PMA-Ethiopia
Panel Cohort 1 Six-month Follow-up Survey
Female Questionnaire
(pre-covid19)

Note: This questionnaire was used for women who were interviewed for 6-month follow-up survey prior to the start of the COVID-19 pandemic.

A1. Your name: ${your_name} Is this your name?	◯ Yes ◯ No
A2. Enter your name below. *Please record your name*	
B. Current date and time.	Day: Month: Year:
Is this date and time correct?	◯ Yes ◯ No
C. Record the correct date and time.	Day: Month: Year:
D. QR Code *Scan the QR code that appears on the ID card given at enrollment.* *If you are unable to scan the QR code enter the number on the next screen. Confirm that the scanned code matches the code on the card before advancing.*	
This is what the QR code scanner found: ${barcode_scanned} Is that correct?	◯ Yes ◯ No
D1. Record the correct number on the ID card. Confirm that the QR code matches the code on the card before advancing.	
D2. Does the QR code match what is on the paper? QR code: ${barcode}	◯ Yes ◯ No
E1. Region:	◯ Tigray ◯ Afar ◯ Amhara ◯ Oromiya ◯ Snnp ◯ Addis Ababa
E2. Zone:	
E3. District:	

E4. Locality:	
E5. Enumeration area	
E6. Structure number *Please record the structure number from the household listing form.*	
E7. Household number *Please record the household number from the household listing form.*	
E8. CHECK: Have you already sent a form for this structure and household? *DO NOT DUPLICATE ANY FORM UNLESS YOU ARE CORRECTING A MISTAKE IN AN EARLIER FORM.*	◯ Yes ◯ No
WARNING: Contact your supervisor before sending this form again.	
E9. CHECK: Why are you resending this form? *Choose all that apply.*	☐ I am correcting a mistake made on a previous form ☐ The previous form disappeared from my phone without being sent ☐ I submitted the previous form and my supervisor told me that it was not received ☐ Other reason(s)
F. Mother's name *Enter the mother's name exactly as it appears on the ID card given at enrollment.*	
G. Is the mother present and available to be interviewed today?	◯ Yes ◯ No, unavailable ◯ No, died

H. Date of death *Probe well for the date/month/year of death. If the respondent does not know enter in Jan 1, 2030 for DNK*	Day: Month: Year:
Check here if respondent does not know the DAY	☐
Check here if respondent does not know the MONTH	☐

INFORMED CONSENT *Confirm that this woman, or caregiver if the woman has died, is willing to participate in the study.*	
I. Do you still consent to participate in the study?	◯ Yes ◯ No
CAREGIVER INFORMED CONSENT *Find the caregiver who is responsible for taking care of the child in the event that the mother died. The interview must have auditory privacy. Read the following greeting:*	
Hello. My name is _____ and I am working for the Addis Ababa University, and Federal Ministry of Health. We are conducting a local survey using a smartphone that asks women about their health and the health of their	

infants during pregnancy and for the first year after their baby was born. The survey helps monitor the state of public health and questions will be used for research purposes. As the caregiver for this child, we would very much appreciate your participation in this survey. We will only be asking you questions about the health and well-being of this child. This information will help us inform the government to better plan health services. The survey usually takes between 20 and 30 minutes to complete. Whatever information you provide will be kept strictly confidential. The information you provide will not be linked to your identity or the identity of the child when conducting analyses, presenting results, or sharing data. Participation in this survey is entirely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. If you choose to participate in the survey, you will receive 25 birr airtime credit. If you have any questions about the study and your rights as a research participant, you may ask me now or you may also contact the principal investigators of the study, Solomon Shiferaw (251-911-406845) or Assefa Seme (251-911-228193). For any ethical issues, please call Dr. Adamu Addissie, the IRB chairperson (251 911 40495) at the Addis Ababa University, College of Health Sciences. At this time, do you want to ask me anything about the survey?	
K. Do you consent to participate in the study?	◯ Yes ◯ No
L. What was your relationship to the mother of the child?	◯ Mother ◯ Husband ◯ Mother-in-law ◯ Sibling ◯ Aunt ◯ Co-wife ◯ Child ◯ Other ◯ No response
La. Caregiver's name *Enter the caregiver's name*	
M. Interviewer's name: ${your_name} *Mark your name as a witness to the consent process.*	◯
M. Interviewer's name Please record your name as a witness to the consent process. You previously entered "${name_typed}."	

Section 1 - Infant

Mothers: I would like to ask you some questions about the child/ren you gave birth to six months ago
Caregiver: I would like to ask you some questions about the child/ren you are taking care of.

In case of multiples, ODK will repeat questions in this section. Questions 2-28 will be asked about children from that recent pregnancy who are still alive. Questions 29-44 will be asked about any children) who has died since the last interview. Questions will be repeated for twins/triplets, etc.

01a. On what day and month did you give birth? *If the respondent cannot remember the exact date of birth remind her of the information you recorded in the QR code and ask her to confirm*	
01b. On what day and month was the child/ren born? *if the respondent cannot remember the exact date of birth let him/her know the information you recorded in the QR code and ask him/her to confirm*	
Enter the date	Day: Month: Year:
You entered that the mother died on approximately ${respondent_death_lab}. That is before the date of birth on ${birthday_lab}. Go back and update these dates so that they are consistent.	
1A. How many children were in this pregnancy? (eg twin or triplet?) *Fill in the following from the ID card given at enrollment:*	◯ Single ◯ Twin ◯ Triplet + ◯ No response
I will now ask you some questions about the baby. If there was more than one child, we will start with the first child born. *ODK will repeat questions Q1b-Q27 for each child born in this pregnancy*	
#####	◯ X weeks ◯ X months ◯ Do not know ◯ No response

Child	
1D. Type name given to baby if name given. Otherwise, type BABY *ODK Will repeat I for each child identified in H.*	
1B. Is ${child_name} a boy or a girl?	◯ Boy ◯ Girl ◯ No response
1C. Is ${child_name} alive?	◯ Yes ◯ No ◯ No response

