



Female Questionnaire															
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
IDENTIFICATION															
A	<p>Are you in the correct household?</p> <p>This is the picture of the front of the home taken during the Household Questionnaire.</p> <p>[ODK will display the photo taken during the Household Questionnaire linked to this Female Questionnaire]</p>	Yes.....1 No0													
B	<p>Your name: [ODK will display the interviewer's name from the linked Household Questionnaire]</p> <p>Is this your name?</p>	Yes.....1 No0													
	<p>Enter your name below. <i>Please record your name</i></p>	Interviewer's Name													
C	<p>Current date and time. [ODK will display on screen]</p> <p>Is this date and time correct?</p>	Yes.....1 No0	Skip to F if Yes												
D	<p>Record the correct date and time.</p>	<table border="1"> <thead> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <th>Hours</th> <th>Min</th> <th>AM/PM</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Day	Month	Year				Hours	Min	AM/PM				
Day	Month	Year													
Hours	Min	AM/PM													
E	<p>The following information is from the Household Questionnaire. Please review to make sure you are interviewing the correct respondent.</p> <p>[ODK will display the geographic location information, Structure Number, and Household Number from the linked Household Questionnaire.]</p> <p>Is the above information correct?</p>	Yes.....1 No0													
	<p>CHECK: You should be attempting to interview [Respondent's Name]. Is that correct?</p> <p><i>If misspelled, select "yes" here and update the name in question "J."</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 No0													
F	<p>Is the respondent present and available to be interviewed today?</p>	Yes.....1 No0	Skip to L if No												

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
G	How well acquainted are you with the respondent?	Very well acquainted..... 1 Well acquainted2 Not well acquainted.....3 Not acquainted.....4	
H	Has this woman participated in a PMA2020 survey before?	Yes..... 1 No0 Don't know -88 No response.....-99	
INFORMED CONSENT <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 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	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes..... 1 No0	Skip to L if No
	Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i>	GATHER SIGNATURE: Check box: <input type="checkbox"/>	
J	Interviewer's name: [Interviewer name from Household Questionnaire] <i>Mark your name as a witness to the consent process.</i>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
K	Respondent's 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>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Section 1 – Respondent's Background, Marital Status, HH characteristics <i>Now I would like to ask about your background and socioeconomic conditions.</i>			
0	In what month and year were you born? The age in the household roster is [AGE].	Month <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> Year <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div>	

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1	How old were you at your last birthday?	Age <input style="width: 100px; height: 20px;" type="text"/>	
2	What is the highest level of school you attended?	Never Attended0 Primary1 Post-Primary/Vocational2 Secondary/'A' Level3 College (Middle Level)4 University5 No response.....-99	
3	Are you currently married or living together with a man as if married? <i>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</i>	No, never in union0 Yes, currently married1 Yes, living with a man2 Not currently in union: Divorced / separated3 Not currently in union: Widowed4 No response.....-99	Skip to 8 if No, never in union
4	Have you been married or lived with a man only once or more than once?	Only once1 More than once2 No response.....-99	Skip to 5b if once
5a	In what month and year did you start living with your FIRST husband / partner? <i>Enter Jan 2020 for no response.</i>	Month <input style="width: 100px; height: 20px;" type="text"/> Year <input style="width: 100px; height: 20px;" type="text"/>	
	[If ≤15 years old at marriage date ODK will display:] 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?	Yes1 No0	
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? <i>Enter Jan 2020 for no response.</i>	Month <input style="width: 100px; height: 20px;" type="text"/> Year <input style="width: 100px; height: 20px;" type="text"/>	
	[If ≤15 years old at marriage date ODK will display:] 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?	Yes1 No0	
	CHECK 3: Currently married/cohabitating?	Yes1 No0	Skip to 8 if No
6	Does your husband / partner have other wives or does he live with other women as if married?	Yes1 No0 Don't know-88	

