraceptive calendar (FFQ182a) is not similar.
Please go back to either FFQ181(FFQ182) or 182a and correct it.

FFQ182b. Why did you stop using \${jan_2022_m_lab} in Feb 2022	<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
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	<ul style="list-style-type: none"> <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>	<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>	<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

	<ul style="list-style-type: none"> <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 \${oct_2021_m_lab} in Nov 2021</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 \${sept_2021_m_lab} in Oct 2021</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

	<ul style="list-style-type: none"> <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 \${aug_2021_m_lab} in Sept 2021</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 \${jul_2021_m_lab} in Aug 2021</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

	<ul style="list-style-type: none"> <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ182b. Why did you stop using \${jun_2021_m_lab} in Jul 2021</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 \${may_2021_m_lab} in Jun 2021</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

FFQ182b. Why did you stop using \${apr_2021_m_lab} in May 2021

- Healthcare facility or doctor's office closed or services not available
- 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
- Fatalistic
- Difficult to get pregnant/menopausal
- Fear of getting or spreading COVID-19
- Other
- Do not know
- No response

FFQ182b. Why did you stop using \${mar_2021_m_lab} in Apr 2021

- Healthcare facility or doctor's office closed or services not available
- 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
- Fatalistic
- Difficult to get pregnant/menopausal
- Fear of getting or spreading COVID-19
- Other
- Do not know
- No response

FFQ182b. Why did you stop using \${feb_2021_m_lab} in Mar 2021

- Healthcare facility or doctor's office closed or services not available
- Became pregnant while using
- Infrequent sex/husband/partner away

	<ul style="list-style-type: none"> <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_2021_m_lab} in Feb 2021</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_2020_m_lab} in Jan 2021</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

	<ul style="list-style-type: none"> <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_2020_m_lab} in Dec 2020</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 \${oct_2020_m_lab} in Nov 2020</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

	<ul style="list-style-type: none"> <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 \${sep_2020_m_lab} in Oct 2020</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 \${aug_2020_m_lab} in Sep 2020</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

	<ul style="list-style-type: none"> <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 \${jul_2020_m_lab} in Aug 2020</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 \${jun_2020_m_lab} in Jul 2020</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

	<ul style="list-style-type: none"> <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ182b. Why did you stop using \${may_2020_m_lab} in Jun 2020</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 \${apr_2020_m_lab} in May 2020</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

FFQ182b. Why did you stop using \${mar_2020_m_lab} in Apr 2020

- Healthcare facility or doctor's office closed or services not available
- 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
- Fatalistic
- Difficult to get pregnant/menopausal
- Fear of getting or spreading COVID-19
- Other
- Do not know
- No response

FFQ182b. Why did you stop using \${feb_2020_m_lab} in Mar 2020

- Healthcare facility or doctor's office closed or services not available
- 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
- Fatalistic
- Difficult to get pregnant/menopausal
- Fear of getting or spreading COVID-19
- Other
- Do not know
- No response

FFQ182b. Why did you stop using \${jan_2020_m_lab} in Feb 2020

- Healthcare facility or doctor's office closed or services not available
- Became pregnant while using
- Infrequent sex/husband/partner away

	<ul style="list-style-type: none"> <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_2019_m_lab} in Jan 2020</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_2019_m_lab} in Dec 2019</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
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CURRENT/RECENT USERS

I will ask you a few more questions on the method that you are currently using or the method you used most recently
 (\$ {current_user} or \$ {recent_user})

