



<b>Female Questionnaire</b>
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NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
<b>IDENTIFICATION</b>											
<b>Please record the following identifying information prior to beginning the interview.</b>											
A	Are you in the correct household? This is the picture of the front of the home taken during the Household Questionnaire.  <i>ODK will display the photo taken as part of the Household Questionnaire linked to this Female Questionnaire.</i>	Yes ..... 1 No ..... 0									
B	How many times have you visited this household to interview this female respondent?	1 <sup>st</sup> time ..... 1 2 <sup>nd</sup> time ..... 2 3 <sup>rd</sup> time ..... 3									
C	Your name: Is this your name?  If not, please record your name:  <i>ODK will display the name associated with the phone's serial number</i>	Yes ..... 1 No ..... 0									
D	<b>CURRENT DATE AND TIME..</b> Is this date and time correct?	Yes ..... 1 No ..... 0	Skip to F if Yes								
E	Record the correct date and time.	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Date</td> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td>Time</td> <td>Hours</td> <td>Minutes</td> <td>AM/PM</td> </tr> </table>	Date	Day	Month	Year	Time	Hours	Minutes	AM/PM	
Date	Day	Month	Year								
Time	Hours	Minutes	AM/PM								
F	The following information is from the Household Questionnaire. Please review to make sure you are interviewing the correct respondent.  <i>ODK will display the County, District (Sub-County), Division, Location, Sub-location, Enumeration Area, Structure Number, and Household Number entered into the Household Questionnaire linked to this Female Questionnaire.</i>										
G	How well acquainted are you with the respondent?	Very well acquainted ..... 1 Well acquainted ..... 2 Not well acquainted ..... 3 Not acquainted ..... 4									
H	Is the respondent present and available to be interviewed today?	Yes ..... 1 No ..... 0	Skip to M if No								

<b>INFORMED CONSENT</b>			
<b>Find the woman between the ages of 15-49 associated with this Female Respondent Questionnaire. The interview must have auditory privacy. Read the following greeting:</b>			
<p>Hello. My name is _____ and I am working for the International Center for Reproductive Health in Kenya, in collaboration with the Ministry of Health and the Kenya National Bureau of Statistics. 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	<p>Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?</p> <p><b>WARNING: TO CONDUCT THE SURVEY, THE RESPONDENT MUST SIGN OR TOUCH THE CHECKBOX.</b></p>	<p>Yes ..... 1 No ..... 0</p>	<p>Skip to M if No</p>
K	<p>Interviewer's name</p> <p><b>PLEASE RECORD YOUR NAME AS A WITNESS TO THE CONSENT PROCESS.</b></p>		
L	<p>Respondent's first name</p> <p><b>YOU MAY CORRECT THE SPELLING HERE IF IT IS NOT CORRECT, BUT YOU MUST BE INTERVIEWING THE PERSON WHOSE NAME APPEARS IN ODK.</b></p>		
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<b>Section 1 – Respondent's Background, Marital Status, HH characteristics</b>			
<b>Now I would like to ask about your background and socioeconomic conditions.</b>			
0	In what month and year were you born?	<p>Month:</p> <p>Year:</p>	
1	<p>How old were you at your last birthday?</p> <p><b>MUST BE LESS THAN 130. MUST AGREE WITH FQ0.</b></p>	Year:	
2	What is the highest level of school you attended?	<p>Never Attended ..... 0 Primary ..... 1 Post-Primary/Vocational ..... 2 Secondary/'A' Level ..... 3 College (Middle Level) ..... 4 University ..... 5 No response ..... -99</p>	
3	<p>Are you currently married or living together with a man as if married?</p> <p><b>IF NO, ASK WHETHER THE RESPONDENT IS DIVORCED, SEPARATED, OR WIDOWED.</b></p>	<p>Yes, currently married ..... 1 Yes, living with a man ..... 2 Not currently in union: Divorced / separated ..... 3 Not currently in union: Widowed ..... 4 No, never in union ..... 5  No response ..... -99</p>	<p>Skip to 8 if No, never in union</p>