2. Has ${child_name}'s birth ever been registered with the Woreda or Kebele?	◯ Yes ◯ No ◯ Do not know ◯ No response
3. Now I would like to ask you about foods that ${child_name} had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods or liquids. *Yesterday, refers to the period of time the child woke up yesterday morning to the time the child woke up today, including any drinks or food consumed overnight*	

4a. Yesterday during the day or at night did ${child_name} drink:
1 = Yes 0 = No -88 = Do not know -99 = No response

	1	0	-88	-99
A) Breast milk	◯	◯	◯	◯
B) Milk – powdered or fresh animal milk? (such as Nido)	◯	◯	◯	◯
C) Infant formula (such as Plan, S-26)?	◯	◯	◯	◯
D) Yogurt?	◯	◯	◯	◯

4b. Yesterday during the day or at night did ${child_name} drink:
1 = Yes 0 = No -88 = Do not know -99 = No response

	1	0	-88	-99
A) Plain water	◯	◯	◯	◯
B) Fresh juice or unsweetened juice drinks	◯	◯	◯	◯
C) Clear broth	◯	◯	◯	◯
D) Tea, with no honey or sugar added	◯	◯	◯	◯
E) Gruel (atmit) with no sugar, or honey added	◯	◯	◯	◯
F) Fenugreek (abish) with no sugar, or honey added	◯	◯	◯	◯
G) Thin porridge (aja soup)	◯	◯	◯	◯
H) Any other non-sweetened liquids?	◯	◯	◯	◯

4bi. Yesterday during the day or at night did ${child_name} drink:
1 = Yes 0 = No -88 = Do not know -99 = No response

	1	0	-88	-99
H) Sugar-sweetened juice, juice drinks soft drinks, soda, or fizzy drinks? (e.g. Runi)	◯	◯	◯	◯
I) Honey-sweetened juice or juice drinks	◯	◯	◯	◯
J) Tea, with sugar added	◯	◯	◯	◯

K) Tea with honey added	○	○	○	○
L) Gruel (atmit) with sugar added	○	○	○	○
M) Gruel (atmit) with honey added	○	○	○	○
N) Fenugreek (abish) with sugar added	○	○	○	○
O) Fenugreek (abish) with honey added	○	○	○	○
P) Any other sweetened liquids?	○	○	○	○

4c. Yesterday during the day or at night did ${child_name} eat:
1 = Yes 0 = No -88 = Do not know -99 = No response

	1	0	-88	-99
A) Any commercial fortified baby food like Fafa, Hilina, Cerilak, Plumpynut,Cerifam, Mother Choice?	○	○	○	○
B) Injera, bread, rice, noodles, porridge, or other foods made from grains such as teff, oats, maize, barley	○	○	○	○
C) Any foods made from beans, peas, lentils, or nuts?	○	○	○	○
D) Cheese or other food made from milk?	○	○	○	○

4d. Yesterday during the day or at night did ${child_name} eat:
1 = Yes 0 = No -88 = Do not know -99 = No response

	1	0	-88	-99
A) Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside?	○	○	○	○
B) White potatoes, white yams, bulla, kocho, manioc, cassava, or any other foods made from roots?	○	○	○	○
C) Any dark green, leafy vegetables like kale, spinach,	○	○	○	○
D) Ripe mangoes, papayas?	○	○	○	○
E) Any other fruits or vegetables?	○	○	○	○

4e. Yesterday during the day or at night did ${child_name} eat:
1 = Yes 0 = No -88 = Do not know -99 = No response

	1	0	-88	-99
A) Liver, kidney, heart, or other organ meats?	○	○	○	○
B) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	○	○	○	○
C) Eggs?	○	○	○	○

D) Fresh or dried fish or shellfish?	◯	◯	◯	◯
E) Any other solid, semi-solid, or soft food?	◯	◯	◯	◯

4f. At what age did ${child_name} first take any food regularly other than breastmilk? *Record age in months. 0 is a possible answer.* *Enter -77 for Not yet started. Enter -88 for Do not know. Enter -99 for No response.*	
4. Did ${child_name} get any vaccinations?	◯ Yes ◯ No ◯ Do not know ◯ No response
5. Do you have a formal vaccination card with an official Ministry of Health logo where ${child_name}'s vaccinations are written down? *If yes: May I see it please?*	◯ Yes, seen ◯ Yes, not seen ◯ No ◯ Do not know ◯ No response
6. Did you ever have a formal vaccination card for ${child_name}?	◯ Yes ◯ No ◯ Do not know ◯ No response
7. What happened to ${child_name}'s formal immunization card?	◯ Never given a card ◯ Card was lost or destroyed ◯ Card at health facility ◯ Card is locked away/inaccessible at moment ◯ Other ◯ Do not know ◯ No response
7b. Do you have any paper or card with vaccination information of ${child_name} written down? *This does not have to be an official vaccination card, but please make sure it has a list of vaccines and the dates that they were given.* *If yes: May I see it please?*	◯ Yes, seen ◯ Yes, not seen ◯ No ◯ Do not know ◯ No response

	8a. Looking at the vaccine card, does ${child_name} have ... ?
BCG	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Polio-0	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response

Polio-1	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Pentavalent-1 (DPT-Hep B-Hib1)	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
PCV-1	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Rota-1	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Polio-2	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Pentavalent-2 (DPT-Hep B-Hib2)	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
PCV-2	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Rota-2	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Polio-3	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Pentavalent-3 (DPT-Hep B-Hib3)	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
PCV-3	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response

IPV	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Measles-1	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response
Vitamin A Supplementation	◯ Yes, legible ◯ No, not given ◯ Yes, but month or day illegible ◯ No response

8c. Vaccine Card *(1) Copy date from the card for each vaccine that the child has (2) If either the day or month are illegible select the respective checkbox to indicate which date is not legible.* *One vaccine per screen.*	

BCG	
##### *Birthdate: ${birthday_lab}*	
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	☐
Check here if the MONTH is uncertain or illegible	☐

Polio-0	
##### *Birthdate: ${birthday_lab}*	
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	☐
Check here if the MONTH is uncertain or illegible	☐

Polio-1	
##### *Birthdate: ${birthday_lab}*	
Enter the date	Day: Month: Year:

