

PMA Ethiopia 2021 Cross-sectional 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 "011." If this is the wrong person, you have two options: (1) exit and ignore changes to this form. Open the correct form. Or (2) find and interview the person whose name appears above.</i>	<input type="radio"/> Yes <input type="radio"/> No
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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?	<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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CROSS-SECTION INFORMED CONSENT	
Find the woman between the ages of 15-49 associated with this Female Questionnaire. The interview must have auditory privacy. Read the following greeting:	
<p>Hello. My name is \${re_name} and I am working for the Addis Ababa University, and Federal Ministry of Health. We are conducting a local survey that asks women about various reproductive health issues, including family planning and pregnancy using a smartphone. The survey helps monitor the state of public health and questions will be used for research purposes. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. The survey usually takes between 30 and 40 minutes to complete. Whatever information you provide will be kept strictly confidential. Your data will not be linked to your identity when conducting analyses, presenting results, or sharing data.</p> <p>Participation in this survey is entirely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. If you choose to participate in the survey, you will receive 50 birr airtime credit.</p> <p>At this time, do you want to ask me anything about the survey?</p>	
M. May I begin the interview now?	<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.

<p>FFQ001. In what month and year were you born? The age in the household roster is \${age}.</p> <p><i>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></p>	<p>Day: Month: Year:</p>
Does not know month	<input type="radio"/>

<p>FFQ002. How old were you at your last birthday?</p> <p><i>Must be more than 14 and less than 50. Must agree with FFQ001.</i></p>	
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<p>FFQ003a. Are you currently married or living together with a man as if married?</p> <p><i>Probe: If no, ask whether the respondent is divorced, separated, widowed, or never in union/never married.</i></p>	<p><input type="radio"/> Yes, currently married</p> <p><input type="radio"/> Yes, living with a man</p> <p><input type="radio"/> Divorced / separated</p> <p><input type="radio"/> Not currently in union: Widow</p> <p><input type="radio"/> No, never in union</p> <p><input type="radio"/> No response</p>
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<p>FFQ003b. Have you been married or lived with a man only once or more than once?</p>	<p><input type="radio"/> Only once</p> <p><input type="radio"/> More than once</p> <p><input type="radio"/> No response</p>
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<p>FFQ004a. In what month and year did you start living with your FIRST husband / partner?</p> <p><i>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></p>	<p>Day: Month: Year:</p>
Does not know month	<input type="radio"/>

<p>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?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>FFQ005a. Now I would like to ask about when you started living with your CURRENT or MOST RECENT husband / partner. In what month and year was that?</p> <p><i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'</i></p>	<p>Day: Month: Year:</p>
Does not know month	<input type="radio"/>

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

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>	
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FFQ007. What is your religion?	<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
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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>	<input type="radio"/> Never attended <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Technical & vocational <input type="radio"/> Higher <input type="radio"/> No response
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FFQ009. Can you read or write in any language?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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FFQ019. How many times have you given birth to a baby that was born alive? <i>Enter -99 for no response.</i>	
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FFQ020. When was your FIRST birth?	Day: Month:
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<p>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'</p>	Year:
Do not know month	<input type="radio"/>

<p>FFQ021. When was your MOST RECENT birth? 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</p>	Day: Month: Year:
Do not know month	<input type="radio"/>