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		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			
<i>Now I would like to ask about all the births you have had during your life.</i>			
8a	How many times have you given birth? <i>Enter -99 for no response. 0 is a possible answer.</i>	Number <input style="width: 100px; height: 20px;" type="text"/>	Skip to 13 if 0, skip to 9 if 1.
	Were all of those live births? <i>If no, go back and change FQ8 to record only live birth events.</i>	Yes..... 1 No 0	
8b	How many sons and daughters have you given birth to and who were born alive?	Number <input style="width: 100px; height: 20px;" type="text"/>	
8c	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	Yes..... 1 No 0	Skip to 8e if No
8d	How many have died?	Number <input style="width: 100px; height: 20px;" type="text"/>	
	READ THIS CHECK OUT LOUD: Just to make sure I have this right: you had a total of ___ birth(s) during your life, resulting in ___ son(s) or daughter(s) born alive. Is that correct?	Yes..... 1 No 0	If no, go back and probe to correct 8a-c.
8e	When was your first birth? <i>Please record the date of the first live birth. Date should be found by calculating forward or backward from memorable events if needed. Enter Jan 2020 for no response.</i>	Month <input style="width: 100px; height: 20px;" type="text"/> Year <input style="width: 100px; height: 20px;" type="text"/>	
9	When was your MOST RECENT live birth? <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 <input style="width: 100px; height: 20px;" type="text"/> Year <input style="width: 100px; height: 20px;" type="text"/>	Skip to 11 if not in last year and/or Q8 is 1

Female Questionnaire

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10	<p>When did you give birth before the most recent one?</p> <p><i>Please record the date of the birth before the last. The date should be found by calculating backwards from memorable events if needed.</i></p> <p><i>Enter Jan 2020 for no response.</i></p>	Month <input style="width: 100px; height: 20px;" type="text"/> Year <input style="width: 100px; height: 20px;" type="text"/>	
11	<p>Is your last baby / child still alive?</p>	Yes.....1 No0 Don't know -88 No Response..... -99	Skip to 13 if Yes
12	<p>When did your last baby / child die?</p> <p><i>Please record the date of the child's death. The date should be found by calculating backwards from memorable events if needed.</i></p> <p><i>Enter Jan 2020 for no response.</i></p>	Month <input style="width: 100px; height: 20px;" type="text"/> Year <input style="width: 100px; height: 20px;" type="text"/>	
13	<p>When did your last menstrual period start?</p> <p><i>If you select days, weeks, months or years, you will enter a number for x on the next screen.</i></p> <p><i>Enter 0 days for today, not 0 weeks/months/years.</i></p>	Days Ago <input style="width: 100px; height: 20px;" type="text"/> Weeks Ago <input style="width: 100px; height: 20px;" type="text"/> Months Ago <input style="width: 100px; height: 20px;" type="text"/> Years Ago <input style="width: 100px; height: 20px;" type="text"/> Menopausal / Hysterectomy5 Before last birth.....6 Never menstruated7 No response..... -99	
14	<p>Are you pregnant now?</p>	No0 Yes.....1 Unsure2 No response..... -99	Skip to 16 if No or Unsure
15	<p>How many months pregnant are you?</p> <p>The most recent birth was: [Date of most recent birth]</p> <p><i>Please record the number of completed months. Enter -88 for do not know, -99 for no response.</i></p>	Number of months <input style="width: 100px; height: 20px;" type="text"/>	
	<p>CHECK 14: Currently pregnant?</p>	Yes.....1 No0	16a if no 16b if yes
16a	<p>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?</p>	Have a/another child1 No more/prefer no children2 Says she can't get pregnant3 Undecided / Don't know -88 No response..... -99	Skip to 17a if 1 and 18 for all other
16b	<p>Now I have some questions about the future.</p>	Have a/another child1	Skip to

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	No more/prefer no children2 Says she can't get pregnant3 Undecided / Don't know -88 No response..... -99	17b if 1 and 18 for all other
17a	How long would you like to wait from now before the birth of a/another child? <i>If you select months or years, you will enter a number for x on the next screen.</i>	Months <input style="width: 100px; height: 20px;" type="text"/> Years <input style="width: 100px; height: 20px;" type="text"/> Soon / now3 Says she can't get pregnant4 Other5 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? <i>If you select months or years, you will enter a number for x on the next screen.</i>	Months <input style="width: 100px; height: 20px;" type="text"/> Years <input style="width: 100px; height: 20px;" type="text"/> Soon / now3 Says she can't get pregnant4 Other5 Don't know -88 No response..... -99	
	CHECK 8: Number of births CHECK 14: Currently pregnant?	Number of births <input style="width: 100px; height: 20px;" type="text"/> Yes..... 1 No..... .0	Skip to 19 if 0 births and 14: No. Skip to 18a if 14: no and 18b if 14: yes
18a	Now I would like to ask a question about your last live birth. 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	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	