Female Questionnaire

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	Skip to 5b if Only once
5a	In what month and year did you start living with your FIRST husband / partner? <b>ENTER JAN 2020 FOR NO RESPONSE.</b>	Month:	
		Year:	
5b	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? <b>ENTER JAN 2020 FOR NO RESPONSE.</b>	Month:	
		Year:	
	<b>CHECK 3:</b> Currently married/cohabitating?	Yes ..... 1 No ..... 0	Skip to 8 if No
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	
<b>Section 2 – Reproduction, Pregnancy &amp; Fertility Preferences</b>			
<b>Now I would like to ask about all the births you have had during your life.</b>			
8	How many times have you given live birth? <b>ENTER -88 FOR DO NOT KNOW AND -99 FOR NO RESPONSE. 0 IS A POSSIBLE ANSWER.</b>	Number of live births	Skip to 13 if 0
	Were all of those live births? <b>IF NO, GO BACK AND CHANGE FQ8 TO RECORD ONLY LIVE BIRTH EVENTS</b>	Yes ..... 1 No ..... 0	
8a	When was your FIRST live birth? <b>PLEASE RECORD THE DATE OF THE FIRST BIRTH. THE DATE SHOULD BE FOUND BY CALCULATING FORWARD OR BACKWARD FROM MEMORABLE EVENTS IF NEEDED. ENTER JAN 2020 FOR NO RESPONSE.</b>	Month	Year
9	When was your MOST RECENT live birth? <b>PLEASE RECORD THE DATE OF THE LAST BIRTH. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. ENTER JAN 2020 FOR NO RESPONSE.</b>	Month	Year
10	When did you give birth before the most recent one? <b>PLEASE RECORD THE DATE OF THE BIRTH BEFORE THE LAST. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. ENTER JAN 2020 FOR NO RESPONSE.</b>	Month	Year
11	Is your last baby / child still alive?	Yes ..... 1 No ..... 0 Don't know ..... -88	Skip to 13 if Yes

Female Questionnaire

12	When did your last baby / child die? <b>PLEASE RECORD THE DATE OF THE CHILD'S DEATH. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. ENTER JAN 2020 FOR NO RESPONSE.</b>	Month	Year	
13	When did your last menstrual period start? <b>IF YOU SELECT DAYS, WEEKS, MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.</b>	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 to 16 if No
		No .....	0	
		Unsure.....	-88	
		No response .....	-99	
15	How many months pregnant are you? <b>PLEASE RECORD THE NUMBER OF COMPLETED MONTHS. ENTER -88 FOR DO NOT KNOW AND -99 FOR NO RESPONSE.</b>	Number of months		
	<b>CHECK 14:</b> Currently pregnant?	Yes .....	1	16a if no 16b if yes
		No .....	0	
		Unsure.....	-88	
		No response .....	-99	
16a	<b>Now I have some questions about the future.</b> Would you like to have a/another child or would you prefer not to have any / any more children?	Have a/another child .....	1	Skip to 17a if 1 and 18 for all other
		No more/prefer no children.....	2	
		Says she can't get pregnant.....	3	
		Undecided / Don't know .....	-88	
		No response .....	-99	
16b	<b>Now I have some questions about the future.</b> 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	Skip to 17b if 1 and 18 for all other
		No more/prefer no children.....	2	
		Says she can't get pregnant.....	3	
		Undecided / Don't know .....	-88	
		No response .....	-99	
17a	How long would you like to wait from now before the birth of a/another child? <b>IF YOU SELECT MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN. PLEASE CHECK THAT YOU CORRECTLY ENTERED THE VALUE FOR MONTHS/YEARS.</b>	Months:		
		Years:		
		Soon / now .....	3	
		Says she can't get pregnant.....	4	
		Other .....	5	
		Don't know.....	-88	
		No response .....	-99	
17b	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? <b>IF YOU SELECT MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN. PLEASE CHECK THAT YOU CORRECTLY ENTERED THE VALUE FOR MONTHS/YEARS.</b>	Months:		
		Years:		
		Soon / now .....	3	
		Other .....	4	
		Says she can't get pregnant.....	5	
		Don't know.....	-88	
		No response .....	-99	
	<b>CHECK 8:</b> Number of births	Number of births		Skip to 19 if 0 births and 14: No.