FFQ025. Are you pregnant now?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/> No response
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<p>FFQ029a. How many months pregnant are you? The most recent birth was: \${recent_birth_date_lab} Please record the number of completed months. Do not know -88. No response -99.</p>	
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<p>FFQ026. When did your last menstrual period start? 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.</p>	<input type="radio"/> Days ago <input type="radio"/> Weeks ago <input type="radio"/> Months ago <input type="radio"/> Years ago <input type="radio"/> Before last birth <input type="radio"/> Never menstruated <input type="radio"/> In menopause/has had hysterectomy <input type="radio"/> No response
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<p>Enter the number of \${last_period_lab} Enter 0 days for today.</p>	
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<p>You entered that the respondent is \${months_pregnant} months pregnant, but she said her last menstrual period started \${last_period_val} (\${last_period_lab}) ago. Is that what she said?</p>	<input type="radio"/> Yes <input type="radio"/> No
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<p>FFQ029b. At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / any more children at all? Remind the postpartum respondent that we are asking about her most recent pregnancy; or if currently pregnant respondent about the current pregnancy</p>	<input type="radio"/> Then <input type="radio"/> Later <input type="radio"/> Not at all <input type="radio"/> No response
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<p>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.</p>	<input type="radio"/> Very happy <input type="radio"/> Sort of happy <input type="radio"/> Mixed happy and unhappy <input type="radio"/> Sort of unhappy
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	<input type="radio"/> Very unhappy <input type="radio"/> No response
<p>FFQ173. When your partner found out you were pregnant, how did he feel? <i>Read the response options. Remind the postpartum respondent that we are asking about her most recent pregnancy, or if currently pregnant respondent about the current pregnancy.</i></p>	<input type="radio"/> Very happy <input type="radio"/> Sort of happy <input type="radio"/> Mixed happy and unhappy <input type="radio"/> Sort of unhappy <input type="radio"/> Very unhappy <input type="radio"/> Have not told partner <input type="radio"/> No partner <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ22A. Is the respondent a usual household member or staying at her parental home temporarily?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ035. Where did you see the HEW? <i>Select multiple</i></p>	<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
<p>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></p>	
<p>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></p>	
<p>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></p>	
<p>FFQ038a. Have you seen a professional healthcare provider, other than an HEW, for antenatal care during this pregnancy?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ038b. Did you see a professional healthcare provider, other than an HEW, for antenatal care during this pregnancy?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>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></p>	<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?</p>	

Do not know -88. No response -99.

FFQ040b. How many times did you receive antenatal care during this pregnancy from a professional healthcare provider, other than an HEW?

Do not know -88. No response -99.

FFQ041. How many months pregnant were you when you first received antenatal from a professional healthcare provider other than an HEW for this pregnancy?

Do not know -88. No response -99.

FFQ042. Where did you receive antenatal care for this pregnancy, not including from the HEW? Anywhere else?

Select all that apply Probe to identify the type of source and record all mentioned

- 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
- Traditional healer/medicine
- Other
- Nowhere, no treatment sought
- No response

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

A) Was your blood pressure measured?

- Yes
- No
- Do not know
- No response

B) Was your weight taken?

- Yes
- No
- Do not know
- No response

C) Did you give a urine sample that was not for a pregnancy test?

- Yes
- No
- Do not know
- No response

D) Did you give a blood sample?

- Yes
- No
- Do not know
- No response

E) Did you give a stool sample?

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

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>	<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
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	<input type="checkbox"/> Withdrawal <input type="checkbox"/> Other traditional methods <input type="checkbox"/> No response
FFQ048. Are you planning to breastfeed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure yet <input type="radio"/> No response
FFQ049. Are you planning to use breastfeeding to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure yet <input type="radio"/> No response
FFQ052. Do you plan to use a method of family planning, other than breastfeeding, within a year of giving birth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ053a. When do you plan to start using the method?	<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>	
FFQ054. What method do you plan to use? <i>This does not include LAM/breastfeeding</i>	<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?	<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>	

CHECK: You entered that the respondent received \${number_tetn_injection} tetanus injections in question FFQ056. Confirm that these were received only during this pregnancy.

<p>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</i> [iron_tablets_syrup.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ058. During this pregnancy, have you taken any drug for intestinal worms? <i>A photo of intestinal worms tablets will appear on the screen</i> [albendazole.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>

FFQ059a. Have you experienced any of the following problems during this pregnancy:	
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
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FFQ059b. Did you experience any of the following problems during this pregnancy:	
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

A) Severe headache with blurred vision?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
B) High blood pressure?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
C) Edema (swelling) face/feet/body?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
D) Convulsion/fits?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
E) Vaginal bleeding before delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
F) High fever?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
G) Abnormal vaginal discharge (foul smelling/dark)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
H) Lower abdominal pain?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
I) Worsening vision, particularly at night?	<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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
B) High blood pressure?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
C) Edema (swelling) face/feet/body?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
D) Convulsion/fits?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