FFQ186. Did the provider tell you or your partner that this method was permanent?	<p align="center"> \$ {current_method} = 'fml_str' or \$ {current_method} = 'ml_str' </p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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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>	<p align="center"> \$ {cur_mdrn_mtd_usr} or \$ {rec_mdrn_mtd_usr} </p> <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
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FFQ188. When you obtained your \$ {rec_cur_method_lab} , did the provider ask you about your prior experience with contraception?	<p align="center"> \$ {cur_mdrn_mtd_usr} or \$ {rec_mdrn_mtd_usr} </p> <input type="radio"/> Yes <input type="radio"/> No
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	<input type="radio"/> Do not know <input type="radio"/> No response
<p>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.</p>	
<p>QCC001. During the family planning visit, I felt encouraged to ask questions and express my concerns <i>Read all options</i></p>	<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
<p>QCC002. During the family planning visit, the provider made efforts to ensure there were no interruptions during our session <i>Read all options</i></p>	<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
<p>QCC003. During the family planning visit, the provider asked me questions in order to provide counseling that fit me personally <i>Read all options</i></p>	<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
<p>QCC004. During the family planning visit, I received all of the information I wanted to know about my options for contraceptive methods <i>Read all options</i></p>	<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
<p>QCC005. During the family planning visit, the provider gave me the time I needed to consider the contraceptive options we discussed <i>Read all options</i></p>	<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
<p>QCC006. After the family planning visit, I could understand how my body might react to using contraception <i>Read all options</i></p>	<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
<p>QCC007. After the family planning visit, I understood how to use the method(s) we talked about during the consultation <i>Read all options</i></p>	<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

<p>QCC008. During the family planning visit, I was able to give my opinion about what I needed <i>Read all options</i></p>	<p><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</p>
<p>QCC009. During the family planning visit, I felt pressured by the healthcare provider to use the method they wanted me to use <i>Read all options</i></p>	<p><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</p>
<p>QCC010. During the family planning visit, I felt scolded because of my marital status. <i>Read all options</i></p>	<p><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</p>
<p>FFQ189. When you obtained your <code>{rec_cur_method_lab}</code>, did you obtain the method you wanted to delay or avoid getting pregnant?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>PNL 012. How satisfied are you with the method you are currently using?</p>	<p style="text-align: right;"><code>{cur_mdrn_mtd_usr}</code></p> <p><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</p>
<p>PNL012a. Would you prefer to be using a different method?</p>	<p style="text-align: right;"><code>{cur_mdrn_mtd_usr}</code></p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>PBL012b. What method would you prefer to use?</p>	<p style="text-align: right;"><code>{prefer_different_mthd}='yes'</code></p> <p><input type="radio"/> Female Sterilization <input type="radio"/> Male Sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male Condom <input type="radio"/> Female Condom <input type="radio"/> Std. Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal</p>

	<input type="radio"/> Other traditional methods <input type="radio"/> No response
FFQ190. Why did you choose the implant? <i>Select multiple</i>	<pre> \${curr_mthd_calc} = 'implant' or \${recent_method} = 'implant' </pre> <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?	<pre> \${curr_mthd_calc} = 'implant' or \${recent_method} = 'implant' </pre> <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?	<pre> \${curr_mthd_calc} = 'implant' or \${recent_method} = 'implant' </pre> <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?	<pre> \${curr_mthd_calc} = 'implant' or \${recent_method} = 'implant' </pre> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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?	<pre> \${cur_mdrn_mtd_usr} or \${rec_mdrn_mtd_usr} </pre> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ196. Were you told what to do if you experienced these side effects or problems?	<pre> \${told_side_effects}='yes' </pre> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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?	<pre> \${cur_mdrn_mtd_usr} or \${rec_mdrn_mtd_usr} </pre> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ199. At that time, were you told that you could switch to a different method in the future?	<pre> \${cur_mdrn_mtd_usr} or \${rec_mdrn_mtd_usr} </pre> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

<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>FFQ205. Have you experienced any side effects while using this method?</p>	<p style="text-align: right;">(\${currently_using} = 'yes' or \${currently_using_chk}='yes')</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>FFQ205. Did you experience any side effects while using this method?</p>	<p style="text-align: right;">(\${used_anything_else} = 'yes')</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>FFQ206. What side effects have you experienced? <i>Do not read option choices aloud Multiple select</i></p>	<p style="text-align: right;">\${current_user}</p> <p> <input type="checkbox"/> Less bleeding <input type="checkbox"/> No bleeding <input type="checkbox"/> Heavier bleeding <input type="checkbox"/> Irregular bleeding/spotting <input type="checkbox"/> Uterine cramping/lower abdominal pain <input type="checkbox"/> Gained weight <input type="checkbox"/> Lost weight <input type="checkbox"/> Facial spotting <input type="checkbox"/> Headaches <input type="checkbox"/> Got infection </p>

