



mADDS – Female Respondent Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
IDENTIFICATION						
Please record the following identifying information prior to beginning the interview.						
A	<p>Are you in the correct household? This is the picture of the front of the home taken during the household roster.</p> <p><i>ODK will display the photo taken as part of the Household Roster linked to this Female Respondent Questionnaire.</i></p>	Yes 1 No..... 0				
B	<p>How many times have you visited this household to interview this female respondent?</p>	1 st time 1 2 nd time 2 3 rd time 3				
C	<p>Interviewer’s name: Is this your name?</p>	Yes 1 No..... 0				
	<p>If not, please record your name:</p> <p><i>ODK will display the name associated with the phone’s serial number</i></p>					
D	<p>CURRENT DATE AND TIME DISPLAYED ON SCREEN. Is this date and time correct?</p>	Yes 1 No..... 0				Skip to F if Yes
E	<p>Record the correct date and time.</p>	Date	Day	Month	Year	
		Time	Hours	Minutes	AM/PM	
F	<p>The following information is from the Household Roster. Please review to make sure you are interviewing the correct respondent.</p> <p><i>ODK will display the Region, District, Locality, Enumeration Area, Structure Number, and Household Number entered into the Household Roster linked to this Female Respondent Questionnaire.</i></p>					
G	<p>How well acquainted are you with the respondent?</p>	Very well acquainted 1 Well acquainted..... 2 Not well acquainted 3 Not acquainted 4				
H	<p>Is the respondent present and available to be interviewed today?</p>	Yes 1 No..... 0				Skip to M if No

Female Respondent Questionnaire

INFORMED CONSENT			
Find the woman between the age of 15-49 associated with this Female Respondent Questionnaire. The interview must have auditory privacy. Read the following greeting:			
<p>Hello. My name is _____ and I am working for Kwame Nkrumah University of Science and Technology, and the Ghana Health Service. We are conducting a local survey that asks women about various reproductive health issues. 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 15 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team.</p> <p>Participation in this survey is voluntary, and 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.</p> <p>At this time, do you want to ask me anything about the survey?</p>			
I	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes 1 No 0	Skip to M if No
J	Respondent's signature PLEASE ASK THE RESPONDENT TO SIGN OR CHECK THE BOX IN AGREEMENT OF THEIR PARTICIPATION.	GATHER SIGNATURE: Check box: <input type="checkbox"/>	
K	Interviewer's name PLEASE RECORD YOUR NAME AS A WITNESS TO THE CONSENT PROCESS.		
L	Respondent's name PLEASE RECORD THE FIRST NAME OF THE RESPONDENT.		
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Section 1 – Respondent's Background, Marital Status, HH characteristics			
Now I would like to ask about your background and socioeconomic conditions.			
1	How old were you at your last birthday? PLEASE RECORD A NUMBER BETWEEN 15 AND 49. DO NOT INTERVIEW ANYONE OUTSIDE THIS RANGE. ENTER -88 FOR DON'T KNOW AND -99 FOR NO RESPONSE.	Age	
2	What is the highest level of school you attended: primary, middle/JSS, secondary/SSS, or higher?	Never Attended 0 Primary 1 Middle / JSS 2 Secondary / SSS 3 Higher 4 No response -99	
3	Are you currently married or living together with a man as if married? IF NO, ASK WHETHER THE RESPONDENT IS DIVORCED, SEPARATED, OR WIDOWED.	Yes, currently married 1 Yes, living with a man 2 Not currently in union: Divorced / separated 3 Not currently in union: Widow 4 No, never married 5 No response -99	Skip to 8 if No, never married
4	Have you been married or lived with a man only once or more than once?	Only once 1 More than once 2 No response -99	