E) Vaginal bleeding before delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
F) High fever?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
G) Abnormal vaginal discharge (foul smelling/dark)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
H) Lower abdominal pain?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
I) Worsening vision, particularly at night?	<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:	
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?	<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?	<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? <i>Probe: From either a health provider at a facility or an HEW?</i> <i>Select all that apply. Read all responses aloud.</i>	<input type="checkbox"/> Eat more (quantity) <input type="checkbox"/> Eat a variety of foods / foods rich with iron (quality) <input type="checkbox"/> Take iron-containing tablets (IFAS) <input type="checkbox"/> Take preventive malaria treatment <input type="checkbox"/> Take deworming tablet <input type="checkbox"/> How much weight to gain <input type="checkbox"/> Regularly exercise <input type="checkbox"/> How to manage nausea/vomiting <input type="checkbox"/> Reduce salt intake <input type="checkbox"/> Do not eat raw meat <input type="checkbox"/> None of the above <input type="checkbox"/> No response
FFQ066. Do you know how to contact the HEW if you go into labor?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No HEW <input type="radio"/> No response
FFQ067a. Has your partner encouraged you to go to the clinic for antenatal care?	<input type="radio"/> Yes, encouraged <input type="radio"/> No, did not encourage <input type="radio"/> No, actively discouraged <input type="radio"/> No partner <input type="radio"/> Do not know <input type="radio"/> No response
FFQ067b. Did your partner encourage you to go to the clinic for antenatal care?	<input type="radio"/> Yes, encouraged <input type="radio"/> No, did not encourage <input type="radio"/> No, actively discouraged <input type="radio"/> No partner

	<input type="radio"/> Do not know <input type="radio"/> No response
FFQ068. Have you and your partner discussed where you are planning to deliver?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partner not involved <input type="radio"/> No partner <input type="radio"/> Do not know <input type="radio"/> No response
FFQ069. While you were pregnant, did you and your partner discuss where you planned to deliver?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partner not involved <input type="radio"/> No partner <input type="radio"/> Do not know <input type="radio"/> No response
FFQ177. If you got pregnant now, how would you feel?	<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>	<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>	<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?	<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?	<input type="radio"/> No change <input type="radio"/> Partial

Read all options

- Complete
- Do not know
- No response

COV9. Since the Coronavirus (COVID-19) restrictions began, how much of a loss of income have you personally experienced?

Read all options

- Large
- Moderate
- Small
- No change
- Has no income
- Do not know
- No response

Section 4 – Contraception

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

An image will appear on the screen for some methods. If the respondent says that she has not heard of the method or if she hesitates to answer, read the probe aloud and show her the image, if available

FFQ178a. Have you ever heard of female sterilization?

PROBE: Women can have an operation to avoid having any more children. [NO IMAGE]

- Yes
- No
- No response

FFQ178b. Have you ever heard of male sterilization?

PROBE: Men can have an operation to avoid having any more children. [NO IMAGE]

- Yes
- No
- No response

FFQ178c. Have you ever heard of the contraceptive implant?

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]

[implant.png]

- Yes
- No
- No response

FFQ178d. Have you ever heard of the IUD?

PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse. [IMAGE OF METHOD WILL APPEAR ON SCREEN]

[IUD.png]

- Yes
- No
- No response

FFQ178e. Have you ever heard of injectables?

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]

[injectable.png]

- Yes
- No
- No response

FFQ178f. Have you ever heard of the (birth control) pill?

PROBE: Women can take a pill every day to avoid becoming pregnant. [IMAGE OF METHOD WILL APPEAR ON SCREEN]

[pill.png]

- Yes
- No
- No response

FFQ178g. Have you ever heard of emergency contraception?

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]

- Yes
- No
- No response

<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><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><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ179b. Which method or methods are you using? <i>Probe: Anything else? Select all methods mentioned. Be sure to scroll to bottom to see all choices.</i></p>	<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"/> LAM <input type="checkbox"/> Rhythm method</p>

- Withdrawal
- Other traditional methods
- No response

<p>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}</p> <p><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'.</i></p> <p><i>For RE: Mark start date and all months until now as current use on the visual aid</i></p>	<p>Day: Month: Year:</p>
<p>Do not know month</p>	<input type="radio"/>

<p>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}?</p> <p><i>Interviewer notes: [Since November 2019]. Probe to see if she has used the same method at a previous time.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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<p>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)?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
--	--