	<input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Increased menstrual cramping <input type="checkbox"/> Lowered sex drive <input type="checkbox"/> Decreased sexual pleasure <input type="checkbox"/> Vaginal dryness <input type="checkbox"/> General weakness/pain <input type="checkbox"/> Diarrhea <input type="checkbox"/> Partner feels during sex <input type="checkbox"/> Pain at insertion site <input type="checkbox"/> Mood swings <input type="checkbox"/> Backache <input type="checkbox"/> OTHER <input type="checkbox"/> DO NOT KNOW <input type="checkbox"/> NO RESPONSE
<p>FFQ206. What were the side effects that you EXPERIENCED while using the method? <i>Do not read option choices aloud Multiple select</i></p>	<p>`\${recent_user}`</p> <input type="checkbox"/> Less bleeding <input type="checkbox"/> No bleeding <input type="checkbox"/> Heavier bleeding <input type="checkbox"/> Irregular bleeding/spotting <input type="checkbox"/> Uterine cramping/lower abdominal pain <input type="checkbox"/> Gained weight <input type="checkbox"/> Lost weight <input type="checkbox"/> Facial spotting <input type="checkbox"/> Headaches <input type="checkbox"/> Got infection <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Increased menstrual cramping <input type="checkbox"/> Lowered sex drive <input type="checkbox"/> Decreased sexual pleasure <input type="checkbox"/> Vaginal dryness <input type="checkbox"/> General weakness/pain <input type="checkbox"/> Diarrhea <input type="checkbox"/> Partner feels during sex <input type="checkbox"/> Pain at insertion site <input type="checkbox"/> Mood swings <input type="checkbox"/> Backache <input type="checkbox"/> OTHER <input type="checkbox"/> DO NOT KNOW <input type="checkbox"/> NO RESPONSE

<p>PNL017. Did you talk with anyone about any of the side effects you experienced?</p>	<p>`\${curr_mthd_exp_sefs}` = 'yes'</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>PNL017b. Who have you talked to about any of the side effects you experienced? <i>Anyone else?</i> SELECT ALL THAT APPLY</p>	<p>`\${talk_anyone_sefs}`='yes'</p> <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Spouse

- Daughter
- Health extension worker
- Other professional health care worker
- Traditional healer
- OTHER
- DO NOT KNOW
- NO RESPONSE

FFQ209. The last time you received your $\${rec_cur_method_lab}$, did you have to pay out of pocket for: ($\${current_user}$ or $\${recent_user}$)	
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

	<ul style="list-style-type: none"> <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
<p>FFQ211c. Who tried to remove the implant?</p>	<p style="text-align: right;">\${tried_imp_rmvd}='yes'</p> <ul style="list-style-type: none"> <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
<p>FFQ212. Why were you not able to have your implant removed? <i>Select all that apply</i></p>	<p style="text-align: right;">\${tried_imp_rmvd}='yes'</p> <ul style="list-style-type: none"> <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
<p>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></p>	<p style="text-align: right;">\${recent_method} = 'implant'</p> <ul style="list-style-type: none"> <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?	<p style="text-align: right;">\${recent_method} = 'implant'</p> <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	
FFQ217. Have you ever done anything or tried in any way to delay or avoid getting pregnant?	<p>(\${currently_using} = 'no' and \${currently_using_chk}='no' and \${used_anything_else} = 'no') or (... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
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>	<p>(\${currently_using} = 'no' and \${currently_using_chk}='no' and \${used_anything_else} = 'no') or (... <input type="checkbox"/> Not married</p> <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 <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