Female Respondent Questionnaire

5a	In what month and year did you start living with your current husband / partner?	Month:		
		Year:		
	CHECK 3: Currently married?	Yes	1	Skip to 8 if No
		No	0	
6	Does your husband / partner have other wives or does he live with other women as if married?	Yes	1	
		No	0	
		Don't know	-88	
		No response	-99	
7	Is your husband / partner living with you now or is he staying elsewhere?	Living with respondent	1	
		Staying elsewhere	2	
		No response	-99	
Section 2 – Reproduction, Pregnancy & Fertility Preferences				
Now I would like to ask about all the births you have had during your life.				
8	How many times have you given birth? 0 IS A POSSIBLE ANSWER. ENTER -99 FOR NO RESPONSE.	Number of births		Skip to 13 if 0
	Were all of those live births? IF NO, GO BACK AND CHANGE FQ8 TO RECORD ONLY LIVE BIRTH EVENTS.	Yes	1	
		No	0	
9	When was your most recent birth? PLEASE RECORD THE DATE OF THE LAST BIRTH. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.	Month	Year	Skip to 11 if not in last year and/or Q8 is 1
10	When did you give birth before the most recent one? PLEASE RECORD THE DATE OF THE BIRTH BEFORE THE LAST. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.	Month	Year	
11	Is your last baby / child still alive?	Yes	1	Skip to 13 if Yes
		No	0	
		Don't know	-88	
12	When did your last baby / child die? PLEASE RECORD THE DATE OF THE CHILD'S DEATH. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.	Month	Year	
13	When did your last menstrual period start? IF YOU SELECT DAYS, WEEKS, MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.	Days ago:		
		Weeks ago:		
		Months ago:		
		Years ago:		
		Menopausal / Hysterectomy	5	
		Before last birth	6	
		Never menstruated	7	
14	Are you pregnant now?	Yes	1	Skip

Female Respondent Questionnaire

		No..... 0 Unsure..... -88 No response.....-99	to 16 if NOT Yes
15	How many months pregnant are you? PLEASE RECORD THE NUMBER OF COMPLETED MONTHS. ENTER -88 FOR DO NOT KNOW AND -99 FOR NO RESPONSE.	Number of months	
	CHECK 14: Currently pregnant?	Yes 1 No..... 0 Unsure..... -88 No response.....-99	16a if NOT Yes 16b if Yes
16 a	Now I have some questions about the future. Would you like to have a / another child or would you prefer not to have any / any more children?	Have a / another child 1 No more / prefer no children 2 Says she can't get pregnant..... 3 Undecided / Don't know -88 No response.....-99	Skip to 17a if 1 and 18 for all other
16 b	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	Have a / another child 1 No more / prefer no children 2 Says she can't get pregnant..... 3 Undecided / Don't know -88 No response.....-99	Skip to 17b if 1 and 18 for all other
17 a	How long would you like to wait from now before the birth of a / another child? IF YOU SELECT MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN	Months: Years: Soon / now 3 Says she can't get pregnant 4 Other 5 Don't know -88 No response.....-99	
17 b	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? IF YOU SELECT MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN	Months: Years: Soon / now 3 Says she can't get pregnant 4 Other 5 Don't know -88 No response.....-99	
	CHECK 8: Number of births CHECK 14: Currently pregnant?	Number of births Yes 1 No..... 0 Unsure..... -88 No response.....-99	Skip to 19 if 0 births and 14: No, Skip to 18a if 14: no and 18b if 14: yes
18	Now I would like to ask a question about your last birth.		

Female Respondent Questionnaire

a	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / any more children at all?	Then 1 Later 2 Not at all 3 No response.....-99													
18 b	Now I would like to ask a question about your current pregnancy. At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / any more children at all?	Then 1 Later 2 Not at all 3 No response.....-99													
Section 3 – Contraception															
Now I would like to ask about the times you or your partner may have used a method to avoid getting pregnant.															
19	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	Yes 1 No..... 0 No response.....-99	Skip to 25 if No												
20	How old were you when you first used a method to delay or avoid getting pregnant? ENTER THE AGE IN YEARS. ENTER -88 IF RESPONDENT DOES NOT KNOW.	Age													
20a	How many living children did you have at that time, if any? ENTER -99 IF NO RESPONSE.	Number													
21	Which method did you first use to delay or avoid getting pregnant? DO NOT READ THE METHOD CHOICES. SCROLL TO BOTTOM TO SEE ALL CHOICES.	Female sterilization 1 Male sterilization 2 Implants..... 3 IUD 4 Injectables 5 Pill 7 Emergency Contraception..... 8 Male condoms.....9 Female condoms..... 10 Diaphragm..... 11 Foam/Jelly.....12 Standard Days/Cycle Beads.....13 Lactational Amen. Method 14 Other modern method 19 Rhythm method 30 Withdrawal 31 Other traditional method..... 39													
	CHECK 14: Currently pregnant?	Yes 1 No..... 0 Unsure..... -88 No response.....-99	Skip to 25 if yes												
22	Are you / your partner currently doing something or using any method to delay or avoid getting pregnant?	Yes 1 No..... 0 No response.....-99	Skip to 25 if No												
23	Which method or methods are you using? Anything else? SELECT ALL METHODS MENTIONED. SCROLL TO BOTTOM TO SEE ALL CHOICES.	Female sterilization 1 Male sterilization 1 IUD 1 Injectables 1 Implants..... 1 Pill 1	<table border="1"> <tr> <td><u>Y</u></td> <td><u>N</u></td> </tr> <tr> <td>0</td> <td>0</td> </tr> </table> Skip based on most effective method only	<u>Y</u>	<u>N</u>	0	0	0	0	0	0	0	0	0	0
<u>Y</u>	<u>N</u>														
0	0														
0	0														
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0	0														
0	0														