Female Questionnaire

	<b>CHECK 14: Currently pregnant?</b>	Yes.....1 No.....0 Unsure.....-88 No response .....-99	Skip to 18a if 14: no and 18b if 14: yes
18a	<b>Now I would like to ask a question about your last live birth.</b> 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	
18b	<b>Now I would like to ask a question about your current pregnancy.</b> 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	
<b>Section 3 – Contraception</b>			
<b>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.</b>			
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? <b>ENTER THE AGE IN YEARS. ENTER -88 IF RESPONDENT DOES NOT KNOW, ENTER -99 IF THERE IS NO RESPONSE. CANNOT BE YOUNGER THAN 9.</b>	Age	
20a	How many living children did you have at that time, if any? <b>ENTER -99 FOR NO RESPONSE.</b>	Number	
21	Which method did you first use to delay or avoid getting pregnant? <b>DO NOT READ THE METHOD CHOICES. BE SURE TO SCROLL TO BOTTOM TO SEE ALL CHOICES.</b>	<u>Modern methods:</u> Female sterilization ..... 1 Male sterilization..... 2 Implant..... 3 IUD ..... 4 Injectables ..... 5 Pill..... 7 Emergency Contraception.....8 Male condom.....9 Female condom.....10 Diaphragm ..... 11 Foam/Jelly ..... 12 Standard Days/Cycle beads..... 13 LAM ..... 14  <u>Non-modern methods:</u> Rhythm method ..... 30 Withdrawal..... 31 Other traditional method ..... 39  No response ..... -99	
	<b>CHECK 14: Currently pregnant?</b>	Yes ..... 1 No ..... 0 Unsure.....-88 No response .....-99	Skip to 25 if yes

Female Questionnaire

22	Are you 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? <b>PROBE: ANYTHING ELSE?</b> <b>SELECT ALL METHODS MENTIONED. BE SURE TO SCROLL TO BOTTOM TO SEE ALL CHOICES.</b>	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Female Sterilization .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>Male Sterilization .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>Implant .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>IUD .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>Injectables .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>Pill .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>Emergency Contraception ..</td> <td>1</td> <td>0</td> </tr> <tr> <td>Male Condom .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>Female Condom .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>Diaphragm .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>Foam/Jelly .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>Std. Days/Cycle beads .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>LAM .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>Rhythm method .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>Withdrawal .....</td> <td>1</td> <td>0</td> </tr> <tr> <td>Other traditional methods ...</td> <td>1</td> <td>0</td> </tr> <tr> <td>No response .....</td> <td>-99</td> <td></td> </tr> </tbody> </table>		Y	N	Female Sterilization .....	1	0	Male Sterilization .....	1	0	Implant .....	1	0	IUD .....	1	0	Injectables .....	1	0	Pill .....	1	0	Emergency Contraception ..	1	0	Male Condom .....	1	0	Female Condom .....	1	0	Diaphragm .....	1	0	Foam/Jelly .....	1	0	Std. Days/Cycle beads .....	1	0	LAM .....	1	0	Rhythm method .....	1	0	Withdrawal .....	1	0	Other traditional methods ...	1	0	No response .....	-99		<p>Skip based on most effective method only</p> <p>Skip to 25 if main method is not Male Sterilization or Female sterilization</p>
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24	Did the provider tell you or your partner that this method was permanent?	Yes ..... 1 No ..... 0	Skip to 29																																																						
25	Do you know of a place where you can obtain a method of family planning?	Yes ..... 1 No ..... 0 No response.....-99																																																							
	<b>CHECK 14:</b> Currently pregnant?	Yes ..... 1 No ..... 0 Unsure.....-88 No response ..... -99	26a if no 26b if yes																																																						
26a	You said that you are not currently using a contraceptive method. Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?	Yes ..... 1 No ..... 0 No response.....-99																																																							
26b	Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?	Yes ..... 1 No ..... 0 No response.....-99																																																							
	<b>CHECK 19:</b> Ever used contraceptives?	Yes ..... 1 No ..... 0	Skip to 43 if No																																																						
27	In the last 12 months, have you ever done something or used a method to delay or avoid getting pregnant?	Yes ..... 1 No ..... 0 No response.....-99	Skip to 43 if No																																																						

