

Female Questionnaire					
NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
<b>IDENTIFICATION</b>					
A	<p><b>Are you in the correct household?</b></p> <p><b>This is the picture of the front of the home taken during the Household Questionnaire.</b></p> <p>[ODK will display the photo taken during the Household Questionnaire linked to this Female Questionnaire]</p>	Yes .....	1		
		No .....	0		
B	<b>How many times have you visited this household to interview this female respondent?</b>	1 <sup>st</sup> time .....	1		
		2 <sup>nd</sup> time .....	2		
		3 <sup>rd</sup> time.....	3		
C	<p><b>Your name:</b></p> <p>[Interviewer name from Household Questionnaire]</p> <p><b>Is this your name?</b></p>	Yes .....	1		
		No .....	0		
	<p><b>Enter your name below.</b></p> <p><i>Please record your name</i></p>	Interviewer's Name			
D	<p><b>Current date and time.</b> [ODK will display on screen]</p> <p><b>Is this date and time correct?</b></p>	Yes .....	1	Skip to F if Yes	
		No .....	0		
E	<b>Record the correct date and time.</b>	Date	Month	Day	Year
		Time	Hours	Minutes	AM/PM
F	<p><b>The following information is from the Household Questionnaire. Please review to make sure you are interviewing the correct respondent.</b></p> <p>[ODK will display the Zone, State, LGA, Enumeration Area, Structure Number, and Household Number entered into the Household Questionnaire linked to this Female Questionnaire.]</p> <p><b>Is the above information correct?</b></p>	Yes .....	1		
		No .....	0		
	<p><b>CHECK: You should be attempting to interview [Respondent's Name]. Is that correct?</b></p> <p><i>If misspelled, select "yes" here and update the name in question "L."</i></p> <p><i>If this is the wrong person, you have two options:</i></p> <p><i>(1) exit and ignore changes to this form. Open the correct form.</i></p> <p><i>Or</i></p> <p><i>(2) find and interview the person whose name appears above.</i></p>	Yes .....	1		
		No .....	0		
G	<b>How well acquainted are you with the respondent?</b>	Very well acquainted .....	1		
		Well acquainted .....	2		
		Not well acquainted .....	3		
		Not acquainted .....	4		
H	<b>Is the respondent present and available to be interviewed today?</b>	Yes .....	1	Skip to L if No	
		No .....	0		

Female Questionnaire

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<b>INFORMED CONSENT</b>			
<i>Find the woman between the ages of 15-49 associated with this Female Questionnaire. The interview must have auditory privacy. Read the following greeting:</i>			
<p>Hello. My name is _____ and I am working for Center for Population and Reproductive Health in collaboration with Center for Research, Evaluation Resources, and Development; Population and Reproductive Health Program; and Bayero University Kano. 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	<b>May I begin the interview now?</b>	Yes ..... 1 No ..... 0	Skip to L if No
J	<b>Interviewer's name:</b> [Interviewer name from Household Questionnaire] <i>Mark your name as a witness to the consent process.</i>		
K	<b>Respondent's name</b> <i>You may correct the spelling here if it is not correct, but you must be interviewing the person whose name appears below.</i>		
<b>Section 1 – Respondent's Background, Marital Status, HH characteristics</b>			
<i>Now I would like to ask about your background and socioeconomic conditions.</i>			
0	<b>In what month and year were you born?</b> <b>The age in the household roster is [AGE].</b>	Month: Year:	
1	<b>How old were you at your last birthday?</b>	Age:	
2	<b>What is the highest level of school you attended?</b>	Never Attended ..... 0 Primary ..... 1 Secondary ..... 2 Higher ..... 3	
3	<b>Are you currently married or living together with a man as if married?</b> <i>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</i>	No, never in union ..... 0 Yes, currently married ..... 1 Yes, living with a man ..... 2 Not currently in union: Divorced / separated ..... 3 Not currently in union: Widow ..... 4	Skip to 8 if No, never in union
4	<b>Have you been married or lived with a man only once or more than once?</b>	Only once ..... 1 More than once ..... 2	Skip to 5b if Only once
5a	<b>In what month and year did you start living with your FIRST husband / partner?</b> <i>Enter Jan 2020 for no response.</i>	Month: Year:	

