



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>IF NOT, RETURN TO INTERVIEW THE CORRECT HOUSEHOLD.</p> <p>[ODK will display the photo attached to the linked Household Questionnaire]</p>	Yes 1 No 0													
B	<p>Your name: [Interviewer name from Household Questionnaire]</p> <p>Is this your name?</p> <p>Enter your name below. <i>Please record your name</i></p>	Yes 1 No 0 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 No 0	Skip to F if Yes												
D	<p>Record the correct date and time.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Day</th> <th style="text-align: center;">Month</th> <th style="text-align: center;">Year</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <th style="text-align: center;">Hours</th> <th style="text-align: center;">Min</th> <th style="text-align: center;">AM/PM</th> </tr> <tr> <td style="height: 20px;"></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 Zone, State, LGA, Enumeration Area, Structure Number, and Household Number entered into the Household Questionnaire linked to this Female Questionnaire.]</p> <p>Is the above information correct?</p>	Yes 1 No 0													
	<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 "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													
F	<p>Is the respondent present and available to be interviewed today?</p>	Yes 1 No 0	Skip to L if No												
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													

Female Questionnaire

G2	Has this woman participated in a PMA2020 survey before?	Yes 1 No 0 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 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	May I begin the interview now?	Yes 1 No 0	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>	<input type="text"/>	
K	Respondent's name [ODK will display the Respondent's name from linked Household Roster] <i>You may correct the spelling here if it is not correct, but you must be interviewing the person whose name appears below.</i>	<input type="text"/>	
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 <input type="text"/> Year <input type="text"/>	
1	How old were you at your last birthday? <i>Must be more than 14. Must agree with FQ0.</i>	Age <input type="text"/>	
2	What is the highest level of school you attended?	Never Attended 0 Primary 1 Secondary 2 Higher 3 No response -99	

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3	<p>Are you currently married or living together with a man as if married?</p> <p><i>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</i></p>	<p>Yes, currently married 1</p> <p>Yes, living with a man..... 2</p> <p>Not currently in union:</p> <p>Divorced / separated 3</p> <p>Not currently in union: Widow..... 4</p> <p>No, never in union 5</p> <p>No response -99</p>	Skip to 8 if No, never in union
4	<p>Have you been married or lived with a man only once or more than once?</p>	<p>Only once 1</p> <p>More than once 2</p> <p>No response -99</p>	Skip to 5b if Only once
5a	<p>In what month and year did you start living with your FIRST husband / partner?</p> <p><i>Enter Jan 2020 for no response.</i></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p>	
	<p>[If ≤15 years old at marriage date ODK will display:]</p> <p>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?</p>	<p>Yes 1</p> <p>No 0</p>	
5b	<p>Now I would like to ask about when you started living with your CURRENT or MOST RECENT husband / partner. In what month and year was that?</p> <p><i>Enter Jan 2020 for no response.</i></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p>	
	<p>[If ≤15 years old at marriage date ODK will display:]</p> <p>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?</p>	<p>Yes 1</p> <p>No 0</p>	
	<p>CHECK 3: Currently married/cohabitating?</p>	<p>Yes 1</p> <p>No 0</p>	Skip to 8 if No
6	<p>Does your husband / partner have other wives or does he live with other women as if married?</p>	<p>Yes 1</p> <p>No 0</p> <p>Don't know -88</p> <p>No response -99</p>	
7	<p>Is your husband / partner living with you now or is he staying elsewhere?</p>	<p>Living with respondent..... 1</p> <p>Staying elsewhere 2</p> <p>No response -99</p>	
<p>Section 2 – Reproduction, Pregnancy & Fertility Preferences</p> <p><i>Now I would like to ask about all the births you have had during your life.</i></p>			
8	<p>How many times have you given birth?</p> <p><i>Enter -99 for no response. 0 is a possible answer.</i></p>	<p>Number <input type="text"/></p>	Skip to 13 if 0, skip to 9 if 1.
	<p>Were all of those live births?</p> <p><i>If no, go back and change FQ8 to record only live birth events.</i></p>	<p>Yes 1</p> <p>No 0</p>	
8a	<p>When was your FIRST birth?</p> <p><i>Please record the date of the FIRST live birth. Date should be found by calculating forward or backward from memorable events if needed.</i></p> <p><i>Enter Jan 2020 for no response.</i></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p>	