<p>FFQ219. Would you say that NOT using contraception is mainly your decision, mainly your husband/partner's decision or do you both decide together?</p>	<p>($\{currently_using\} \neq 'yes'$ and $\{currently_using_chk\} \neq 'yes'$) and $\{pregnant_now\} \neq 'yes'$</p> <p><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</p>
<p>FFQ220. Do you think you will use a contraceptive method to delay or avoid getting pregnant in the future?</p>	<p>($\{currently_using\} \neq 'yes'$ and $\{currently_using_chk\} \neq 'yes'$) and $\{pregnant_now\} \neq 'yes'$</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ221. When do you think you will start using a method?</p>	<p>$\{future_method_use\} = 'yes'$</p> <p><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</p>
<p>Please enter the number of $\{when_future_use_lab\}$</p>	<p>$\{future_method_use\} = 'yes'$ and ($\{when_future_use\} \neq '-88'$ and $\{when_future_use\} \neq '-99'$ and $\{ ...$</p>
<p>FFQ246. During your postpartum care, did you feel pressured by providers to use a method?</p>	<p>($\{pnc_hew_visit\} = 'yes'$ or $\{visited_hew\} = 'yes'$ or $\{visited_sw\} = 'yes'$)</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ248. During your postpartum care, did any of the health service providers pressure you to accept a SPECIFIC method?</p>	<p>($\{pnc_hew_visit\} = 'yes'$ or $\{visited_hew\} = 'yes'$ or $\{visited_sw\} = 'yes'$)</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ249. Which method did you feel pressured to use?</p>	<p>$\{pressured_spc_method\} = 'yes'$</p> <p><input type="radio"/> Female sterilization <input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male Condom <input type="radio"/> Female Condom <input type="radio"/> Std Days/Cycle beads</p>

- LAM
- Rhythm method
- Withdrawal
- Other traditional methods
- No response

Section 5 – Partner

Now I would like to ask you some questions about your husband/partner.

<p>FFQ250. Before you started using <code>{rec_cur_method_lab}</code>, had you discussed the decision to delay or avoid pregnancy with your husband/partner?</p>	<p style="text-align: right;"><code>{currently_using} = 'yes'</code> or <code>{currently_using_chk} = 'yes'</code>) or <code>{used_anything_else} = 'yes'</code>)</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ252. Does/did your husband/partner know that you are/were using <code>{rec_cur_method_lab}</code>?</p>	<p style="text-align: right;"><code>{non_ml_mtd_usr}</code></p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ253. Did you talk with your partner about using your <code>{rec_cur_method_lab}</code> before you started using, after you started using, or you have not talked about it?</p>	<p style="text-align: right;"><code>{partner_knew}='yes'</code></p> <ul style="list-style-type: none"> <input type="radio"/> Before <input type="radio"/> After <input type="radio"/> No discussion <input type="radio"/> No response
<p>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></p>	<p style="text-align: right;"><code>{partner_knew} = 'no'</code> or <code>{talked_before_after} = 'no_discussion'</code></p> <ul style="list-style-type: none"> <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
<p>FFQ255. In the past 12 months, has your husband/partner: <code>{married} = 'yes_married'</code> or <code>{married} = 'yes_living_wman'</code></p>	
<p>a. Made you feel bad or treated you badly for wanting to use a FP method to delay or prevent pregnancy?</p>	<p style="text-align: right;"><code>{married} = 'yes_married'</code> or <code>{married} = 'yes_living_wman'</code></p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>b. Tried to force or pressure you to become pregnant?</p>	<p style="text-align: right;"><code>{married} = 'yes_married'</code> or <code>{married} = 'yes_living_wman'</code></p>

	<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?	<pre> \${married} = 'yes_married' or \${married} = 'yes_living_wman' </pre> <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?	<pre> \${married} = 'yes_married' or \${married} = 'yes_living_wman' </pre> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
e. Taken away your family planning or kept you from going to the clinic to get family planning?	<pre> \${married} = 'yes_married' or \${married} = 'yes_living_wman' </pre> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

Section 6 – Empowerment/Norms

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.

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.

FFQ256. If I use family planning, my husband/partner may seek another sexual 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
FFQ257. If I use family planning, I may have trouble getting pregnant the next time 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
FFQ258. There could be/will be conflict in my relationship/marriage if I use 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

<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>
<p>FFQ261. It is acceptable for a woman to use family planning before she has children</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>FFQ262. Women who use family planning are considered promiscuous</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>FFQ263. Couples who use family planning are financially responsible</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>FFQ264. Women should be the ones to decide about 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>

Section 7 – Sexual Activity

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.

CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.