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
	[If ≤15 years old at marriage date ODK will display:] <b>CHECK: Based on the response you entered in FQ5a, the respondent was possibly 15 years old or younger at the time of her first marriage. Did you enter FQ5a correctly?</b>	Yes ..... 1 No ..... 0		
5b	<b>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> <i>Enter Jan 2020 for no response.</i>	Month:  Year:		
	[If ≤15 years old at marriage date ODK will display:] <b>CHECK: Based on the response you entered in FQ5b, the respondent was possibly 15 years old or younger at the time of her first marriage. Did you enter FQ5b correctly?</b>	Yes ..... 1 No ..... 0		
	<b>CHECK 3: Currently married/cohabitating?</b>	Yes ..... 1 No ..... 0		Skip to 8 if No
6	<b>Does your husband / partner have other wives or does he live with other women as if married?</b>	Yes ..... 1 No ..... 0 Don't know ..... -88		
7	<b>Is your husband / partner living with you now or is he staying elsewhere?</b>	Living with respondent ..... 1 Staying elsewhere ..... 2		
<b>Section 2 – Reproduction, Pregnancy &amp; Fertility Preferences</b>				
<i>Now I would like to ask about all the births you have had during your life.</i>				
8	<b>How many times have you given birth?</b> <i>Enter -88 for do not know and -99 for no response. 0 is a possible answer.</i>	Number of births		Skip to 13 if 0, skip to 9 if 1.
	<b>Were all of those live births?</b> <i>If no, go back and change FQ8 to record only live birth events.</i>	Yes ..... 1 No ..... 0		
8a	<b>When was your FIRST live birth?</b> <i>Please record the date of the FIRST birth. Date should be found by calculating forward or backward from memorable events if needed. Enter Jan 2020 for no response.</i>	Month	Year	
9	<b>When was your MOST RECENT live birth?</b> <i>Please record the date of the MOST RECENT birth. The date should be found by calculating backwards from memorable events if needed. Enter Jan 2020 for no response.</i>	Month	Year	Skip to 11 if not in last year and/or Q8 is 1
10	<b>When did you give birth before the most recent one?</b> <i>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.</i>	Month	Year	
11	<b>Is your last baby / child still alive?</b>	Yes ..... 1 No ..... 0 Don't know ..... -88		Skip to 13 if Yes

Female Questionnaire

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12	<p><b>When did your last baby / child die?</b>  <i>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.</i></p>	Month	Year	
13	<p><b>When did your last menstrual period start?</b>  <i>If you select days, weeks, months or years, you will enter a number for x on the next screen. Enter 0 days for today, not 0 weeks/months/years.</i></p>	Days ago:		
		Weeks ago:		
		Months ago:		
		Years ago:		
		Menopausal / Hysterectomy .....	1	
		Before last birth .....	2	
		Never menstruated .....	3	
14	<p><b>Are you pregnant now?</b></p>	Yes .....	1	Skip to 16a if No or Unsure
		No .....	0	
		Unsure .....	2	
15	<p><b>How many months pregnant are you? The most recent birth was: [Date of most recent birth]</b>  <i>Please record the number of completed months. Enter -88 for do not know, -99 for no response.</i></p>	Number of months		
	<p><b>CHECK 14: Currently pregnant?</b></p>	Yes .....	1	16a if no 16b if yes
		No .....	0	
16a	<p><b>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?</b></p>	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	
16b	<p><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?</b></p>	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	
17a	<p><b>How long would you like to wait from now before the birth of a/another child?</b>  <i>If you select months or years, you will enter a number for x on the next screen.</i></p>	Months:		
		Years:		
		Soon / now .....	1	
		Other .....	2	
		Says she can't get pregnant.....	3	
		Don't know.....	-88	
17b	<p><b>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</b>  <i>If you select months or years, you will enter a number for x on the next screen.</i></p>	Months:		
		Years:		
		Soon / now .....	1	
		Says she can't get pregnant.....	2	
		Other .....	3	
		Don't know.....	-88	
	<p><b>CHECK 8: Number of births</b>  <b>CHECK 14: Currently pregnant?</b></p>	Number of births		Skip to 19 if 0 births and 14: No. Skip to 18a if 14: no and 18b if 14: yes
		Yes.....	1	
		No.....	0	