Check here if the DAY is uncertain or illegible	☐
Check here if the MONTH is uncertain or illegible	☐

Pentavalent-1 (DPT-Hep B-Hib1)	
##### *Birthdate: ${birthday_lab}*	
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	☐
Check here if the MONTH is uncertain or illegible	☐

PCV-1	
##### *Birthdate: ${birthday_lab}*	
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	☐
Check here if the MONTH is uncertain or illegible	☐

Rota-1	
##### *Birthdate: ${birthday_lab}*	
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	☐
Check here if the MONTH is uncertain or illegible	☐

Polio-2	
##### *Birthdate: ${birthday_lab}*	
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	☐
Check here if the MONTH is uncertain or illegible	☐

Pentavalent-2 (DPT-Hep B-Hib2)	
##### *Birthdate: ${birthday_lab}*	
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	☐
Check here if the MONTH is uncertain or illegible	☐

PCV-2	
##### *Birthdate: ${birthday_lab}*	
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	☐
Check here if the MONTH is uncertain or illegible	☐

Rota-2	
##### *Birthdate: ${birthday_lab}*	
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	☐
Check here if the MONTH is uncertain or illegible	☐

Polio-3	
##### *Birthdate: ${birthday_lab}*	
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	☐
Check here if the MONTH is uncertain or illegible	☐

Pentavalent-3 (DPT-Hep B-Hib3)	
##### *Birthdate: ${birthday_lab}*	

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

PCV-3	
##### *Birthdate: ${birthday_lab}*	
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	☐
Check here if the MONTH is uncertain or illegible	☐

IPV	
##### *Birthdate: ${birthday_lab}*	
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	☐
Check here if the MONTH is uncertain or illegible	☐

Measles-1	
##### *Birthdate: ${birthday_lab}*	
Enter the date	Day: Month: Year:
Check here if the DAY is uncertain or illegible	☐
Check here if the MONTH is uncertain or illegible	☐

Vitamin A Supplementation	
##### *Birthdate: ${birthday_lab}*	
Enter the date	Day: Month: Year:

Check here if the DAY is uncertain or illegible	☐
Check here if the MONTH is uncertain or illegible	☐
9. Did ${child_name} receive a BCG vaccination against tuberculosis, that is, an injection in the right arm or right shoulder that usually causes a scar?	◯ Yes ◯ No ◯ Do not know ◯ No response
10. Did ${child_name} receive an oral polio vaccine, that is, about two drops in the mouth, to prevent polio?	◯ Yes ◯ No ◯ Do not know ◯ No response
11. Did ${child_name} receive the first oral polio vaccine in the first two weeks after birth or later?	◯ Within the first two weeks ◯ After the first two weeks ◯ Do not know ◯ No response
12. How many times did ${child_name} receive the oral polio vaccine? *Enter -88 for Do not know. Enter -99 for No response.*	
Please verify with the respondent how many times the child received the vaccine. You recorded ${polio_count}. Is that correct? *How many times did ${child_name} receive the oral polio vaccine?*	◯ Yes ◯ No
13. Did ${child_name} receive the injection polio vaccine on the right thigh?	◯ Yes ◯ No ◯ Do not know ◯ No response
14. Did ${child_name} receive a pentavalent (DPT-Hep B-Hib1) vaccination, that is, an injection given in the left upper thigh, usually at the same time as polio drops?	◯ Yes ◯ No ◯ Do not know ◯ No response
15. How many times did ${child_name} receive the pentavalent vaccine? *Enter -88 for Do not know. Enter -99 for No response.*	
Please verify with the respondent how many times the child received the vaccine. You recorded ${pentavalent_count}. Is that correct? *How many times did ${child_name} receive the pentavalent vaccine?*	◯ Yes ◯ No
16. Did ${child_name} receive a PCV vaccination, that is, an injection usually given in the right upper thigh to prevent pneumonia?	◯ Yes ◯ No ◯ Do not know ◯ No response
17. How many times did ${child_name} receive the PCV vaccine? *Enter -88 for Do not know. Enter -99 for No response.*	

Please verify with the respondent how many times the child received the vaccine. You recorded ${pcv_count}. Is that correct? *How many times did ${child_name} receive the PCV vaccine?*	◯ Yes ◯ No
18. Did ${child_name} receive a Rota vaccination, that is, liquid in the mouth to prevent diarrheal disease?	◯ Yes ◯ No ◯ Do not know ◯ No response
19. How many times did ${child_name} receive the rotavirus vaccine? *Enter -88 for Do not know. Enter -99 for No response.*	
Please verify with the respondent how many times the child received the vaccine. You recorded ${rota_count}. Is that correct? *How many times did ${child_name} receive the rotavirus vaccine?*	◯ Yes ◯ No
20. Did ${child_name} receive an injection to prevent measles, that is an injection in the arm and given usually at 9 months?	◯ Yes ◯ No ◯ Do not know ◯ No response
21. Has ${child_name} received any Vitamin A supplementation, that is oily drops in the mouth? *A photo of vitamin A supplements will appear on the screen* [VitaminA_image.png]	◯ Yes ◯ No ◯ Do not know ◯ No response

22b. Did ${child_name} suffer any of these illnesses in the last two weeks?
Read out all answer options.
1 = Yes 0 = No -88 = Do not know -99 = No response

	1	0	-88	-99
(a) Difficulties feeding/ unable to suck	◯	◯	◯	◯
(b) Red eye/passage of pus from eyes	◯	◯	◯	◯
(c) Skin rash/skin lesion	◯	◯	◯	◯
(d) Convulsion	◯	◯	◯	◯
(e) Reduced alertness (lethargy)	◯	◯	◯	◯
(f) Unconscious	◯	◯	◯	◯
(g) Fever	◯	◯	◯	◯
(h) Cold/cough	◯	◯	◯	◯

22b. Did ${child_name} suffer any of these illnesses in the last two weeks?
Read out all answer options.
1 = Yes 0 = No -88 = Do not know -99 = No response