<p>FFQ277. You stated that you were not currently married, but are you currently in a relationship?</p>	<p>($\{\text{married}\} \neq \text{'yes_married'}$ and $\{\text{married}\} \neq \text{'yes_living_wman'}$) and ($\{\text{begin_interview_cs}\} = \text{'y ...}$)</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ278. How long have you been in a relationship with your current partner?</p>	<p>$\{\text{in_rshp}\} = \text{'yes'}$</p> <p><input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> No response</p>
<p>Please enter the number of $\{\text{how_long_in_rshp_lab}\}$</p>	<p>$\{\text{how_long_in_rshp}\} = \text{'months'}$ or $\{\text{how_long_in_rshp}\} = \text{'years'}$</p>
<p>FFQ279a. How old were you when you first had sexual intercourse? The respondent said she was $\{\text{last_dob_age}\}$ years old at her last birthday. She has had $\{\text{no_live_birth}\}$ live births. <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>	<p>$\{\text{consent}\}$</p>
<p>FFQ279b. You have entered that the respondent was $\{\text{age_first_intercourse}\}$ years old when she first had sexual intercourse. Is this what she said? <i>Go back and correct FFQ279a if it is not correct.</i></p>	<p>($\{\text{age_first_intercourse}\} \geq 0$ and $\{\text{age_first_intercourse}\} < 10$) and ($\{\text{age_first_intercourse}\} \neq \dots$)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>FFQ281. When was the last time you had sexual intercourse? <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>	<p>$\{\text{age_first_intercourse}\} \neq -77$ and $\{\text{consent}\}$</p> <p><input type="radio"/> Days ago <input type="radio"/> Weeks ago <input type="radio"/> Months ago <input type="radio"/> Years ago</p>
<p>Please enter the number of $\{\text{when_last_intercourse_lab}\}$</p>	<p>$\{\text{age_first_intercourse}\} \neq -77$ and $\{\text{consent}\}$</p>
<p>FFQ282. Sometimes conflict can occur in relationships. At any time during your pregnancy, did your husband/partner do any of the following things to you: $\{\text{agree_panel_enrollment}\} = \text{'yes'}$ or $\{\text{begin_interview_panel}\} = \text{'yes'}$</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>A. Push you, shake you, or throw something at you?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>

B. Slap you?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
C. Twist your arm or pull your hair?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
D. Punch you with his fist or with something that could hurt you?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
E. Kick you, drag you, or beat you up?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
F. Try to choke you or burn you on purpose?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
G. Threaten or attack you with a knife, gun, or other weapon?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
H. Physically force you to have sexual intercourse with him when you did not want to?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
I. Physically force you to perform any other sexual acts you did not want to?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
J. Used threats or pressure to make you have sex when you didn't want to, but did not use physical force?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

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.

`#{agree_panel_enrollment} = 'yes' or #{begin_interview_panel} = 'yes'`

END OF SURVEY Thank the respondent for her time

The respondent is finished, but there are still 3 more questions for you to complete outside the home

Future Follow-up Consent

801. Thank you for the time you have kindly granted us. Would you be willing to participate in another survey in the future?

`#{begin_interview_cs} = 'yes' or
#{begin_interview_panel} = 'yes' or
#{agree_panel_enrollment} = ...`

- Yes
- No
- No response

<p>802a. Do you own a phone? <i>To select yes, the phone should be equipped with a mobile or fixed voice subscription.</i></p>	<p><code>`\${begin_interview_cs}` = 'yes' or `\${begin_interview_panel}` = 'yes' or `\${agree_panel_enrollment}` = ...</code></p> <p><input type="radio"/> Yes, Mobile <input type="radio"/> Yes, Fixed <input type="radio"/> No <input type="radio"/> No response</p>
<p>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?</p>	<p><code>`\${owns_phone}`='no' and `\${willing_future_survey}` = 'yes'</code></p> <p><input type="radio"/> Yes, Mobile <input type="radio"/> Yes, Fixed <input type="radio"/> No <input type="radio"/> No response</p>
<p>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></p>	<p><code>`\${access_to_phone}` = 'yes_mobile' or `\${access_to_phone}` = 'yes_fixed') and `\${willing_future_surve ...</code></p> <p><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 <input type="radio"/> other <input type="radio"/> No response</p>
<p>803. Can I have your primary phone number in case we would like to follow up with you in the future? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i></p>	<p><code>`\${access_to_phone}` = 'yes_mobile' or `\${access_to_phone}` = 'yes_fixed' or `\${owns_phone}` = 'yes_mo ...</code></p>
<p>804. Can you repeat the number again? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i></p>	<p><code>`\${begin_interview_cs}` = 'yes' or `\${begin_interview_panel}` = 'yes') and `\${primary_phone_no}` != '0 ...(`\${access_to_phone}` = 'yes_mobile' or `\${access_to_phone}` = 'yes_fixed' or `\${owns_phone}` = 'yes_mo ...</code></p>
<p>805. Can I have your secondary phone number in case we would like to follow up with you in the future? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i></p>	<p><code>`\${secondary_phone_no}` != '0' and `\${secondary_phone_no}` != '' and `\${begin_interview_cs}`='yes') and ...</code></p>
<p>806. Can you repeat the number again? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes.</i></p>	
<p>P1. Have you participated in a previous survey with PMA Ethiopia in 2019 to 2021, where we asked you questions about your health and the health of your baby at three different times before?</p>	<p><code>`\${agree_panel_enrollment}` = 'yes' or `\${begin_interview_panel}` = 'yes'</code></p> <p><input type="radio"/> Yes, in the same EA <input type="radio"/> Yes, but different EA</p>