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NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP																																																			
18a	<p>Now I would like to ask a question about your last live birth.</p> <p>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?</p>	Then .....	1																																																				
		Later .....	2																																																				
		Not at all .....	3																																																				
18b	<p>Now I would like to ask a question about your current pregnancy.</p> <p>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?</p>	Then .....	1																																																				
		Later .....	2																																																				
		Not at all .....	3																																																				
<b>Section 3 – Contraception</b>																																																							
<i>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.</i>																																																							
19	<p>Have you ever used anything or tried in any way to delay or avoid getting pregnant?</p>	Yes .....	1	Skip to 25 if No																																																			
		No .....	0																																																				
20	<p>How old were you when you first used a method to delay or avoid getting pregnant?</p> <p>The respondent said she was [age from FQ1] years old at her last birthday.</p> <p><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></p>	Age																																																					
20a	<p>How many living children did you have at that time, if any?</p> <p>Note: the respondent said that she gave birth [number of live births] times in FQ8.</p> <p><i>Enter -99 for no response</i></p>	Number																																																					
21	<p>Which method did you first use to delay or avoid getting pregnant?</p> <p><i>Do not read the method choices. Be sure to scroll to bottom to see all choices.</i></p>	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Y</u></td> <td style="text-align: center;"><u>N</u></td> </tr> <tr> <td>Female Sterilization .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Male Sterilization .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Implant .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>IUD .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Injectables .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Pill .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Emergency Contraception ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Male Condom .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Female Condom .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Diaphragm .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Foam/Jelly .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Std. Days/Cycle beads .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>LAM .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Rhythm method .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Withdrawal .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Other traditional methods ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </table>		<u>Y</u>	<u>N</u>	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		
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	<b>CHECK 14:</b> Currently pregnant?	Yes .....	1	Skip to 25 if yes																																																			
		No .....	0																																																				
22	<p>Are you currently doing something or using any method to delay or avoid getting pregnant?</p>	Yes .....	1	Skip to 25 if No																																																			
		No .....	0																																																				



Female Questionnaire

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	<p><i>Must be at least the ages she started using a contraceptive method (FQ20).</i></p> <p><i>Must be before today. Respondent must be at least 10 years old.</i></p> <p><i>Enter Jan 2020 for no response.</i></p>			
	<b>CHECK 22:</b> Currently using contraceptives?	Yes ..... 1 No ..... 0		Skip to 32 if Yes
30	<p><b>When did you stop using your [MOST RECENT METHOD]?</b></p> <p><i>Please record the date.</i></p> <p><i>The date should be found by calculating backwards from memorable events if needed. Must be after FQ29.</i></p> <p><i>Enter Jan 2020 for no response.</i></p>	Month	Year	
31	<p><b>Why did you stop using your (MOST RECENT METHOD)?</b></p>	Infrequent sex / husband away ..... 1 Became pregnant while using ..... 2 Wanted to become pregnant ..... 3 Husband / partner disapproved ..... 4 Wanted 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		
32	<p><b>Where did you obtain your [MOST RECENT / CURRENT METHOD] when you started using it?</b></p> <p><i>Scroll to bottom to see all choices.</i></p>	<b>PUBLIC SECTOR</b> Govt. Hospital ..... 1 Govt. Health Center ..... 2 Family Planning Clinic ..... 3 Mobile Clinic ..... 4 Fieldworker ..... 5  <b>PRIVATE MEDICAL SECTOR</b> Private Hospital/Clinic ..... 6 Pharmacy ..... 7 Chemist/Pms Store ..... 8 Private Doctor ..... 9 Mobile Clinic ..... 10 Fieldworker ..... 11  <b>OTHER SOURCE</b> Shop ..... 12 Church ..... 13 Friend/Relative ..... 14 NGO ..... 15 Other ..... 16		

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	Skip to 35 if No
34	How much did you pay? <i>Enter all prices in Nigerian Naira. Enter -88 if respondent does not know, -99 for no response.</i>	Fee: _____	
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	Skip to 37 if No
36	Were you told what to do if you experienced side effects or problems?	Yes ..... 1 No ..... 0	
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	
38	During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?	Yes ..... 1 No ..... 0	Skip to 40 if yes
39	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	
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	
	<b>CHECK 32:</b> Where did you obtain your [MOST RECENT / CURRENT METHOD]?	<b>PUBLIC SECTOR</b> Govt. Hospital ..... 1 Govt. Health Center ..... 2 Family Planning Clinic ..... 3 Mobile Clinic ..... 4 Fieldworker ..... 5  <b>PRIVATE MEDICAL SECTOR</b> Private Hospital/Clinic ..... 6 Pharmacy ..... 7 Chemist/Pms Store ..... 8 Private Doctor ..... 9 Mobile Clinic ..... 10 Fieldworker ..... 11  <b>OTHER SOURCE</b> Shop ..... 12 Church ..... 13 Friend/Relative ..... 14	Skip to 44 if 32 is 14-15



Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		NGO .....	15		
		Other .....	16		
41	Would you return to this provider?	Yes .....	1		
		No .....	0		
42	Would you refer your relative or friend to this provider / facility?	Yes .....	1		
		No .....	0		
	<b>CHECK 16:</b> Desire for future child?	Have a/another child .....	1	Ask 43 to non users (current) who do not want a/another child or not before 2 years.	
		No more/none .....	2		
		Says she can't get pregnant .....	3		
		Undecided / Don't know .....	-88		
	<b>CHECK 17:</b> 2 or more years before next child?	No more/none .....	1		
		Less than 2 years .....	2		
		2 or more years .....	3		
	<b>CHECK 22:</b> Currently using contraceptive method?	Yes, using contraceptive .....	1		
		No, not using contraceptive .....	0		
43	<p><b>You have said that you do not want [(a/another) child soon]/[any (more) children], but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method?</b></p> <p><b>Probe: Any other reason?</b></p> <p>Hint: RECORD ALL REASONS MENTIONED</p> <p><i>Cannot select "Do Not Know" or "No response" with other options.</i></p> <p><i>Cannot select "Not married" if FQ3 is "Yes, currently married".</i></p> <p><i>Scroll to the bottom to see all choices.</i></p>	Not married.....1 Infrequent sex / husband away .....2 Menopausal/Hysterectomy .....3 Subfecund / infecund.....4 Not menstruated since last birth .....5 Breastfeeding .....6 Up to God / fatalistic .....7 Respondent opposed .....8 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			
44	In the last 12 months, were you visited by a community health worker who talked to you about family planning?	Yes .....	1		
		No .....	0		
45	In the last 12 months, have you visited a health facility for care for yourself or your children? <i>For any health services</i>	Yes .....	1	Skip to 47 if no	
		No .....	0		
46	Did any staff member at the health facility speak to you about family planning methods?	Yes .....	1		
		No .....	0		
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	
	<b>OBSERVE: CHECK FOR THE PRESENCE OF OTHERS.</b>				

Female Questionnaire

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	<b>BEFORE CONTINUING MAKE EVER EFFORT TO ENSURE PRIVACY.</b>					
	<i>Verbally prepare the respondent for sexual activity questions.</i>					
48	<p><b>How old were you when you first had sexual intercourse?</b></p> <p><i>Enter the age in years.</i></p> <p><i>The respondent said she was [age from FQ1] years old at her last birthday.</i></p> <p><i>Enter 0 if she never had sex. Enter -88 if respondent does not know. Enter -99 for no response.</i></p>	Age				Skip to 50 if 0
	<p>[If age at first sex &lt;10 years:]</p> <p><b>You have entered that the respondent was X years old when she first had sexual intercourse. Is this what she said?</b></p> <p><i>Go back and correct FQ48 if it is not correct.</i></p>	Yes .....	No .....	1	0	
49	<p><b>When was the last time you had sexual intercourse?</b></p> <p><i>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.</i></p> <p><i>Enter 0 days for today.</i></p> <p><i>You will enter a number for X on the next screen.</i></p>	DAYS AGO	WEEKS AGO	MONTHS AGO	YEARS AGO	
<b>Section 4 – Water</b>						
<i>Now I would like to ask you a couple of questions about your water practices.</i>						
50	<p><b>On a typical day in the DRY season, how much time do you spend collecting water?</b></p> <p><i>Only record respondent's time; not anyone else's time.</i></p> <p><i>If you select minutes or hours you will enter a number for x on the next screen.</i></p>	Number of hours/minutes per day				
		X hours per day .....		11		
		X minutes per day .....		22		
		No time, someone else collects water .....		33		
		No time, no one collects water .....		44		
		Don't know .....		-88		
51	<p><b>On a typical day in the WET season, how much time do you spend collecting water?</b></p> <p><i>Only record respondent's time; not anyone else's time.</i></p> <p><i>If you select minutes or hours you will enter a number for x on the next screen.</i></p>	Number of hours/minutes per day				
		X hours per day .....		11		
		X minutes per day .....		22		
		No time, someone else collects water .....		33		
		No time, no one collects water .....		44		
		Don't know .....		-88		
<b>Thank the respondent for her time</b>						
<i>The respondent is finished, but there are still 2 more questions for you to complete outside the home.</i>						

Female Questionnaire

LOCATION			
L	<p><b>Location</b></p> <p><i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.</i></p> <p><i>GPS coordinates can only be collected when outside.</i></p>	RECORD LOCATION	
QUESTIONNAIRE RESULT			
M	<p><b>Questionnaire result</b></p> <p><i>Record the result of the Female Questionnaire</i></p>	<p>Completed ..... 1</p> <p>Not at home ..... 2</p> <p>Postponed ..... 3</p> <p>Refused ..... 4</p> <p>Partly completed..... 5</p> <p>Incapacitated ..... 6</p>	