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9	<p>When was your MOST RECENT birth?</p> <p><i>Please record the date of the MOST RECENT live birth. The date should be found by calculating backwards from memorable events if needed. Enter Jan 2020 for no response.</i></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p>	Skip to 11 if more than 1 year ago and/or Q8 =1
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. Enter Jan 2020 for no response.</i></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p>	
11	<p>Is your last baby / child still alive?</p>	<p>Yes 1</p> <p>No 0</p> <p>Don't know -88</p>	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. Enter Jan 2020 for no response.</i></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p>	
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. Enter 0 days for today, not 0 weeks/months/years.</i></p>	<p>Days Ago <input type="text"/></p> <p>Weeks Ago <input type="text"/></p> <p>Months Ago <input type="text"/></p> <p>Years Ago <input type="text"/></p> <p>Menopausal / Hysterectomy 5</p> <p>Before last birth 6</p> <p>Never menstruated 7</p> <p>No response -99</p>	
14	<p>Are you pregnant now?</p>	<p>Yes 1</p> <p>No 0</p> <p>Unsure 2</p> <p>No response -99</p>	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>	<p>Number of months <input type="text"/></p>	
	<p>CHECK 14: Currently pregnant?</p>	<p>Yes 1</p> <p>No 0</p>	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>	<p>Have a/another child 1</p> <p>No more/prefer no children 2</p> <p>Says she can't get pregnant 3</p> <p>Undecided / Don't know -88</p> <p>No response -99</p>	Skip to 17a if 1 and 18 for all other
16b	<p>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</p>	<p>Have a/another child 1</p> <p>No more/prefer no children 2</p> <p>Says she can't get pregnant 3</p>	Skip to 17b if 1 and 18 for

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	to have any more children?	Undecided / Don't know-88 No response-99	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> <i>Select "Years" if more than 36 months.</i>	Months <input type="text"/> Years <input type="text"/> Soon / now 1 Other 2 Says she can't get pregnant 3 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> <i>Select "Years" if more than 36 months.</i>	Months <input type="text"/> Years <input type="text"/> Soon / now 1 Says she can't get pregnant 2 Other 3 Don't know-88 No response-99	
	CHECK 8: Number of births CHECK 14: Currently pregnant?	Number of births <input 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 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	
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	Have you ever heard of female sterilization? PROBE: Women can have an operation to avoid having any more children. [NO IMAGE]	Yes 1 No 0 No response-99	Skip to 25 if No

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19	<p>Have you ever heard of male sterilization? 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? 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? 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? 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? 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? PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within five days to prevent pregnancy.</p> <p>[NO IMAGE]</p>	Yes 1 No 0 No response.....-99	
19	<p>Have you ever heard of condoms? PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p> <p>[IMAGE OF METHOD WILL APPEAR ON SCREEN]</p>	Yes 1 No 0 No response.....-99	
19	<p>Have you ever heard of female condoms? PROBE: Women can put a sheath in their vagina before sexual intercourse.</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 diaphragm? PROBE: Women can place a thin flexible disk in their vagina before sexual intercourse.</p> <p>[IMAGE OF METHOD WILL APPEAR ON SCREEN]</p>	Yes 1 No 0 No response.....-99	
19	<p>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.</p>	Yes 1 No 0 No response-99	