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Section 3 – Contraception			
<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>			
<i>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.</i>			
19	<p>Have you ever heard of female sterilization?</p> <p>PROBE: Women can have an operation to avoid having any more children.</p> <p>[NO IMAGE]</p>	Yes..... 1 No 0 No Response..... -99	
19	<p>Have you ever heard of male sterilization?</p> <p>PROBE: Men can have an operation to avoid having any more children.</p> <p>[NO IMAGE]</p>	Yes..... 1 No 0 No Response..... -99	
19	<p>Have you ever heard of the contraceptive implant?</p> <p>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.</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p>	Yes..... 1 No 0 No Response..... -99	
19	<p>Have you ever heard of the IUD?</p> <p>PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p>	Yes..... 1 No 0 No Response..... -99	
19	<p>Have you ever heard of injectables?</p> <p>PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p>	Yes..... 1 No 0 No Response..... -99	
19	<p>Have you ever heard of the (birth control) pill?</p> <p>PROBE: Women can take a pill every day to avoid becoming pregnant.</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p>	Yes..... 1 No 0 No Response..... -99	
19	<p>Have you ever heard of emergency contraception?</p> <p>PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any</p>	Yes..... 1 No 0 No Response..... -99	

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	time within five days to prevent pregnancy. [NO IMAGE]		
19	Have you ever heard of condoms? PROBE: Men can put a rubber sheath on their penis before sexual intercourse. <IMAGE OF METHOD WILL APPEAR ON SCREEN>	Yes..... 1 No 0 No Response..... -99	
19	Have you ever heard of female condoms? PROBE: Women can put a sheath in their vagina before sexual intercourse. <IMAGE OF METHOD WILL APPEAR ON SCREEN>	Yes..... 1 No 0 No Response..... -99	
19	Have you ever heard of the diaphragm? PROBE: Women can place a thin flexible disk in their vagina before sexual intercourse. [IMAGE OF METHOD WILL APPEAR ON SCREEN]	Yes 1 No.....0 No response.....-99	
19	Have you ever heard of foam or jelly as a contraceptive method? PROBE: Women can place a suppository, jelly, or cream in their vagina before sexual intercourse to prevent pregnancy. [IMAGE OF METHOD WILL APPEAR ON SCREEN]	Yes 1 No0 No response.....-99	
19	Have you ever heard of the standard days method or Cycle Beads? 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>	Yes..... 1 No 0 No Response..... -99	
19	Have you ever heard of the Lactational Amenorrhea Method or LAM? <NO DESCRIPTION; NO IMAGE>	Yes..... 1 No 0 No Response..... -99	

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
			yes
24a	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	
24b	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	
25	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
26	Which method did you use most recently? Probe: Anything else? <i>Select most effective method (highest method on list). Scroll to bottom to see all choices.</i>	Implants 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 Lactational Amen. Method (LAM) . 14 Rhythm method 30 Withdrawal 31 Other traditional method 39 No Response..... -99	
27	When did you begin using your [MOST RECENT / CURRENT METHOD]? <i>Calculate backwards from memorable events if needed.</i> Age at first use: [Age from FQ20] Most Recent Birth: [mm-yyyy] Current Marriage: [mm-yyyy] <i>Must be at least the ages she started using a contraceptive method (FQ20).</i> <i>Must be before today. Respondent must be at least 10 years old.</i> <i>Enter Jan 2020 for no response.</i>	Month <input style="width: 100px; height: 20px;" type="text"/> Year <input style="width: 100px; height: 20px;" type="text"/>	
	CHECK 22: Currently using contraceptives?	Yes 1 No 0	Skip to 30 if Yes
28	When did you stop using your [MOST RECENT METHOD]? <i>Please record the date.</i> <i>The date should be found by calculating backwards from memorable events if needed. Must be after FQ29.</i> <i>Enter Jan 2020 for no response.</i>	Month <input style="width: 100px; height: 20px;" type="text"/> Year <input style="width: 100px; height: 20px;" type="text"/>	

