



Female Questionnaire

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>	Yes..... 1	No..... 0			
	<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	No..... 0	Skip to F if Yes		
D	Record the correct date and time.	Date	Month	Day	Year	
		Time	Hours	Minutes	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? <i>Go to the right household or update the Household Roster if needed.</i></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	How well acquainted are you with the respondent?	Very well acquainted..... 1	Well acquainted..... 2	Not well acquainted..... 3	Not acquainted..... 4	Skip to L if No

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G	Is the respondent present and available to be interviewed today?	Yes 1 No 0	
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>			
Hello. My name is _____ and I am working for the Addis Ababa University, and Federal Ministry of Health. 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.			
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. At this time, do you want to ask me anything about the survey?			
H	Explain the consent form. Then, ask: May I begin the interview now?	Yes 1 No 0	Skip to K if No
I	Interviewer's name: [ODK will display the Interviewer's name from linked Household Questionnaire] <i>Mark your name as a witness to the consent process.</i>	<input type="text"/>	
J	Respondent's first 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 Technical & vocational 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 – Migration</p> <p><i>Now I would like to ask about your recent migration to and from your current area of residence</i></p>			
Mig 0	<p>Where were you born?</p> <p>[Region]</p>	<p>Region:</p> <p>Tigray 1</p> <p>Afar 2</p> <p>Amhara 3</p> <p>Oromia 4</p> <p>Ethiopia Somali 5</p> <p>Benishangul Gumuz 6</p> <p>SNNPR..... 7</p> <p>Gambella 8</p> <p>Harari..... 9</p> <p>Addis Ababa 10</p> <p>Dire Dawa..... 11</p>	

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Mig-0a	Was the place where you were born rural or urban?	Urban..... 1 Rural..... 2 No response-99	
Mig 1	How long have you been living continuously in [NAME of REGION] <u>If more than a year please enter in number of years on the following screen</u>	Always 1 Currently visiting..... 2 Less than a year..... 3 More than a year 4 No response-99	Skip to 8a if 1
Mig 2	Just before you moved here, did you live in a city, in a town, or a rural area?	City 1 Town..... 2 Rural area..... 3 No response-99	
Mig 3	Before you moved here, which region or country did you live in most recently? <i>Select the most recent</i>	Region: Tigray 1 Afar 2 Amhara 3 Oromia..... 4 Ethiopia Somali 5 Benishangul Gumuz 6 SNNPR..... 7 Gambella 8 Harari..... 9 Addis Ababa 10 Dire Dawa..... 11 Country: Yemen 12 Saudi Arabia 13 Libya 14 Beirut 15 United Arab Emirates 16 Sudan 17 South Sudan..... 18 South Africa 19 Kenya 20 Lebanon 21 Other 22	
Mig 4	Can you tell me the reasons why you moved to your current place of residence? <i>(Select all that apply)</i>	Education 1 Search for work 2 Marriage 3 Divorce/ Marriage dissolution 4 Death of spouse 5 Death of other household member 6 Job transfer/have a job 7 Displacement. War/drought..... 8 Moved with family..... 9 Returned back home 10 Shortage of land 11 Health problems 13 Other 14	Mig 4

Female Questionnaire

Section 3 – 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? <i>Enter -88 for do not know and -99 for No response. Change FQ8c to 'No' if zero deaths.</i>	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 live 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
10	When did you give birth before the most recent one? <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 <input style="width: 100px; height: 20px;" type="text"/> Year <input style="width: 100px; height: 20px;" type="text"/>	
11	Is your last baby / child still alive?	Yes 1 No 0 Don't know -88	Skip to 13 if Yes

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12	<p>When did your last baby / child die? <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? <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 Before last birth 6 Never menstruated..... 7 No response -99</p>	
14	<p>Are you pregnant now?</p>	<p>Yes 1 No 0 Unsure 2 No response -99</p>	<p>Skip to 16 if No or Unsure</p>
15	<p>How many months pregnant are you? The most recent birth was: [Date of most recent birth] <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 No 0</p>	<p>16a if no 16b if yes</p>
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 No more/prefer no children..... 2 Says she can't get pregnant..... 3 Undecided / Don't know -88 No response -99</p>	<p>Skip to 17a if 1 and 18 for all other</p>
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 to have any more children?</p>	<p>Have a/another child 1 No more/prefer no children..... 2 Says she can't get pregnant..... 3 Undecided / Don't know -88 No response -99</p>	<p>Skip to 17b if 1 and 18 for all other</p>
17a	<p>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. Select "Years" if more than 36 months.</i></p>	<p>Months <input type="text"/></p> <p>Years <input type="text"/></p> <p>Soon / now 3 Says she can't get pregnant..... 4 Other 5 Don't know..... -88 No response -99</p>	
17b	<p>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</i></p>	<p>Months <input type="text"/></p> <p>Years <input type="text"/></p>	

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	<p>number for x on the next screen.</p> <p>Select "Years" if more than 36 months.</p>	<p>Soon / now 3</p> <p>Says she can't get pregnant..... 4</p> <p>Other 5</p> <p>Don't know.....-88</p> <p>No response -99</p>	
	<p>CHECK 8: Number of births</p> <p>CHECK 14: Currently pregnant?</p>	<p>Number of births <input type="text"/></p> <p>Yes 1</p> <p>No 0</p>	<p>Skip to 19 if 0 births and 14: No. Skip to 18a if 14: no and 18b if 14: yes</p>
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>	<p>Then 1</p> <p>Later 2</p> <p>Not at all 3</p> <p>No response-99</p>	
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>	<p>Then 1</p> <p>Later 2</p> <p>Not at all 3</p> <p>No response -99</p>	
<p>Section 4 – Contraception</p> <p><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></p> <p><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></p>			
<p>OBSERVE: CHECK FOR THE PRESENCE OF OTHERS.</p> <p>BEFORE CONTINUING MAKE EVER EFFORT TO ENSURE PRIVACY.</p>			
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>	<p>Yes..... 1</p> <p>No 0</p> <p>No Response..... -99</p>	
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>	<p>Yes..... 1</p> <p>No 0</p> <p>No Response..... -99</p>	
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>	<p>Yes..... 1</p> <p>No 0</p> <p>No Response..... -99</p>	