	1	0	-88	-99
(i) Sore throat/Tonsillitis	◯	◯	◯	◯

(j) Fast breathing	◯	◯	◯	◯
(k) Difficulty in breathing	◯	◯	◯	◯
(l) Diarrhea	◯	◯	◯	◯
(m) Vomiting	◯	◯	◯	◯
(n) Constipation	◯	◯	◯	◯
(o) Abdominal/body swelling	◯	◯	◯	◯
(p) Other	◯	◯	◯	◯

23a. Did you go to seek treatment, or were you visited by a professional health worker at your home for ${child_name}'s cough?	◯ Yes ◯ No ◯ Do not know ◯ No response
23b. Where did you seek treatment for ${child_name}'s cough?	☐ Her home ☐ Provider made home visit ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Pharmacy / Drugstore ☐ Retail store ☐ Traditional healer / medicine ☐ Religious Treatment/Holy water ☐ Church / religious institution ☐ On the way to health facility/treatment ☐ Other ☐ Do not know ☐ No response
23c. How soon after the onset of ${child_name}'s cough did you seek treatment? *Enter number of days. Do not restrict number of days.* *Enter -88 for Do not know. Enter -99 for No response*	
23d. During ${child_name}'s treatment for cough, did s/he get any of the following treatments: *Read all options and select all that apply*	☐ Advised to continue breastfeeding ☐ Counseled to give warm/hot drinks ☐ Given oral antibiotic ☐ Given pain reliver (oral or suppository) ☐ Given cough syrup ☐ Given injections ☐ Given an inhaled medicine ☐ Advised when to seek care immediately

	☐ Got a follow-up appointment ☐ Referred to higher health facility ☐ Other ☐ Did not receive treatment ☐ Do not know ☐ No response
24a. Did you go to seek treatment, or were you visited by a professional health worker at your home for ${child_name}'s fast breathing or difficulty breathing?	◯ Yes ◯ No ◯ Do not know ◯ No response
24b. Where did you seek treatment for ${child_name}'s fast breathing or difficulty breathing?	☐ Her home ☐ Provider made home visit ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Pharmacy / Drugstore ☐ Retail store ☐ Traditional healer / medicine ☐ Religious Treatment/Holy water ☐ Church / religious institution ☐ On the way to health facility/treatment ☐ Other ☐ Do not know ☐ No response
24c. How soon after the onset of ${child_name}'s fast breathing or difficulty breathing did you seek treatment? *Enter number of days. Do not restrict number of days.* *Enter -88 for Do not know. Enter -99 for No response*	
24d. During ${child_name}'s treatment for fast breathing or difficult breathing, did s/he get any of the following treatments: *Read all options and select all that apply*	☐ Advised to continue breastfeeding ☐ Counseled to give warm/hot drinks ☐ Given oral antibiotic ☐ Given pain reliver (oral or suppository) ☐ Given cough syrup ☐ Given injections ☐ Given an inhaled medicine ☐ Advised when to seek care immediately ☐ Got a follow-up appointment ☐ Referred to higher health facility ☐ Other ☐ Did not receive treatment

	☐ Do not know ☐ No response
25a. Did ${child_name}'s diarrhea have blood in it (blood stained or mixed)?	◯ Yes ◯ No ◯ Do not know ◯ No response
25b. Did you go to seek treatment, or were you visited by a professional health worker at your home for ${child_name}'s diarrhea?	◯ Yes ◯ No ◯ Do not know ◯ No response
25c. Where did you seek treatment for ${child_name}'s the diarrhea?	☐ Her home ☐ Provider made home visit ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Pharmacy / Drugstore ☐ Retail store ☐ Traditional healer / medicine ☐ Religious Treatment/Holy water ☐ Church / religious institution ☐ On the way to health facility/treatment ☐ Other ☐ Do not know ☐ No response
25d. How soon after the onset of ${child_name}'s diarrhea did you seek treatment? *Enter number of days. Do not restrict number of days.* *Enter -88 for Do not know. Enter -99 for No response*	
25e. During ${child_name}'s diarrhea treatment, did s/he get any of the following treatments: *Read all options and select all that apply*	☐ Stool examination ☐ Counseled to give more fluids ☐ Counseled to give more food ☐ Advised to continue breastfeeding ☐ Given ORS sachets to take home ☐ Given ORS to drink in facility ☐ Given Zinc tablets ☐ Given oral antibiotic ☐ Given pain reliver (oral or suppository) ☐ Given IV fluid infusion ☐ Given injections ☐ Advised when to seek care immediately

	☐ Got a follow-up appointment ☐ Referred to higher health facility ☐ Other ☐ Did not receive treatment ☐ Do not know ☐ No response
26a. Did you go to seek treatment, or were you visited by a professional health worker at your home for ${child_name}'s fever?	◯ Yes ◯ No ◯ Do not know ◯ No response
26b. Where did you seek treatment for ${child_name}'s fever?	☐ Her home ☐ Provider made home visit ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Pharmacy / Drugstore ☐ Retail store ☐ Traditional healer / medicine ☐ Religious Treatment/Holy water ☐ Church / religious institution ☐ On the way to health facility/treatment ☐ Other ☐ Do not know ☐ No response
26c. How soon after the onset of ${child_name}'s fever did you seek treatment? *Enter number of days. Do not restrict number of days.* *Enter -88 for Do not know. Enter -99 for No response*	
26d. During ${child_name}'s fever treatment, did s/he get any of the following treatments: *Read all options and select all that apply*	☐ Blood examination ☐ Advised to continue breastfeeding ☐ Given oral antimalarial ☐ Given oral antibiotic ☐ Given pain reliver (oral or suppository) ☐ Given IV fluid infusion ☐ Given injections ☐ Advised when to seek care immediately ☐ Got a follow-up appointment ☐ Referred to higher health facility ☐ Other ☐ Did not receive treatment

	☐ Do not know ☐ No response
27. Did ${child_name} sleep under an insecticide treated bed net last night?	◯ Yes ◯ No ◯ Do not know ◯ No response
##### *I am going to ask some questions about your deceased infant. These questions are important to the study. Some of these questions may be difficult to you. We can pause at any time. If you do not feel comfortable answering any of the questions, please let me know and I will move onto the next question*	