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
29	<p>Why did you stop using your (MOST RECENT METHOD)?</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 No response -99	
30	<p>You first started using [CURRENT/MOST RECENT METHOD] in [DATE FROM FQ27]. Where did you get it at that time?</p> <p><i>Scroll to bottom to see all choices.</i></p>	<p>PUBLIC SECTOR: GOVT HOSPITAL 11 GOVT HEALTH CENTER..... 12 GOVERNMENT DISPENSARY 13 OTHER PUBLIC 16</p> <p>PRIVATE MEDICAL SECTOR: FAITH-BASED, CHURCH, MISSION HOSPITAL/CLINIC 21 FHOK/FPAK HEALTH CENTER/CLINIC22 PRIVATE HOSPITAL/CLINIC 23 PHARMACY/CHEMIST 24 NURSING/MATERNITY HOME..... 25</p> <p>OTHER SOURCE: MOBILE CLINIC..... 31 COMMUNITY-BASED DISTRIBUTOR 41 SHOP 51 FRIEND/RELATIVE 61 OTHER 96 DON'T KNOW -88 NO RESPONSE..... -99</p>	
31	<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>	Yes 1 No 0 No Response..... -99	Skip to 33 if No
32	<p>Were you told what to do if you experienced side effects or problems?</p>	Yes 1 No 0 No Response..... -99	
33	<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>	Yes 1 No 0 No Response..... -99	
34	<p>During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?</p>	Yes 1 No 0 No Response..... -99	Skip to 36 if yes

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
35	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	
36	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 30: Where did you obtain your [MOST RECENT / CURRENT METHOD]?	PUBLIC SECTOR: GOVT HOSPITAL 11 GOVT HEALTH CENTER 12 GOVERNMENT DISPENSARY 13 OTHER PUBLIC 16 PRIVATE MEDICAL SECTOR: FAITH-BASED, CHURCH, MISSION HOSPITAL/CLINIC 21 FHOK/FPAK HEALTH CENTER/CLINIC 22 PRIVATE HOSPITAL/CLINIC 23 PHARMACY/CHEMIST 24 NURSING/MATERNITY HOME 25 OTHER SOURCE: MOBILE CLINIC 31 COMMUNITY-BASED DISTRIBUTOR 41 SHOP 51 FRIEND/RELATIVE 61 OTHER 96 DON'T KNOW -88 NO RESPONSE -99	Skip to 39B if 30 is 61 or 96
37	Would you return to this provider? Provider: [Type of Provider from FQ30]	Yes 1 No 0 No Response -99	
38	Would you refer your relative or friend to this provider / facility?	Yes 1 No 0 No Response -99	
39	Have you ever done anything or tried in any way to delay or avoid getting pregnant?	Yes 1 No 0 No response -99	Skip to 43 if No
39b	How old were you when you first used a method to delay or avoid getting pregnant? The respondent said she was [age from FQ1] years old at her last birthday. <i>Enter the age in years.</i>	Age <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	