Female Respondent Questionnaire

	CHECK 22: Currently using contraceptives?	Yes 1 No 0 Unsure -88 No response -99	Skip to 32 if Yes
30	When did you stop using your (MOST RECENT METHOD)? PLEASE RECORD THE DATE. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.	Month Year	
31	Why did you stop using your (MOST RECENT METHOD)?	Infrequent sex / husband away 1 Became pregnant while using 2 Wanted to become pregnant 3 Husband / partner disapproved 4 No method available 5 Health concerns 6 Side effects 7 Lack of access / too far 8 Costs too much 9 Inconvenient to use 10 Fatalistic 11 Difficult to get pregnant / menopausal 12 Other 13 Don't know -88 No response -99	
32	Where did you obtain your (MOST RECENT / CURRENT METHOD) when you started using it? SCROLL TO BOTTOM TO SEE ALL CHOICES	<u>Public sector</u> CHPS 10 Govt. Hospital/polyclinic 11 Govt. Health center 12 Govt. Health post 13 Family planning clinic 14 Mobile clinic 15 Fieldworker/outreach/peer educator 16 <u>Private medical sector</u> Private hospital/clinic 21 Private doctor 22 Pharmacy 23 Chemical/drug store 24 FP/PPAG clinic 25 Maternity home 26 <u>Other source</u> Shop/market 31 Church 32 Community volunteer 33 Friend / relative 34 NGO 35 Other 96 Don't know -88 No response -99	
33	In the last 12 months, have you paid any fees for family planning services (including the most recent/current method)?	Yes 1 No 0 No response -99	Skip to 35 if No
34	How much did you pay? ENTER THE AMOUNT USING THE LOCAL CURRENCY UNIT. ENTER ALL PRICES IN NEW CURRENCY AND CEDIS (NO PESEWAS). ENTER	Fee: _____	

Female Respondent Questionnaire

	-88 IF RESPONDENT DOES NOT KNOW.		
35	When you obtained your (MOST RECENT / CURRENT METHOD), were you told by the provider about side effects or problems you might have with a method to delay or avoid getting pregnant?	Yes 1 No..... 0 No response.....-99	Skip to 37 if No
36	Were you told what to do if you experienced side effects or problems?	Yes 1 No..... 0 No response.....-99	
37	At that time, were you told by the family planning provider about methods of family planning other than the (MOST RECENT/CURRENT METHOD) that you could use?	Yes 1 No..... 0 No response.....-99	
38	During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?	Yes 1 No 0 No response.....-99	Skip to 40 if yes
39	If not, why not? (Why didn't you obtain the method you wanted?)	Method out of stock that day 1 Method not available at all 2 Provider not trained to provide the method 3 Provider recommended a different method 4 Not eligible for method 5 Decided not to adopt a method 6 Too costly 7 Other..... 8 No response.....-99	
40	During that visit, who made the final decision about what method you got?	You alone 1 Provider..... 2 Partner 3 You and provider 4 You and partner 5 Other 6 No response.....-99	
	CHECK 32: Where did you obtain your (MOST RECENT / CURRENT METHOD)?	<u>Public sector</u> CHPS10 Govt. Hospital/polyclinic11 Govt. Health center.....12 Govt. Health post.....13 Family planning clinic14 Mobile clinic15 Fieldworker/outreach/peer educator16 <u>Private medical sector</u> Private hospital/clinic21 Private doctor22 Pharmacy23 Chemical/drug store24 FP/PPAG clinic25 Maternity home26 <u>Other source</u> Shop/market31 Church32 Community volunteer.....33 Friend / relative34 NGO35 Other.....96 Don't know-88	Skip to 44 if 32 is 14-17