29. What date did ${child_name} die?	Day: Month: Year:
Check here if respondent does not know the DAY	☐
Check here if respondent does not know the MONTH	☐

30. Exactly how old was ${child_name} when (he/she) died? *If respondent says her response in days record 0 for week*	◯ X weeks ◯ X months ◯ Do not know ◯ No response
Enter a value for "${age_at_death_lab}" *Exactly how old was ${child_name} when (he/she) died?*	
31. Where did ${child_name} die?	◯ Her home ◯ Provider made home visit ◯ Other home ◯ Government hospital ◯ Government health center ◯ Government health post ◯ Other public sector ◯ Private hospital/clinic ◯ Other private medical sector ◯ NGO/Faith-based health facility ◯ Pharmacy / Drugstore ◯ Retail store ◯ Traditional healer / medicine ◯ Religious Treatment/Holy water ◯ Church / religious institution ◯ On the way to health facility/treatment ◯ Other ◯ Do not know ◯ No response
32. Is death of ${child_name} registered with the Woreda or Kebele?	◯ Yes ◯ No

	◯ Do not know ◯ No response
33. Did ${child_name} suffer from any injury or accident that led to her/his death?	◯ Yes ◯ No ◯ Do not know ◯ No response
34. What type of accident/injury did ${child_name} sustain?	◯ Road traffic accident ◯ Fall accident ◯ Drowning ◯ Animal bite/attack ◯ Insect bite or sting ◯ Violence or assault ◯ Burn injury ◯ Other ◯ Do not know ◯ No response
35. What were ${child_name}'s main symptoms or health problems before her/his death? *Select all that apply*	☐ Difficulties feeding/ unable to suck ☐ Red eye/passage of pus from eyes ☐ Skin rash/skin lesion ☐ Convulsion ☐ Reduced alertness (lethargy) ☐ Unconscious ☐ Fever ☐ Cold/cough ☐ Sore throat/Tonsillitis ☐ Fast breathing ☐ Difficulty in breathing ☐ Diarrhea ☐ Vomiting ☐ Constipation ☐ Abdominal/body swelling ☐ Other ☐ No illness ☐ No response
36. What do you think ${child_name}'s cause of death was? *DO NOT READ THE ANSWER OPTIONS OUT LOUD.* *Select all that apply*	☐ Premature birth ☐ Pregnancy/delivery related ☐ Sudden death ☐ Tetanus ☐ Malaria ☐ Pneumonia ☐ Measles ☐ Whooping cough ☐ Diarrhea/vomiting ☐ Malnutrition ☐ Meningitis ☐ Hepatitis ☐ Typhus/Typhoid ☐ Tuberculosis

	☐ AIDS ☐ Unknown cause/illness ☐ Provider negligence ☐ Evil eye/witchcraft ☐ Other ☐ Do not know ☐ No response
37. Was ${child_name} vaccinated any time before her/his death?	◯ Yes ◯ No ◯ Do not know ◯ No response
38. Did ${child_name} receive any treatment for the illness or injury that led to death?	◯ Yes ◯ No ◯ Do not know ◯ No response
39. Where did ${child_name} get treatment?	☐ Her home ☐ Provider made home visit ☐ Other home ☐ Government hospital ☐ Government health center ☐ Government health post ☐ Other public sector ☐ Private hospital/clinic ☐ Other private medical sector ☐ NGO/Faith-based health facility ☐ Pharmacy / Drugstore ☐ Retail store ☐ Traditional healer / medicine ☐ Religious Treatment/Holy water ☐ Church / religious institution ☐ On the way to health facility/treatment ☐ Other ☐ Do not know ☐ No response
40. In the final days to his/her death, was ${child_name} taken to a hospital or health facility?	◯ Yes ◯ No ◯ Do not know ◯ No response
41. How was ${child_name} transported to the health facility? *Select all that apply*	☐ On foot ☐ Animal transport ☐ Motorized transport ☐ Other ☐ Do not know ☐ No response
42. Did it take more than 2 hours to get to the health facility?	◯ Yes ◯ No

	◯ Do not know ◯ No response
43. In the final days before ${child_name}'s death, were there any doubts about whether medical care was needed?	◯ Yes ◯ No ◯ Do not know ◯ No response
44. In the final days before ${child_name}'s death, was traditional medicine or religious treatments used?	◯ Yes ◯ No ◯ Do not know ◯ No response

Section 2 – Post-Natal

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

45. Where did you give birth to ${first_child_name}?	◯ Her home ◯ Provider made home visit ◯ Other home ◯ Government hospital ◯ Government health center ◯ Government health post ◯ Other public sector ◯ Private hospital/clinic ◯ Other private medical sector ◯ NGO/Faith-based health facility ◯ Pharmacy / Drugstore ◯ Retail store ◯ Traditional healer / medicine ◯ Religious Treatment/Holy water ◯ Church / religious institution ◯ On the way to health facility/treatment ◯ Other ◯ Do not know ◯ No response
46. After ${first_child_name} was delivered, how long did you stay in the health facility? *If less than one day, record hours. If less than one week, record days.*	◯ Hours ◯ Days ◯ Weeks ◯ Do not know ◯ No response
Enter a value for "${facility_stay_lab}" *After ${first_child_name} was delivered, how long did you stay in the health facility?*	
47. After delivery, did you go to a maternity waiting home in the health facility?	◯ Yes ◯ No