<p>CS2. Which method did you use just before \${curr_mthd_calc_lab}?"</p>	
<p>CS2. Which method did you use?</p>	
<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

<p>Cal001. Have you completed the paper Calendar Visual aid form?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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<p>FFQ 182a. What Method Were You using in Feb 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
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	<ul style="list-style-type: none"> <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 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>	<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 2021</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 Oct 2021</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>	<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

	<ul style="list-style-type: none"> <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>	<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>	<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 Jun 2021

- 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 May 2021

- 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 Apr 2021

- No Method
- Female Sterilization
- Male Sterilization
- Implant
- IUD
- Injectables
- Pill
- Emergency Contraception
- Male Condom
- Female Condom
- Std Days/Cycle beads

	<ul style="list-style-type: none"> <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>	<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 Feb 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
<p>FFQ 182a. What Method Were You using in Jan 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> No Method <input type="radio"/> Female Sterilization <input type="radio"/> Male Sterilization

	<ul style="list-style-type: none"> <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 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>	<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 Sep 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 Aug 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

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

	<ul style="list-style-type: none"> <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 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 Jan 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 Dec 2019

- 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 Nov 2019

- 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

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

- 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 \${dec_2021_m_lab} in Jan 2022

- 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 \${nov_2021_m_lab} in Dec 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 \${oct_2021_m_lab} in Nov 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 \${sept_2021_m_lab} in Oct 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 \${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

	<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 \${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

	<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 \${apr_2021_m_lab} in May 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 \${mar_2021_m_lab} in Apr 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 \${feb_2021_m_lab} in Mar 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 \${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

	<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 \${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 <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

FFQ182b. Why did you stop using \${oct_2020_m_lab} in Nov 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 \${sep_2020_m_lab} in Oct 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 \${aug_2020_m_lab} in Sep 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 \${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

	<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 \${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

	<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 \${mar_2020_m_lab} in Apr 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 \${feb_2020_m_lab} in Mar 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 \${jan_2020_m_lab} in Feb 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 \${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
FFQ182b. Why did you stop using \${nov_2019_m_lab} in Dec 2019	<input type="radio"/> Healthcare facility or doctor's office closed or services not available <input type="radio"/> Became pregnant while using <input type="radio"/> Infrequent sex/husband/partner away <input type="radio"/> Wanted to become pregnant <input type="radio"/> Side effects you experienced <input type="radio"/> Side effects you were worried about, but did not experience <input type="radio"/> Advised not to take method <input type="radio"/> Menstrual cycle has not returned <input type="radio"/> Husband did not approve <input type="radio"/> Other person did not approve <input type="radio"/> Wanted more effective method <input type="radio"/> Preferred method not available <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant/menopausal <input type="radio"/> Fear of getting or spreading COVID-19 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response

CURRENT/RECENT USERS

I will ask you a few more questions on the method that you are currently using or the method you used most recently

FFQ186. Did the provider tell you or your partner that this method was permanent?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ187. You first started using \${rec_cur_method_lab} in \${rec_cur_method_my_lab}. Where did you or your partner get it at that time? <i>Scroll to bottom to see all choices.</i>	<input type="radio"/> GOVT HOSPITAL <input type="radio"/> GOVT HEALTH CENTER <input type="radio"/> GOVT HEALTH POST/HEW <input type="radio"/> HEALTH DEVELOPMENT ARMY <input type="radio"/> PUBLIC PHARMACY <input type="radio"/> OTHER PUBLIC <input type="radio"/> NGO HEALTH FACILITY <input type="radio"/> OTHER NGO <input type="radio"/> PRIVATE HOSPITAL <input type="radio"/> PRIVATE CLINIC <input type="radio"/> PRIVATE PHARMACY <input type="radio"/> OTHER PRIVATE MEDICAL <input type="radio"/> DRUG VENDORS/STORE <input type="radio"/> SHOP <input type="radio"/> FRIEND/RELATIVE <input type="radio"/> SELF <input type="radio"/> OTHER

	<input type="radio"/> DO NOT KNOW <input type="radio"/> NO RESPONSE
FFQ188. When you obtained your \${rec_cur_method_lab} , did the provider ask you about your prior experience with contraception?	<input type="radio"/> Yes <input type="radio"/> No <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>	<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>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 \${rec_cur_method_lab}, 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><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><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><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</p>