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	<p><i>Enter -88 if respondent does not know. Enter -99 if there is no response. Cannot be younger than 9.</i></p>																																																								
39c	<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 <input style="width: 100px; height: 20px;" type="text"/>																																																							
40	<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 style="width: 100%; border-collapse: collapse;"> <tr><td>Female sterilization</td><td style="text-align: right;">1</td><td style="text-align: right;">0</td></tr> <tr><td>Male sterilization</td><td style="text-align: right;">1</td><td style="text-align: right;">0</td></tr> <tr><td>Implants</td><td style="text-align: right;">1</td><td style="text-align: right;">0</td></tr> <tr><td>IUD</td><td style="text-align: right;">1</td><td style="text-align: right;">0</td></tr> <tr><td>Injectables</td><td style="text-align: right;">1</td><td style="text-align: right;">0</td></tr> <tr><td>Pill</td><td style="text-align: right;">1</td><td style="text-align: right;">0</td></tr> <tr><td>Emergency Contraception</td><td style="text-align: right;">1</td><td style="text-align: right;">0</td></tr> <tr><td>Male Condom</td><td style="text-align: right;">1</td><td style="text-align: right;">0</td></tr> <tr><td>Female condom</td><td style="text-align: right;">1</td><td style="text-align: right;">0</td></tr> <tr><td>Diaphragm</td><td style="text-align: right;">1</td><td style="text-align: right;">0</td></tr> <tr><td>Foam/Jelly</td><td style="text-align: right;">1</td><td style="text-align: right;">0</td></tr> <tr><td>Standard Days/Cycle</td><td></td><td></td></tr> <tr><td> Beads</td><td style="text-align: right;">1</td><td style="text-align: right;">0</td></tr> <tr><td> Lactational Amen. Method (LAM)</td><td style="text-align: right;">1</td><td style="text-align: right;">0</td></tr> <tr><td> Rhythm method</td><td style="text-align: right;">1</td><td style="text-align: right;">0</td></tr> <tr><td> Withdrawal</td><td style="text-align: right;">1</td><td style="text-align: right;">0</td></tr> <tr><td> Other traditional method</td><td style="text-align: right;">1</td><td style="text-align: right;">0</td></tr> <tr><td> No response</td><td style="text-align: right;">-99</td><td></td></tr> </table>	Female sterilization	1	0	Male sterilization	1	0	Implants	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	Standard Days/Cycle			Beads	1	0	Lactational Amen. Method (LAM)	1	0	Rhythm method	1	0	Withdrawal	1	0	Other traditional method	1	0	No response	-99		
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41	<p>In the last 12 months, have you paid any fees for family planning services (including the most recent/current method)?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Yes</td><td style="text-align: right;">1</td></tr> <tr><td>No</td><td style="text-align: right;">0</td></tr> </table>	Yes	1	No	0	Skip to 43 if No																																																		
Yes	1																																																								
No	0																																																								
42	<p>How much did you pay?</p> <p><i>Enter all prices in Kenyan Shillings. Enter -88 if respondent does not know, -99 for no response.</i></p>	Fee:																																																							
	<p>CHECK 16: Desire for future child?</p> <p>CHECK 17: 2 or more years before next child?</p> <p>CHECK 22: Currently using contraceptive method?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Have a/another child</td><td style="text-align: right;">1</td></tr> <tr><td>No more/none</td><td style="text-align: right;">2</td></tr> <tr><td>Says she can't get pregnant</td><td style="text-align: right;">3</td></tr> <tr><td>Undecided / Don't know</td><td style="text-align: right;">-88</td></tr> <tr><td colspan="2"> </td></tr> <tr><td>No more/none</td><td style="text-align: right;">1</td></tr> <tr><td>Less than 2 years</td><td style="text-align: right;">2</td></tr> <tr><td>2 or more years</td><td style="text-align: right;">3</td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Yes, using contraceptive</td><td style="text-align: right;">1</td></tr> <tr><td>No, not using contraceptive</td><td style="text-align: right;">0</td></tr> </table>	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	Ask 43 to non users (current) who do not want a /another child or not before 2 yrs.																																
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43	<p>You said that you do not want any / anymore children and that you are not using a method to avoid pregnancy.</p> <p>Can you tell me the reason why you are not using</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Not married</td><td style="text-align: right;">1</td></tr> <tr><td>Infrequent sex / husband away</td><td style="text-align: right;">2</td></tr> <tr><td>Menopausal/Hysterectomy</td><td style="text-align: right;">3</td></tr> <tr><td>Subfecund / infecund</td><td style="text-align: right;">4</td></tr> <tr><td>Not menstruated since last birth</td><td style="text-align: right;">5</td></tr> </table>	Not married	1	Infrequent sex / husband away	2	Menopausal/Hysterectomy	3	Subfecund / infecund	4	Not menstruated since last birth	5																																													
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Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
	<p>a method to prevent pregnancy?</p> <p>PROBE: Any other reason?</p> <p><i>RECORD ALL REASONS MENTIONED.</i></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>	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 No response -99													
44	<p>In the last 12 months, were you visited by a community health worker who talked to you about family planning?</p>	Yes 1 No 0	Skip to 47 if no												
45	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p> <p><i>For any health services</i></p>	Yes 1 No 0 No response -99	Skip to 47 if no												
46	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	Yes 1 No 0													
47	<p>In the last few months have you:</p> <p>Heard about family planning on the radio?</p> <p>Seen anything about family planning on the television?</p> <p>Read about family planning in a newspaper or magazine?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>Yes</u></th> <th style="width: 20%; text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	1	0	1	0	1	0	
	<u>Yes</u>	<u>No</u>													
.....	1	0													
.....	1	0													
.....	1	0													
CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.															
48	<p>How old were you when you first had sexual intercourse?</p> <p><i>The respondent said she was [age from FQ1] years old at her last birthday.</i></p> <p><i>[She has had x live births.]</i></p> <p><i>Enter the age in years.</i></p> <p><i>Enter -77 if she never had sex.</i></p> <p><i>Enter -88 if respondent does not know.</i></p> <p><i>Enter -99 for no response.</i></p>	Age <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	Skip to 50 if -77												
	<p>[If age at first sex <10 years:]</p> <p>You have entered that the respondent was X years old when she first had sexual intercourse. Is this what she said?</p>	Yes 1 No 0													