	◯ Do not know ◯ No response
48. After delivery, how long did you stay at the maternity waiting home? *If less than one day, record hours. If less than one week, record days.*	◯ Hours ◯ Days ◯ Weeks ◯ Do not know ◯ No response
Enter a value for "${maternity_stay_lab}" *After delivery, how long did you stay at the maternity waiting home?*	
49. Did you interview this respondent for the six-week questionnaire? *This question should not be read out to the respondent. The RE, you, must verify with information on the QR code*	◯ Yes ◯ No
50. Did any health worker extension worker visited you to check on your health in the first two months after delivery?	◯ Yes ◯ No ◯ Do not know ◯ No response
51. How many days after birth did the health extension worker visit you? *If less than 24 hours, write 0 days* *No response: -99; Do not know: -88*	
52. Did you go visit a health extension worker in the first two months after delivery, either for yourself or for the baby?	◯ Yes ◯ No ◯ Do not know ◯ No response
53. How many days after birth did you go visit the health extension worker? *If less than 24 hours, write 0 days No response: -99; Do not know: -88*	
54. Did you go visit another professional healthcare provider other than an HEW in the first two months after delivery, either for yourself or for the baby?	◯ Yes ◯ No ◯ Do not know ◯ No response
55. How many days after birth did you go visit the other professional healthcare provider? *If less than 24 hours, write 0 days No response: -99; Do not know: -88*	
56. Whom did you see, not including an HEW? Anyone else? *Select all that apply* *Probe to identify each type of person and record all mentioned.*	☐ Doctor ☐ Health officer ☐ Nurse/midwife ☐ Professional healthcare provider, cannot distinguish ☐ Health extension worker ☐ Health development army ☐ Traditional birth attendant ☐ Traditional healer ☐ Family member

	☐ Other ☐ No response
57. Have you had any health checks either for yourself or your baby since delivery (either by a HEW or other professional healthcare provider)?	◯ Yes ◯ No ◯ Do not know ◯ No response
58. Has the baby had any health checks since his/her birth (either by a HEW or other professional healthcare provider)?	◯ Yes ◯ No ◯ Do not know ◯ No response

60. At any health check after delivery (either by a HEW or other professional healthcare provider) did the provider discuss:

1 = Yes 0 = No -88 = Do not know -99 = No response

	1	0	-88	-99
Breastfeeding	◯	◯	◯	◯
Not feeding water or other liquids before 6 months	◯	◯	◯	◯
Introducing food and liquids (other than breast milk) when the baby reaches 6 months of age	◯	◯	◯	◯
Giving a variety of foods when the baby starts feeding after 6 months	◯	◯	◯	◯
Giving animal source foods specifically (e.g. eggs, milk, meat, fish)	◯	◯	◯	◯
How often to feed foods	◯	◯	◯	◯
Not feeding sugar-sweetened beverages	◯	◯	◯	◯

61. Since your baby's birth, has any health care provider measured your baby's:

1 = Yes 0 = No -88 = Do not know -99 = No response

	1	0	-88	-99
Weight	◯	◯	◯	◯
Length of height	◯	◯	◯	◯
Around their upper arm	◯	◯	◯	◯

62. Since your baby was born, did you ever breastfeed him/her?	◯ Yes ◯ No ◯ No response
63a. Have you experienced any difficulties breastfeeding?	◯ Yes ◯ No ◯ Do not know ◯ No response
63b. What kind of difficulties?	☐ Cracked nipples ☐ Inadequate breastmilk ☐ Breast engorgement

	☐ Mastitis ☐ Difficulty latching ☐ Other difficulty ☐ Do not know ☐ No response
64a. Did you seek help for these difficulties?	◯ Yes ◯ No ◯ Do not know ◯ No response
64b. Who did you seek help from? *Select all that apply*	☐ Doctor ☐ Health officer ☐ Nurse/midwife ☐ Professional healthcare provider, cannot distinguish ☐ Health extension worker ☐ Health development army ☐ Traditional birth attendant ☐ Traditional healer ☐ Family member ☐ Other ☐ No response
65a. Have you had any health checks for yourself or baby since delivery, not including immunization?	◯ Yes ◯ No ◯ Do not know ◯ No response
65b. Did you receive any family planning information, referrals or services at any of these visits?	◯ Yes ◯ No ◯ Do not know ◯ No response
66a. Did you receive any family planning information, referrals, or services during any of the immunization visits for your baby?	◯ Yes ◯ No ◯ Do not know ◯ No response
66b. Did you sleep under an insecticide treated bed net last night?	◯ Yes ◯ No ◯ Do not know ◯ No response

Section 3 – Family Planning

Now, I would like to ask you a few questions about your health, family planning and desires to have more children. Some of the questions I will ask are about sensitive topics, including sex. Remember that all of the information you share is confidential and will not be shared with other people outside of the study team. If you are uncomfortable at any time and would like to skip to the next question, please let me know.

67a. Are you currently pregnant?	◯ Yes ◯ No ◯ Do not know ◯ No response
67b. If you got pregnant now, how would you feel?	◯ Very happy ◯ Sort of happy ◯ Mixed happy and unhappy ◯ Sort of unhappy ◯ Very unhappy ◯ No response
68. Has your menstrual cycle returned since delivery?	◯ Yes ◯ No ◯ No response
69. When did your last menstrual period start?	◯ X days ago ◯ X weeks ago ◯ X months ago ◯ Do not know ◯ No response
Enter a value for "${cycle_return_lab}" *When did your last menstrual period start?*	
70a. Have you resumed sexual activity since the birth of your most recent child?	◯ Yes ◯ No ◯ No response
70b. How long after the delivery did you wait before resuming sexual activity? *Enter in "months."* *If less than a month record 0 for number of months.* *Enter -99 for No response.*	
71. When was the last time you had sexual intercourse?	◯ X days ago ◯ X weeks ago ◯ X months ago ◯ Do not know ◯ No response
Enter a value for "${last_sex_lab}" *When was the last time you had sexual intercourse?*	
72. Would you like to have another child or would you prefer not to have any more children?	◯ Yes, more children ◯ No, no more children