	<input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> No response
<p>FFQ190. Why did you choose the implant? <i>Select multiple</i></p>	<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
<p>FFQ191. At the visit when the implant was inserted, were you told for how long the implant would protect you from pregnancy?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ192. Were you told where you could go to have the implant removed?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ193. Were you told how much it would cost to get your implant removed?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ194. When you obtained your \${rec_cur_method_lab} , were you told by the provider about side effects or problems you might have with a method to delay or avoid pregnancy?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ196. Were you told what to do if you experienced these side effects or problems?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ197. At that time, were you told by a family planning provider about methods of family planning other than \${rec_cur_method_lab} that you could use?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ199. At that time, were you told that you could switch to a different method in the future?</p>	<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>	<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>FFQ201. Would you return to this provider? Provider: \${curr_mthd_src_lab}</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know
<p>FFQ202. Would you refer your relative or friend to this provider / facility? Provider: \${curr_mthd_src_lab}</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know

FFQ205. Have you experienced any side effects while using this method?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ205. Did you experience any side effects while using this method?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

<p>FFQ206. What side effects have you experienced? <i>Do not read option choices aloud Multiple select</i></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>FFQ206. What were the side effects that you EXPERIENCED while using the method? <i>Do not read option choices aloud Multiple select</i></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
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PNL017. Did you talk with anyone about any of the side effects you experienced?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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PNL017b. Who have you talked to about any of the side effects you experienced? <i>Anyone else?</i> SELECT ALL THAT APPLY	<input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Health extension worker <input type="checkbox"/> Other professional health care worker <input type="checkbox"/> Traditional healer <input type="checkbox"/> OTHER <input type="checkbox"/> DO NOT KNOW <input type="checkbox"/> NO RESPONSE
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FFQ209. The last time you received your \${rec_cur_method_lab}, did you have to pay out of pocket for:	
A) Medical card?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) Supplies (like gloves or syringes)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) The method itself?	<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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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<p>FFQ211a. In the past 12 months, did you try to have your current implant removed?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>FFQ211b. Where did you go to try to have your implant removed?</p>	<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"/> HOME (including friend/relative home) <input type="radio"/> OTHER <input type="radio"/> DO NOT KNOW <input type="radio"/> NO RESPONSE </p>
<p>FFQ211c. Who tried to remove the implant?</p>	<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 </p>
<p>FFQ212. Why were you not able to have your implant removed? <i>Select all that apply</i></p>	<p> <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>
<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> <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 </p>

	<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
<p>FFQ214. Who removed the 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
<p>CURRENT NON-USERS</p>	
<p>FFQ217. Have you ever done anything or tried in any way to delay or avoid getting pregnant?</p>	<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>	<input type="checkbox"/> Not married <input type="checkbox"/> Infrequent sex / not having sex <input type="checkbox"/> Menopausal/Hysterectomy <input type="checkbox"/> Subfecund / infecund <input type="checkbox"/> Not menstruated since last birth <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Husband/partner away <input type="checkbox"/> Up to God / fatalistic <input type="checkbox"/> Respondent opposed <input type="checkbox"/> Husband / partner opposed <input type="checkbox"/> Others opposed <input type="checkbox"/> Religious reasons <input type="checkbox"/> Does not know of a method <input type="checkbox"/> Does not know where to get method <input type="checkbox"/> Fear of side effects <input type="checkbox"/> Health concerns <input type="checkbox"/> Too far to get method <input type="checkbox"/> Costs too much <input type="checkbox"/> Preferred method not available <input type="checkbox"/> No method available <input type="checkbox"/> Inconvenient to use <input type="checkbox"/> Interferes with body's processes <input type="checkbox"/> Other