Female Questionnaire

28	<p>Which method did you use most recently?</p> <p><b>PROBE: ANYTHING ELSE?</b></p> <p><b>SELECT MOST EFFECTIVE METHOD (HIGHEST METHOD IN LIST).</b></p> <p><b>BE SURE TO SCROLL TO BOTTOM TO SEE ALL CHOICES</b></p>	<p><u>Modern methods:</u>                  Female sterilization ..... 1                  Male sterilization..... 2                  Implant..... 3                  IUD ..... 4                  Injectables ..... 5                  Pill..... 7                  Emergency Contraception.....8                  Male condom.....9                  Female condom.....10                  Diaphragm ..... 11                  Foam/Jelly ..... 12                  Standard Days/Cycle beads..... 13                  LAM ..... 14</p> <p><u>Non-modern methods:</u>                  Rhythm method ..... 30                  Withdrawal..... 31                  Other traditional method ..... 39</p> <p>No response ..... -99</p>		
29	<p>When did you begin using your (MOST RECENT / CURRENT METHOD)?</p> <p><b>PLEASE RECORD THE DATE.</b></p> <p><b>THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. MUST BE AFTER FQ30. ENTER JAN 2020 FOR NO RESPONSE.</b></p>	Month	Year	
	<p><b>CHECK 22:</b> Currently using contraceptives?</p>	<p>Yes ..... 1                  No ..... 0</p>		<p>Skip to 32 if Yes</p>
30	<p>When did you stop using your (MOST RECENT METHOD)?</p> <p><b>PLEASE RECORD THE DATE.</b></p> <p><b>THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. MUST BE AFTER FQ29. ENTER JAN 2020 FOR NO RESPONSE.</b></p>	Month	Year	
31	<p>Why did you stop using your (MOST RECENT METHOD)?</p>	<p>Infrequent sex / husband away ..... 1                  Became pregnant while using ..... 2                  Wanted to become pregnant ..... 3                  Husband / partner disapproved ..... 4                  Wanted a more effective method .... 5                  No method available..... 6                  Health concerns ..... 7                  Fear of side effects ..... 8                  Lack of access / too far ..... 9                  Costs too much ..... 10                  Inconvenient to use ..... 11                  Fatalistic ..... 12                  Difficult to get pregnant / menopausal ..... 13                  Interferes with body's processes ... 14                  Other ..... 15                  Don't know ..... -88                  No response ..... -99</p>		

Female Questionnaire

32	<p>Where did you obtain your (MOST RECENT / CURRENT METHOD) when you started using it?</p> <p><b>SCROLL TO BOTTOM TO SEE ALL CHOICES</b></p>	<p><u>Public sector:</u>                  Government hospital..... 11                  Government health center ..... 12                  Government dispensary ..... 13                  Other public ..... 16</p> <p><u>Private medical sector:</u>                  Fait-based, church, mission hospital/clinic 21                  FHOK/FPAK health center/clinic ..... 22                  Private hospital/clinic ..... 23                  Pharmacy/chemist ..... 24                  Nursing/maternity home ..... 25</p> <p><u>Other source:</u>                  Mobile clinic ..... 31                  Community-based distributor ..... 32                  Shop ..... 51                  Friend/relative ..... 61</p> <p>Other ..... 96</p> <p>Don't know ..... -88                  No response ..... -99</p>	
33	<p>In the last 12 months, have you paid any fees for family planning services (including the most recent/current method)?</p>	<p>Yes ..... 1                  No ..... 0</p>	<p>Skip to 35 if No</p>
34	<p>How much did you pay?</p> <p><b>ENTER ALL PRICES IN KENYAN SHILLINGS. ENTER -88 IF RESPONDENT DOES NOT KNOW, -99 FOR NO RESPONSE.</b></p>	<p>Fee: _____</p>	
35	<p>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?</p>	<p>Yes ..... 1                  No ..... 0                  No response.....-99</p>	<p>Skip to 37 if No</p>
36	<p>Were you told what to do if you experienced side effects or problems?</p>	<p>Yes ..... 1                  No ..... 0</p>	
37	<p>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?</p>	<p>Yes ..... 1                  No ..... 0                  No response.....-99</p>	
38	<p>During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?</p>	<p>Yes ..... 1                  No ..... 0                  No response.....-99</p>	<p>Skip to 40 if yes</p>
39	<p>Why didn't you obtain the method you wanted?</p>	<p>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</p>	



Female Questionnaire

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	
	<b>CHECK 32:</b> Where did you obtain your (MOST RECENT / CURRENT METHOD)?	<u>Public sector:</u> Government hospital ..... 11 Government health center ..... 12 Government dispensary ..... 13 Other public ..... 16  <u>Private medical sector:</u> Faith-based, church, mission hospital/clinic 21 FHOK/FPAK health center/clinic ..... 22 Private hospital/clinic ..... 23 Pharmacy/chemist ..... 24 Nursing/maternity home ..... 25  <u>Other source:</u> Mobile clinic ..... 31 Community-based distributor ..... 32 Shop ..... 51 Friend/relative ..... 61  Other ..... 96  Don't know ..... -88 No response ..... -99	Skip to 44 if 32 is 13 or -88
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	
	<b>CHECK 16:</b> Desire for future child?  <b>CHECK 17:</b> 2 or more years before next child?  <b>CHECK 22:</b> Currently using contraceptive method?  <b>CHECK 19:</b> Ever use a method?	Have a/another child ..... 1 No more/none ..... 2 Says she can't get pregnant ..... 3 Undecided / Do not know ..... -88 No response ..... -99  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