	◯ Do not know ◯ No response
72b. How long would you like to wait before the birth of your next child?	◯ X months ◯ X years ◯ Do not know ◯ No response
Enter a value for "${wait_child_lab}"	
72c. Are you or your partner currently doing something or using any family planning method to delay or avoid getting pregnant?	◯ Yes ◯ No ◯ No response
73. Which method or methods are you using? *Probe: Anything else* *Select all methods mentioned. Be sure to scroll to bottom to see all choices in the list.*	☐ Female Sterilization ☐ Male Sterilization ☐ Implant ☐ IUD ☐ Injectables ☐ Pill ☐ Emergency Contraception ☐ Male Condom ☐ Female Condom ☐ Std. Days/Cycle beads ☐ LAM ☐ Rhythm method ☐ Withdrawal ☐ Other traditional methods ☐ No response
IMP_301a. CHECK. In the previous question, the respondent mentioned that she had been using implants. Is that correct? *If she says she is not currently using implants, please verify her answer and go back and select the correct method.*	◯ Yes ◯ No
IMP_302. At the visit when the implant was inserted, were you told for how long the implant would protect you from pregnancy?	◯ Yes ◯ No ◯ No response
IMP_303. Were you told how much it would cost to get your implant removed?	◯ Yes ◯ No ◯ No response
IMP_304. Were you told where you could go to have the implant removed?	◯ Yes ◯ No ◯ Do not know ◯ No response
74. Since what month and year have you been using ${current_method_lab} without stopping? Calculate backwards from birth of the baby Most Recent Birth: ${birthday_lab} Must be before today. Respondent must be at least 10 years old. Select 'Do not know' for month and '2030' for year to indicate 'No Response'.	Month: Year:

CALENDAR: Enter episode of contraceptive use in the visual aide/paper calendar.	
Check here if respondent does not know the MONTH	☐
75. Since this most recent birth have you used any method to delay or avoid being pregnant?	◯ Yes ◯ No ◯ No response
76. Did you use any other methods of family planning since this most recent birth?	◯ Yes ◯ No ◯ Do not know ◯ No response
77. What Method Were You using in: *Approximate date of birth ${birthday_lab_et}*	
Month of Delivery+6	◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery+5	◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods

	◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery+4	◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery+3	◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery+2	◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill

	◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery+1	◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies ◯ T. Terminations ◯ No response
Month of Delivery	◯ 0. No method used ◯ 1. Female Sterilization ◯ 2. Male Sterilization ◯ 3. Implant ◯ 4. IUD ◯ 5. Injectables ◯ 7. Pill ◯ 8. Emergency Contraception ◯ 9. Male Condom ◯ 10. Female Condom ◯ 13. Std Days / Cycle beads ◯ 14. LAM ◯ 30. Rhythm method ◯ 31. Withdrawal ◯ 39. Other traditional methods ◯ B. Births ◯ P. Pregnancies

	◯ T. Terminations ◯ No response
CHECK: You just recorded in the calendar that the respondent is not using any method. However, earlier in the survey, the respondent said she currently uses "${current_method_lab}". Please go back and correct this inconsistency.	
CHECK: You just recorded in the calendar that the respondent is currently using "${cc_current_method_lab}". However, earlier in the survey, the respondent said she is not using any contraceptive method. Please go back and correct this inconsistency.	
CHECK: You just recorded in the calendar that the respondent is currently using "${cc_current_method_lab}". However, earlier in the survey, the respondent said she currently uses "${current_method_lab}". The methods are different. Please go back and correct this inconsistency.	
78. Why did you stop using *Approximate date of birth ${birthday_lab_et}*	
${m5_method} in month of Delivery+5	◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method ◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far ◯ Costs too much ◯ Inconvenient to use ◯ Up to god / fatalistic ◯ Difficult to get pregnant / menopausal ◯ Other ◯ Do not know ◯ No response
${m4_method} in month of Delivery+4	◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method

	◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far ◯ Costs too much ◯ Inconvenient to use ◯ Up to god / fatalistic ◯ Difficult to get pregnant / menopausal ◯ Other ◯ Do not know ◯ No response
${m3_method} in month of Delivery+3	◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method ◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far ◯ Costs too much ◯ Inconvenient to use ◯ Up to god / fatalistic ◯ Difficult to get pregnant / menopausal ◯ Other ◯ Do not know ◯ No response
${m2_method} in month of Delivery+2	◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method ◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far

	◯ Costs too much ◯ Inconvenient to use ◯ Up to god / fatalistic ◯ Difficult to get pregnant / menopausal ◯ Other ◯ Do not know ◯ No response
${m1_method} in month of Delivery+1	◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method ◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far ◯ Costs too much ◯ Inconvenient to use ◯ Up to god / fatalistic ◯ Difficult to get pregnant / menopausal ◯ Other ◯ Do not know ◯ No response
${m0_method} in month of Delivery	◯ Became pregnant while using ◯ Infrequent sex / husband / partner away ◯ Wanted to become pregnant ◯ Side effects you experienced ◯ Side effects you were worried about but did not experience ◯ Advised not to take method ◯ Menstrual cycle has not returned ◯ Husband did not approve ◯ Other person did not approve ◯ Wanted more effective method ◯ Preferred method not available ◯ Lack of access / too far ◯ Costs too much ◯ Inconvenient to use ◯ Up to god / fatalistic ◯ Difficult to get pregnant / menopausal ◯ Other

	◯ Do not know ◯ No response
79. When you obtained your ${current_recent_method_lab}, did you obtain the method you wanted to delay or avoid getting pregnant?	◯ Yes ◯ No ◯ No response
80. Why did you choose the ${current_method_lab}? *Select all that apply*	☐ Long duration of protection ☐ Less need for follow-up ☐ Unavailability of other methods ☐ Provider recommended ☐ Fewer side effects than other methods ☐ Can use without husband's knowledge ☐ Other ☐ No response
81. When you obtained your ${current_recent_method_lab}, were you told by the provider about side effects or problems you might have with a method to delay or avoid pregnancy?	◯ Yes ◯ No ◯ Do not know ◯ No response
82a. At that time, were you told that you could switch to a different method in the future?	◯ Yes ◯ No ◯ Do not know ◯ No response
82b. Did you feel pressured from any health service providers to accept ${current_recent_method_lab}?	◯ Yes ◯ No ◯ Do not know ◯ No response
83. Are you experiencing any side effects?	◯ Yes ◯ No ◯ Do not know ◯ No response
83. Did you experience any side effects?	◯ Yes ◯ No ◯ Do not know ◯ No response
84. What are the side effects that you are currently experiencing? *Do not read option choices aloud*	☐ Less bleeding or no bleeding ☐ Heavier bleeding ☐ Irregular bleeding / spotting ☐ Uterine cramping / lower abdominal pain ☐ Gained weight ☐ Lost weight ☐ Facial spotting ☐ Headaches ☐ Got infection ☐ Nausea/vomiting ☐ Increased menstrual cramping ☐ Lowered sex drive