	<input type="checkbox"/> Do not know <input type="checkbox"/> No response
FFQ219. Would you say that NOT using contraception is mainly your decision, mainly your husband/partner's decision or do you both decide together?	<input type="radio"/> Mainly respondent <input type="radio"/> Mainly husband/partner <input type="radio"/> Joint Decision <input type="radio"/> Other <input type="radio"/> No response
FFQ220. Do you think you will use a contraceptive method to delay or avoid getting pregnant in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ221. When do you think you will start using a method?	<input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> Soon/now <input type="radio"/> After the birth of this child <input type="radio"/> Do not know <input type="radio"/> No response
Please enter the number of $\${when_future_use_lab}$	
FFQ222. How old were you when you first used a method to delay or avoid getting pregnant? The respondent said she was $\${last_dob_age}$ years old at her last birthday. <i>Enter the age in years. Enter -88 if respondent does not know. Enter -99 if there is no response. Cannot be younger than 9.</i>	
FFQ223. How many living children did you have at that time, if any? Note: the respondent said that she gave birth $\${no_live_birth}$ times in FFQ019. <i>Enter -99 for no response</i>	
FFQ224. Have you used emergency contraception at any time in the last 12 months? <i>PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within three to five days to prevent pregnancy.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ225. In the last 12 months, were you visited by a health extension worker who talked to you about family planning?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ226. In the last 12 months, have you attended a group family planning counseling session with a provider?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ227. In the last 12 months, have you visited a health facility for care for yourself or your children? <i>For any health services</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ228. Did any staff member at the health facility speak to you about family planning methods?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ229. In the last few months have you:	

a. Heard about family planning on the radio?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
b. Seen anything about family planning on the television?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
c. Read about family planning in a newspaper or magazine?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
d. Received text message about family planning on a mobile phone?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
e. Seen anything on social media about family planning (Facebook, Viber, Twitter, WhatsApp etc)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ246. During your postpartum care, did you feel pressured by providers to use a method?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ248. During your postpartum care, did any of the health service providers pressure you to accept a SPECIFIC method?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ249. Which method did you feel pressured to use?	<input type="radio"/> Female sterilization <input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male Condom <input type="radio"/> Female Condom <input type="radio"/> Std Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> No response

Section 5 – Partner

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

FFQ250. Before you started using \${rec_cur_method_lab} , had you discussed the decision to delay or avoid pregnancy with your husband/partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ252. Does/did your husband/partner know that you are/were using \${rec_cur_method_lab}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ253. Did you talk with your partner about using your \${rec_cur_method_lab} before you started using, after you started using, or you have not talked about it?	<input type="radio"/> Before <input type="radio"/> After <input type="radio"/> No discussion <input type="radio"/> No response
FFQ254. Why have you not discussed your family planning use with your husband/partner? <i>Select all that apply—do not read options aloud</i>	<input type="checkbox"/> It does not concern him <input type="checkbox"/> There might be negative consequences in telling him <input type="checkbox"/> He doesn't know about FP <input type="checkbox"/> Other <input type="checkbox"/> No response
FFQ255. In the past 12 months, has your husband/partner:	
a. Made you feel bad or treated you badly for wanting to use a FP method to delay or prevent pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
b. Tried to force or pressure you to become pregnant?	<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?	<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?	<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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

Section 6 – 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><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><input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> No response</p>
<p>Please enter the number of $\{how_long_in_rshp_lab\}$</p>	
<p>FFQ279a. How old were you when you first had sexual intercourse? The respondent said she was $\{last_dob_age\}$ years old at her last birthday. She has had $\{no_live_birth\}$ 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>FFQ279b. You have entered that the respondent was $\{age_first_intercourse\}$ 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><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><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 $\{when_last_intercourse_lab\}$</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:</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>
<p>B. Slap you?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>C. Twist your arm or pull your hair?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>D. Punch you with his fist or with something that could hurt you?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>

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.

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 (Cross-section only)

801. Thank you for the time you have kindly granted us. Would you be willing to participate in another survey in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
802a. Do you own a phone? <i>To select yes, the phone should be equipped with a mobile or fixed voice subscription.</i>	<input type="radio"/> Yes, Mobile <input type="radio"/> Yes, Fixed <input type="radio"/> No <input type="radio"/> No response
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?	<input type="radio"/> Yes, Mobile <input type="radio"/> Yes, Fixed <input type="radio"/> No <input type="radio"/> No response
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>	<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
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>	
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>	
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>	
806. Can you repeat the number again? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes.</i>	

END OF SURVEY Thank the respondent for her time and update the ID card

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 <input type="radio"/> Interview date after eligibility window <input type="radio"/> Enrolled by mistake / unknown pregnancy

outcome

Abortion/miscarriage happened before the baseline survey