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	[IMAGE OF METHOD WILL APPEAR ON SCREEN]																																																					
19	<p>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.</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 Lactational Amenorrhea Method or LAM?</p> <p>[NO DESCRIPTION; NO IMAGE]</p>	Yes 1 No 0 No response -99																																																				
19	<p>Have you ever heard of the rhythm method? PROBE: Women can avoid pregnancy by not having sexual intercourse on the days of the month they think they can get pregnant.</p> <p>[NO IMAGE]</p>	Yes 1 No 0 No response -99																																																				
19	<p>Have you ever heard of the withdrawal method? PROBE: Men can be careful and pull out before climax.</p> <p>[NO IMAGE]</p>	Yes 1 No 0 No response -99																																																				
19	<p>Have you ever heard of any other ways or methods that women or men can use to avoid pregnancy?</p> <p>[NO IMAGE]</p>	Yes 1 No 0 No response -99																																																				
	CHECK 14: Currently pregnant?	Yes 1 No 0	Skip to 23 if yes																																																			
20	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	Yes 1 No 0 No response -99	Skip to 23 if No																																																			
21	<p>Which method or methods are you using? Probe: Anything else? <i>Select all methods mentioned. Be sure to scroll to bottom to see all choices.</i></p>	<table border="0"> <tr> <td>Female Sterilization</td> <td>Y</td> <td>N</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> </table>	Female Sterilization	Y	N	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		Skip based on most effective method only If LAM, FS, and MS=0, skip to 27 If FS or MS=1, skip to 22
Female Sterilization	Y	N																																																				
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21b	Are you breastfeeding to delay or avoid getting pregnant?	Yes 1 No 0 No response -99													
	CHECK FQ21: Using Female Sterilization and/or Male Sterilization?	<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>None of the above</td> <td>-77</td> <td></td> </tr> </tbody> </table>		Y	N	Female Sterilization	1	0	Male Sterilization	1	0	None of the above	-77		Skip to 27 if -77
	Y	N													
Female Sterilization	1	0													
Male Sterilization	1	0													
None of the above	-77														
22	Did the provider tell you or your partner that this method was permanent?	Yes 1 No 0 No response -99	Skip to 27												
23	Do you know of a place where you can obtain a method of family planning?	Yes 1 No 0 No response -99	Skip to 25 if yes												
	CHECK 14: Currently pregnant?	Yes 1 No 0	Skip to 24b if 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 41 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>	Implant 3 IUD 4 Injectables 5 Pill 7 Emergency Contraception 8 Male Condom 9 Female Condom 10 Diaphragm 11 Foam/Jelly 12 Std. Days/Cycle beads 13 LAM 14 Rhythm method 30 Withdrawal 31 Other traditional methods 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>	Month <input type="text"/> Year <input type="text"/>													

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	<i>Enter Jan 2020 for no response.</i>		
	CHECK 20: Currently using contraceptives?	Yes 1 No 0 No response.....-99	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 type="text"/> Year <input type="text"/>	Skip to 43 if No
29	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 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	Skip to 43 if No
30	You first started using [CURRENT/MOST RECENT METHOD] in [DATE FROM FQ27]. Where did you get it at that time? <i>Scroll to bottom to see all choices.</i>	PUBLIC SECTOR Govt. Hospital 11 Govt. Health Center 12 Family Planning Clinic 13 Mobile Clinic 14 Fieldworker 15 PRIVATE MEDICAL SECTOR Private Hospital/Clinic 21 Pharmacy 22 Chemist/PMS Store 23 Private Doctor 24 Mobile Clinic 25 Fieldworker 27 OTHER SOURCE Shop 31 Church 32 Friend/Relative 33 NGO 34 Other 96 Don't Know -88 No Response..... -99	Skip to FQ31 if 26, 31, 33, -88, or -99
30b	What is the full name of the facility where you obtained your [METHOD]?	<i>[ODK will display the list of facilities interviewed in the previous round that</i>	Skip to 31 if not 96

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	Select from the following facilities if applicable. If the facility where she obtained her method is not shown, select "Other" and enter the full name of the facility on the next screen.	are assigned to the selected EA] Other 96 Do not know-88 No response-99	
30c	Full name of facility: <input type="text"/>		
31	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 33 if No
32	Were you told what to do if you experienced side effects or problems?	Yes 1 No 0 No response-99	
33	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	
34	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 36 if Yes
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: You first started using [CURRENT/MOST RECENT METHOD] in [DATE FROM FQ27]. Where did you get it at that time?	PUBLIC SECTOR Govt. Hospital 11 Govt. Health Center 12 Family Planning Clinic 13 Mobile Clinic 14 Fieldworker 15 PRIVATE MEDICAL SECTOR Private Hospital/Clinic 21 Pharmacy 22 Chemist/PMS Store 23 Private Doctor 24 Mobile Clinic 25 Fieldworker 27	Skip to 41 if 30 is 34 or 96