	<input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
--	--

END OF SURVEY Thank the respondent for her time and update the ID card
 Before you leave, update the ID card with the respondent's name, baby's name (if given), the outcome of the birth (live birth, still birth, miscarriage), whether there were multiple births, and whether the baby is still alive.

FOLLOW UP INTERVIEW DATES
 Check dates within ODK and update the woman

FU6W. Date of six-week interview. Enter Jan 1, 2030 if no date scheduled for upcoming interview	Day: Month: Year:
---	-------------------------

FU6Wi. Did the respondent refuse follow-up for the six-week survey?	<input type="radio"/> Yes <input type="radio"/> No
---	---

FU6Wj. Did the respondent refuse future follow-up?	<input type="radio"/> Yes <input type="radio"/> No
--	---

FU6Ma. Date of six-month interview <i>The six-month follow-up should occur 3 weeks after \${birth_plus_6m_lab} Enter Jan 1, 2030 if no date scheduled for upcoming interview</i>	Day: Month: Year:
---	-------------------------

FU6Mb. Did the respondent refuse future follow-up?	<input type="radio"/> Yes <input type="radio"/> No
--	---

FU1Y. Date of one-year interview <i>The 1-Year follow-up should occur 2 weeks before or 2 weeks after \${birth_plus_1y_lab}</i>	Day: Month: Year:
---	-------------------------

Please be sure to update the QR code card to include information that needs to be updated including the outcome of the pregnancy, date of birth, status of the baby, date of follow-up interviews

Location	
----------	--

Q. Did the interview take place at the respondent's home or her family home?	<pre>(\${agree_panel_enrollment} = 'yes' or \${begin_interview_panel} = 'yes') and (\${recent_birth_wee ...</pre> <input type="radio"/> Respondent's home <input type="radio"/> Her family home
--	---

R. Do you intend to move to your parent's or relative's home right before or after delivery of this pregnancy?	<pre>\${interview_place} = 'respondent_home' and \${pregnant_now}='yes'</pre> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know
--	---

S. Do you intend to remain in your family's house for one year post-partum?	<pre>\${intend_to_move}='yes' or \${interview_place} = 'family_home'</pre>
---	---

	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know
T. Do they live in the same kebele to your home?	<p style="text-align: center;"> $\text{\\${intend_to_move}='yes'}$ or $\text{\\${interview_place} = 'family_home'}$ </p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know
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

Va. Take a photo of the QR code. Make sure you have taken a picture of the full page and not just the QR code image and number
 ($\text{\${agree_panel_enrollment} = 'yes'}$ or $\text{\${begin_interview_panel} = 'yes'}$) and
 ($\text{\${recent_birth_wee ...}$

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? <i>If you have used a translator while interviewing, please select the language that the respondent speaks.</i>	<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
Z. Questionnaire result	<input type="radio"/> Completed <input type="radio"/> Not at home <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Incapacitated <input type="radio"/> Respondent death <input type="radio"/> Respondent temporarily moved <input type="radio"/> Respondent permanently moved <input type="radio"/> Household moved

- Interview date after eligibility window
- Enrolled by mistake / unknown pregnancy outcome
- Abortion/miscarriage happened before the baseline survey

```
filter_list=${result_filter_cs_and_pnl}  
or filter_list=${result_filter_pnl}
```