Female Respondent Questionnaire

	CHECK 32: Where did you obtain your (MOST RECENT / CURRENT METHOD)?	<u>Public sector</u> CHPS.....10 Govt. Hospital/polyclinic11 Govt. Health center.....12 Govt. Health post.....13 Family planning clinic14 Mobile clinic15 Fieldworker/outreach/peer educator16 <u>Private medical sector</u> Private hospital/clinic21 Private doctor22 Pharmacy23 Chemical/drug store24 FP/PPAG clinic25 Maternity home.....26 <u>Other source</u> Shop/market31 Church32 Community volunteer.....33 Friend / relative.....34 NGO35 Other.....96 Don't know-88 No response-99	Skip to 44 if 32 is 14-17
41	Would you return to this provider?	Yes 1 No..... 0 No response.....-99	
42	Would you refer your relative or friend to this provider / facility?	Yes 1 No..... 0 No response.....-99	
	CHECK 16: Desire for future child? CHECK 17: 2 or more years before next child? CHECK 22: Currently using contraceptive method? CHECK 19: Ever use a method?	Have a/another child 1 No more/none 2 Says she can't get pregnant..... 3 Undecided / Don't know -88 No more/none 1 Less than 2 years..... 2 2 or more years 3 Yes, using contraceptive 1 No, not using contraceptive..... 0 Yes 1 No..... 0	Ask 43 to non-users (current or ever) who do not want a/another child or not before 2 years
43	You said that you do not want any / anymore children and that you are not using a method to avoid pregnancy.	Not married 1/0 Infrequent sex / Not having sex... 1/0 Menopausal / Hysterectomy..... 1/0 Subfecund / Infecund 1/0 Not menstruated since last birth... 1/0 Breastfeeding 1/0 Husband away for multiple days .. 1/0 Up to God / fatalistic..... 1/0 Respondent opposed 1/0 Husband / partner opposed..... 1/0 Others opposed..... 1/0 Religious prohibition 1/0 Knows no method 1/0	

Female Respondent Questionnaire

47	In the last few months have you:					
	Heard about family planning on the radio?		<u>Yes</u> 1	<u>No</u> 0	
	Seen anything about family planning on the television?		1	0	
	Read about family planning in a newspaper or magazine?.....		1	0	
ENTER -99 FOR NO RESPONSE.						
48	How old were you when you first had sexual intercourse?	Age				Skip to 50 if 0
ENTER THE AGE IN YEARS. ENTER 0 IF SHE NEVER HAD SEX. ENTER -88 IF RESPONDENT DOES NOT KNOW. ENTER -99 IF NO RESPONSE.						
49	When was the <u>last</u> time you had sexual intercourse?	DAYS AGO (1)	WEEKS AGO (2)	MONTHS AGO (3)	YEARS AGO (4)	
	IF 12 MONTHS (ONE YEAR) OR MORE AGO, ANSWER MUST BE RECORDED IN YEARS. IF LESS THAN 12 MONTHS AGO, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. ENTER 0 DAYS FOR TODAY. YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN. ENTER -99 FOR NO RESPONSE.					
Section 4 – Water						
Now I would like to ask you a couple of questions about your water practices.						
50	How much time each day do you spend collecting water in the dry season?	Minutes per day				
		Hours per day				
ONLY RECORD RESPONDENT'S TIME, NOT ANYONE ELSE'S TIME. IF YOU SELECT MINUTES OR HOURS YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.		Someone else collects water..... 3 No one collects water 4 Don't know.....-88 No response.....-99				
51	How much time each day do you spend collecting water in the wet season?	Minutes per day				
		Hours per day				
ONLY RECORD RESPONDENT'S TIME, NOT ANYONE ELSE'S TIME. IF YOU SELECT MINUTES OR HOURS YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.		Someone else collects water..... 3 No one collects water 4 Don't know.....-88 No response.....-99				
Thank the respondent for her time.						
THE RESPONDENT IS FINISHED, BUT THERE ARE STILL 2 MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE HOME						
LOCATION						
M	TAKE A GPS POINT NEAR THE ENTRANCE TO THE HOUSEHOLD.	<i>Instructions are given directly by the ODK software</i>				
	RECORD LOCATION WHEN THE ACCURACY IS SMALLER THAN 6 M.	RECORD LOCATION				

Female Respondent Questionnaire

QUESTIONNAIRE RESULT			
N	RECORD THE RESULT OF THE FEMALE RESPONDENT SURVEY	Completed 1 Not at home 2 Postponed 3 Refused 4 Partly completed 5 Incapacitated 6	