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		<p>OTHER SOURCE</p> <p>Shop 31</p> <p>Church 32</p> <p>Friend/Relative 33</p> <p>NGO 34</p> <p>Other 96</p> <p>Don't Know -88</p> <p>No Response -99</p>	
37	<p>Would you return to this provider?</p> <p>Provider: [Type of Provider from FQ30]</p>	<p>Yes 1</p> <p>No 0</p> <p>No response -99</p>	
38	<p>Would you refer your relative or friend to this provider / facility?</p>	<p>Yes 1</p> <p>No 0</p> <p>No response -99</p>	
39	<p>In the last 12 months, have you paid any fees for family planning services (including the most current method)?</p>	<p>Yes 1</p> <p>No 0</p> <p>No response -99</p>	Skip to 41 if No
40	<p>How much did you pay?</p> <p><i>Enter all prices in Naira. Enter -88 if respondent does not know, -99 for no response.</i></p>	<p>Fee <input type="text"/></p>	
41	<p>Have you ever done anything or tried in any way to delay or avoid getting pregnant?</p>	<p>Yes 1</p> <p>No 0</p> <p>No response -99</p>	Skip to 43 if No
41b	<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.</i></p> <p><i>Enter -88 if respondent does not know.</i></p> <p><i>Enter -99 if there is no response.</i></p> <p><i>Cannot be younger than 9.</i></p>	<p>Age <input type="text"/></p>	
41c	<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>	<p>Number <input type="text"/></p>	
42	<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>	<p>Female Sterilization 1</p> <p>Male Sterilization 2</p> <p>Implant 3</p> <p>IUD 4</p> <p>Injectables 5</p> <p>Pill 7</p> <p>Emergency Contraception 8</p> <p>Male Condom 9</p> <p>Female Condom 10</p> <p>Diaphragm 11</p> <p>Foam/Jelly 12</p> <p>Std. Days/Cycle beads 13</p> <p>LAM 14</p>	

Female Questionnaire

		Rhythm method 30 Withdrawal 31 Other traditional methods 39																	
	CHECK 16: Desire for future child? CHECK 17: 2 or more years before next child? CHECK 20: Currently using contraceptive 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	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. Can you tell me the reason why you are not using a method to prevent pregnancy? PROBE: Any other reason? <i>RECORD ALL REASONS MENTIONED.</i> <i>Cannot select "Do Not Know" or "No response" with other options.</i> <i>Cannot select "Not married" if FQ3 is "Yes, currently married".</i> <i>Scroll to the bottom to see all choices.</i>	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 No response -99																	
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 No response -99																	
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 No 0 No response -99	Skip to 47 if No																
46	Did any staff member at the health facility speak to you about family planning methods?	Yes 1 No 0 No response -99																	
47	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?	<table border="1"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>NR</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> <td>-99</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> <td>-99</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> <td>-99</td> </tr> </table>		Yes	No	NR	1	0	-99	1	0	-99	1	0	-99	Skip to 47 if no
	Yes	No	NR																
.....	1	0	-99																
.....	1	0	-99																
.....	1	0	-99																
	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		

Female Questionnaire

		<i>Verbally prepare the respondent for sexual activity questions.</i>			
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>[She has had x live births.]</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 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> <p><i>Go back and correct FQ48 if it is not correct.</i></p>	<p>Yes 1</p> <p>No 0</p>			
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.</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>	<p>Days Ago <input type="text"/></p> <p>Weeks Ago <input type="text"/></p> <p>Months Ago <input type="text"/></p> <p>Years Ago <input type="text"/></p>		Skip to 50 if 0	
	CHECK FQ13: Respondent menstruating?	<p>Menopausal / Hysterectomy 1</p> <p>Before last birth 2</p> <p>Never menstruated 3</p> <p>No response.....-99</p>		Skip to L if 1 or 3	
<p>Privacy warning screen</p> <p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p>					
<p>Section 4. Menstrual Hygiene</p> <p>Now I'm going to ask you about menstrual hygiene management. This includes the use of absorbent materials; access to a private, clean, safe space; washing as required; and a place to dispose used materials.</p>					
50	<p>The last time you had your period, where were all the places that you changed, washed, dried, or disposed of used sanitary materials?</p> <p><i>Probe: Any other?</i></p>	<p>[MAIN SANITATION FACILITY from HQ].... 1</p> <p>Other household sanitation facility 1</p> <p>Sanitation facilities at school 1</p> <p>Sanitation facilities at work 1</p> <p>Other public sanitation facility..... 1</p> <p>Sleeping area 1</p> <p>Backyard 1</p> <p>No facility / Bush / Field -99</p> <p>OTHER</p> <p>No Response.....</p>	<p>Yes</p> <p>No</p>	<p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>	<p>If MSF only selected, skip to 51c</p> <p>If only one option selected (and not MSF) skip to 51b</p>