Female Questionnaire

43	<p><b>You said that you do not want any / anymore children and that you are not using a method to avoid pregnancy.</b></p> <p>Can you tell me the main reason why you are not using a method to prevent pregnancy?</p> <p><b>CANNOT SELECT “DO NOT KNOW” OR “NO RESPONSE” WITH OTHER OPTIONS. CANNOT SELECT “NOT MARRIED” IF FQ3 IS “YES, CURRENTLY MARRIED.” SCROLL TO BOTTOM TO SEE ALL CHOICES.</b></p>	<p>Not married..... 1                  Infrequent sex / not having sex ..... 2                  Menopausal / hysterectomy ..... 3                  Subfecund / infecund..... 4                  Not menstruated since last birth ..... 5                  Breastfeeding ..... 6                  Husband away for multiple days ..... 7                  Up to God / fatalistic ..... 8                  Respondent opposed ..... 9                  Husband / partner opposed ..... 9                  Others opposed ..... 10                  Religious prohibition ..... 11                  Knows no method..... 12                  Knows no source ..... 13                  Fear of side effects ..... 14                  Health concerns ..... 15                  Lack of access / too far ..... 16                  Costs too much ..... 17                  Preferred method not available ..... 18                  No method available..... 19                  Inconvenient to use ..... 20                  Interferes with body’s processes ... 21                  Other ..... 22                  Don’t know.....-88                  No response .....-99</p>													
44	<p>In the last 12 months, were you visited by a health worker who talked to you about family planning?</p>	<p>Yes ..... 1                  No ..... 0                  No response.....-99</p>													
45	<p>In the last 6 months, have you visited a health facility for care for yourself?  <b>FOR ANY HEALTH SERVICES.</b></p>	<p>Yes ..... 1                  No ..... 0                  No response.....-99</p>	<p>Skip to 47 if no</p>												
46	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>Yes ..... 1                  No ..... 0                  No response.....-99</p>													
47	<p>In the last few months have you:                  Heard about family planning on the radio?.....                  Seen anything about family planning on the television? .....                  Read about family planning in a newspaper or magazine?.....  <b>ENTER -99 FOR NO RESPONSE.</b></p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> </tbody> </table>		Yes	No	.....	1	0	.....	1	0	.....	1	0	
	Yes	No													
.....	1	0													
.....	1	0													
.....	1	0													
48	<p>How old were you when you first had sexual intercourse?</p> <p><b>ANSWER MUST AGREE WITH THE CURRENT AGE, PREGNANCY STATUS, AND NUMBER OF BIRTHS. ENTER 0 IF SHE HAS NEVER HAD SEX. -88 IF DOES NOT KNOW.</b></p>	<p>Age</p>	<p>Skip to 50 if 0</p>												
	<p><b>If age at first sex &lt;10 years:</b></p> <p><b>CHECK:</b> You have entered that the respondent was X years old when she first had sexual intercourse. Is this what she said?</p> <p><b>IF NO, GO BACK AND CORRECT FQ48</b></p>	<p>Yes ..... 1                  No ..... 0</p>													

Female Questionnaire

49	When was the <u>last</u> time you had sexual intercourse?	DAYS AGO	WEEKS AGO	MONTHS AGO	YEARS AGO
	<b>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.</b>				
<b>Section 4 – Water</b>					
<b>Now I would like to ask you a couple of questions about your water practices.</b>					
50	On a typical day in the DRY season, how much time each day do you spend collecting water?	X Minutes per day .....	_____		
	<b>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</b>	X Hours per day .....	_____	No time, someone else collects water.....3	
				No time, no one collects water.....4	
				Don't know.....-88	
				No response.....-99	
51	On a typical day in the WET season, how much time each day do you spend collecting water?	X Minutes per day .....	_____		
	<b>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.</b>	X Hours per day .....	_____	No time, someone else collects water.....3	
				No time, no one collects water.....4	
				Don't know.....-88	
				No response.....-99	
<b>Thank the respondent for her time</b>					
<b>THE RESPONDENT IS FINISHED, BUT THERE ARE STILL 2 MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE HOME</b>					
<b>LOCATION</b>					
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			
<b>QUESTIONNAIRE RESULT</b>					
N	RECORD THE RESULT OF THE FEMALE RESPONDENT SURVEY	Completed .....	1		
		Not at home .....	2		
		Postponed .....	3		
		Refused .....	4		
		Partly completed.....	5		
		Incapacitated .....	6		