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
	<i>Go back and correct FQ48 if it is not correct.</i>																						
49	<p>When was the last time you had sexual intercourse?</p> <p><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.</i></p>	<p style="text-align: right;">Days Ago <input style="width: 100px; height: 20px;" type="text"/></p> <p style="text-align: right;">Weeks Ago <input style="width: 100px; height: 20px;" type="text"/></p> <p style="text-align: right;">Months Ago <input style="width: 100px; height: 20px;" type="text"/></p> <p style="text-align: right;">Years Ago <input style="width: 100px; height: 20px;" type="text"/></p>																					
<p><u>Section 4 – Diarrheal Disease Among Children</u></p> <p><i>Now I would like to ask about your water practices.</i></p>																							
50	How many children under age 5, if any, live in this household for which you are the primary caregiver?	Number <input style="width: 80px; height: 25px;" type="text"/>																					
	Starting with the youngest child, I'd like to ask you some questions.																						
	ODK Will repeat the FQ51-FQ53 each child under age 5.																						
51	<p>In what month and year was this child born?</p> <p>ENTER JAN 2020 FOR NO RESPONSE.</p>	<p style="text-align: right;">Month <input style="width: 100px; height: 25px;" type="text"/></p> <p style="text-align: right;">Year <input style="width: 100px; height: 25px;" type="text"/></p>																					
52	<p>The last time this child passed stools, what was done to dispose of the stools?</p> <p>FOR ALL FECES, NORMAL OR DIARRHEA.</p> <p>Children use a latrine / toilet..... 1</p> <p>Leave waste where it is 1</p> <p>Bury waste in field / yard 1</p> <p>Dispose of waste in latrine / toilet..... 1</p> <p>Dispose of waste with rubbish / garbage..... 1</p> <p>Dispose of waste with waste water..... 1</p> <p>Use it as manure 1</p> <p>Burn it 1</p> <p>No response -99</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;"><u>Yes</u></th> <th style="width: 50%; text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">-99</td><td style="text-align: center;">0</td></tr> </tbody> </table>	<u>Yes</u>	<u>No</u>	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	-99	0	
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1	0																						
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1	0																						
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1	0																						
1	0																						
-99	0																						
53	<p>In the past 7 days, has this child had diarrhea?</p> <p><i>Diarrhea is determined as perceived by mother/ caretaker. If the respondent is not sure what we mean by diarrhea, tell her it means "three or more runny stools per day."</i></p>	<p>Yes.....1</p> <p>No0</p> <p>No Response -99</p>																					
Thank the respondent for her time																							

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<i>The respondent is finished, but there are still 2 more questions for you to complete outside the home.</i>			
LOCATION			
L	<p>Location</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>How many times have you visited this household to interview this female respondent?</p>	<p>1st time 1</p> <p>2nd time 2</p> <p>3rd time..... 3</p>	
N	<p>Questionnaire result</p> <p><i>Record the result of the Female Questionnaire</i></p>	<p>Completed.....1</p> <p>Not at home2</p> <p>Postponed3</p> <p>Refused.....4</p> <p>Partly completed5</p> <p>Incapacitated.....6</p>	