Female Questionnaire

51a	<p>What was the main place you used for changing your used pads, cloths, or other sanitary materials?</p> <p><i>[ODK will only display the options selected in FQ50]</i></p>	<p>[MAIN SANITATION FACILITY from HQ]... 1</p> <p>Other household sanitation facility 1</p> <p>Sanitation facilities at school 1</p> <p>Sanitation facilities at work 1</p> <p>Other public sanitation facility 1</p> <p>Sleeping area 1</p> <p>Backyard 1</p> <p>No facility / Bush / Field -99</p> <p>Other 1</p> <p>No Response 0</p>	Yes	No	
51b	<p>Main place: [Selection from FQ51a]</p> <p>While managing your menstrual hygiene, was this place:</p>	<p>Clean? 1</p> <p>Private? 1</p> <p>Safe? 1</p> <p>Able to be locked? 1</p> <p>Supplied with clean water? 1</p> <p>Supplied with soap? 1</p> <p>None of the above -77</p> <p>No Response -99</p>	Yes	No	
52	<p>During your last menstrual period what were all the materials you used to collect or absorb your menstrual blood?</p> <p><i>PROBE: Anything else?</i></p>	<p>Cloths 1</p> <p>Cotton wool 1</p> <p>Sanitary pads 1</p> <p>Tampons 1</p> <p>Toilet paper 1</p> <p>Paper (newspaper pages from books) 1</p> <p>Natural materials (mud, dung, leaves) 1</p> <p>Foam (from mattress or other material) 1</p> <p>Other 1</p> <p>No Response -99</p>	Yes	No	Skip to FQ56 if any items in bold are selected
53	<p>Did you wash and reuse pads, cloths, or other sanitary materials during your last menstrual period?</p>	<p>Yes 1</p> <p>No 0</p> <p>No Response -99</p>			Skip to FQ55 if No
54	<p>During your last menstrual period, were the sanitary materials that you washed and reused completely dried before each reuse?</p>	<p>Yes 1</p> <p>No 0</p> <p>No Response -99</p>			
55	<p>During your last menstrual period, did you have a place to dispose of all of your used pads, cloths, or other sanitary materials that was private?</p>	<p>Yes 1</p> <p>No 0</p> <p>No Response -99</p>			

Female Questionnaire

56	Are there any resources, materials or changes in your environment that would help you manage your menstrual hygiene that you do not usually have? Probe: Anything else? [RE does not read this list out aloud]	I have all I need	Yes	No	
		Clean water	1	0	
		Soap	1	0	
		Clean absorbent materials	1	0	
		A private place.....	1	0	
		A place where I feel safe	1	0	
		More knowledge	1	0	
		A place to buy clean absorbent materials ...	1	0	
		A place to dry used materials	1	0	
		A place to dispose used materials.....	1	0	
		Money.....	1	0	
		Other	1	0	
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

L	Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m. GPS coordinates can only be collected when outside.</i>	RECORD LOCATION	
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QUESTIONNAIRE RESULT

M	How many times have you visited this household to interview this female respondent?	1 st time 1 2 nd time 2 3 rd time..... 3	
N	Questionnaire result <i>Record the result of the Female Questionnaire</i>	Completed 1 Not at home 2 Postponed 3 Refused 4 Partly completed..... 5 Incapacitated 6	