	☐ Decreased sexual pleasure ☐ Vaginal dryness ☐ General weakness/pain ☐ Diarrhea ☐ Partner feels during sex ☐ Pain at insertion site ☐ Mood swings ☐ Backache ☐ Other ☐ Do not know ☐ No response
84. What were the side effects that you EXPERIENCED while using the method? *Do not read option choices aloud*	☐ Less bleeding or no bleeding ☐ Heavier bleeding ☐ Irregular bleeding / spotting ☐ Uterine cramping / lower abdominal pain ☐ Gained weight ☐ Lost weight ☐ Facial spotting ☐ Headaches ☐ Got infection ☐ Nausea/vomiting ☐ Increased menstrual cramping ☐ Lowered sex drive ☐ Decreased sexual pleasure ☐ Vaginal dryness ☐ General weakness/pain ☐ Diarrhea ☐ Partner feels during sex ☐ Pain at insertion site ☐ Mood swings ☐ Backache ☐ Other ☐ Do not know ☐ No response
85. Where did you obtain ${current_recent_method_lab} when you started using it after the birth of your baby? *Probe to identify the type of source and select the appropriate code.*	◯ Govt. Hospital ◯ Govt. Health Center ◯ Govt. Health Post/HEW ◯ Other Public ◯ NGO Health Facility ◯ Other NGO ◯ Private Hospital ◯ Private Clinic ◯ Pharmacy ◯ Other Private Medical ◯ Drug Vendor/Store ◯ Shop ◯ Friend/Relative ◯ Self ◯ Other

	◯ Do not know ◯ No response
IMP_305a. Do you want to have your implant removed?	◯ Yes ◯ No ◯ No response
IMP_305b. In the past 6 months, have you tried to have your current implant removed?	◯ Yes ◯ No ◯ No response
IMP_305c. Where did you go to try to have your implant removed?	☐ Govt. Hospital ☐ Govt. Health Center ☐ Govt. Health Post/HEW ☐ Other Public ☐ NGO Health Facility ☐ Other NGO ☐ Private Hospital ☐ Private Clinic ☐ Pharmacy ☐ Other Private Medical ☐ Drug Vendor/Store ☐ Shop ☐ Friend/Relative ☐ Self ☐ Other ☐ Do not know ☐ No response
IMP_305d. Who tried to remove the implant?	◯ Self ◯ Friend/Relative ◯ Partner ◯ HEW ◯ Doctor ◯ Health officer ◯ Nurse/midwife ◯ Other professional healthcare provider, cannot distinguish ◯ No one tried ◯ Do not know ◯ No response
IMP_306. Why were you not able to have your implant removed?	☐ Facility not open ☐ Qualified provider not available ☐ Provider attempted but could not remove the implant ☐ Provider refused ☐ Cost of removal services ☐ Travel cost ☐ Provider counseled against removal ☐ Told to return another day ☐ Referred elsewhwere ☐ Other (specify)

	☐ Do not know ☐ No response
Specify "other" *Why were you not able to have your implant removed?*	
86. Before you started using ${cc_first_method_lab}, had you discussed the decision to delay or avoid pregnancy with your husband/partner?	◯ Yes ◯ No ◯ Do not know ◯ No response
87. Would you say that using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together?	◯ Mainly respondent ◯ Mainly husband/partner ◯ Joint decision ◯ Other ◯ No response
88. Would you say that not using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together?	◯ Mainly respondent ◯ Mainly husband/partner ◯ Joint decision ◯ Other ◯ No response
89. Why did you decide not to use a family planning method after the birth of your baby? *Do not read out aloud answer options*	☐ Worried about side effects ☐ Currently breastfeeding ☐ Family planning might make getting pregnant again difficult ☐ Has not resumed menstruation ☐ Do not know enough about family planning ☐ Infrequent sex/husband/partner away ☐ Prefers abstinence ☐ Has not resumed sexual intercourse ☐ Currently pregnant ☐ Wants to become pregnant ☐ Religious prohibition ☐ Husband/partner disapproves ☐ The desired method is unavailable ☐ Other ☐ Do not know ☐ No response
90. Do you think you will use a contraceptive method to delay or avoid getting pregnant in the future?	◯ Yes ◯ No ◯ Do not know ◯ No response
91. When do you think you will start using a method?	◯ In X months ◯ In X years ◯ Soon/now ◯ After finishing breastfeeding ◯ After menses returns ◯ After having another baby ◯ After having all the children I want

	◯ Do not know ◯ No response
Enter a value for "${when_method_lab}"	
Thank the respondent for her time and update the ID card *Before you leave, update the ID card, including information on whether the baby or mother is still alive.*	
FU1Ya. Date of one-year interview *Enter Jan 1, 2030 if no date scheduled for upcoming interview*	Day: Month: Year:
FU1Yb. Did the respondent refuse future follow-up?	◯ Yes ◯ No
T. Location *Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m. GPS coordinates can only be collected when outside.*	
U. Did you have to step away from the respondent's home to take the GPS reading?	◯ Yes ◯ No
V. 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*	
QUESTIONNAIRE RESULT	
W. How many times have you visited this household to interview this female respondent?	◯ 1st time ◯ 2nd time ◯ 3rd time
X. What language was this interview conducted in?	◯ English ◯ Amharic ◯ Afan Oromo ◯ Tigrigna ◯ Sidamigna ◯ Wolayitigna ◯ Afar ◯ Somali ◯ Kefigna ◯ Other
Y. Was a translator used for this interview?	◯ Yes ◯ No

Z. Questionnaire result	◯ Mother completed ◯ Caregiver completed form ◯ Not at home ◯ Postponed ◯ Refused ◯ Partly completed ◯ Incapacitated ◯ Mother dead, no caregiver ◯ Respondent moved ◯ Household moved ◯ Mother absent for indefinite period ◯ Interview date exceeded eligibility window