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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>	<p>Yes..... 1 No 0 No Response..... -99</p>	
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>	<p>Yes..... 1 No 0 No Response..... -99</p>	
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>	<p>Yes..... 1 No 0 No Response..... -99</p>	
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 time within five days to prevent pregnancy.</p> <p>[NO IMAGE]</p>	<p>Yes..... 1 No 0 No Response..... -99</p>	
19	<p>Have you ever heard of condoms?</p> <p>PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p>	<p>Yes..... 1 No 0 No Response..... -99</p>	
19	<p>Have you ever heard of female condoms?</p> <p>PROBE: Women can put a sheath in their vagina before sexual intercourse.</p> <p><IMAGE OF METHOD WILL APPEAR ON SCREEN></p>	<p>Yes 1 No 0 No response.....-99</p>	
19	<p>Have you ever heard of the standard days method or Cycle Beads?</p> <p>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</p>	<p>Yes..... 1 No 0 No Response..... -99</p>	

Female Questionnaire

	SCREEN>		
19	Have you ever heard of the Lactational Amenorrhea Method or LAM? <NO DESCRIPTION; NO IMAGE>	Yes 1 No 0 No response -99	
19	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. [NO IMAGE]	Yes 1 No 0 No Response -99	
19	Have you ever heard of the withdrawal method? PROBE: Men can be careful and pull out before climax. [NO IMAGE]	Yes 1 No 0 No Response -99	
19	Have you ever heard of any other ways or methods that women or men can use to avoid pregnancy?	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 not Yes
21	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>	Female Sterilization 1 Male Sterilization 2 Implant 3 IUD 4 Injectables 5 Pill 7 Emergency Contraception 8 Male Condom 9 Female Condom 10 Std. Days/Cycle beads 13 LAM 14 Rhythm method 30 Withdrawal 31 Other traditional methods 39 No response -99	
21b	Are you breastfeeding to delay or avoid becoming pregnant?	Yes 1 No 0 No Response -99	
	CHECK FQ21: Using Implants?	Yes 1 No 0 No Response -99	Skip to 23 if No
Imp-1	How many rods is your implant?	1 1 2 2 6 6	

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		Don't know..... -88 No response..... -99																													
Imp-2	At the visit when the implant was inserted, were you told for how long the implant would protect you from pregnancy?	Yes 1 No..... 0 No Response..... -99	Skip to 23 if No. If yes, go to Imp-3																												
Imp-3	[If Yes] How long were you told? <i>If you select months or years, you will enter a number for x on the next screen.</i>	Months <input type="text"/> Years <input type="text"/> Don't know..... -88 No response..... -99																													
	CHECK FQ21: Using Female Sterilization and/or Male Sterilization?	<table border="1"> <tr> <td>Female Sterilization.....</td> <td>Y 1</td> <td>N 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> </table>	Female Sterilization.....	Y 1	N 0	Male Sterilization	1	0	None of the above.....	-77		Skip to 28 if -77																			
Female Sterilization.....	Y 1	N 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 28																												
23	Do you know of a place where you can obtain a method of family planning?	Yes 1 No..... 0 No Response..... -99																													
	CHECK 14: Currently pregnant?	Yes 1 No..... 0	Skip to 25b 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>	<table border="1"> <tr><td>Female Sterilization.....</td><td>1</td></tr> <tr><td>Male Sterilization</td><td>2</td></tr> <tr><td>Implant</td><td>3</td></tr> <tr><td>IUD</td><td>4</td></tr> <tr><td>Injectables</td><td>5</td></tr> <tr><td>Pill</td><td>7</td></tr> <tr><td>Emergency Contraception.....</td><td>8</td></tr> <tr><td>Male Condom</td><td>9</td></tr> <tr><td>Female Condom</td><td>10</td></tr> <tr><td>Std. Days/Cycle beads</td><td>13</td></tr> <tr><td>LAM</td><td>14</td></tr> <tr><td>Rhythm method</td><td>30</td></tr> <tr><td>Withdrawal</td><td>31</td></tr> <tr><td>Other traditional methods</td><td>39</td></tr> </table>	Female Sterilization.....	1	Male Sterilization	2	Implant	3	IUD	4	Injectables	5	Pill	7	Emergency Contraception.....	8	Male Condom	9	Female Condom	10	Std. Days/Cycle beads	13	LAM	14	Rhythm method	30	Withdrawal	31	Other traditional methods	39	
Female Sterilization.....	1																														
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		No response -99	
27	<p>When did you begin using your [MOST RECENT / CURRENT METHOD]?</p> <p><i>Calculate backwards from memorable events if needed.</i></p> <p>Age at first use: [Age from FQ20] Most Recent Birth: [mm-yyyy] Current Marriage: [mm-yyyy]</p> <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>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p>	
	<p>CHECK 22: Currently using contraceptives?</p>	<p>Yes 1</p> <p>No 0</p>	<p>Skip to 31 if Yes</p>
28	<p>When did you stop using your [MOST RECENT METHOD]?</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>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p>	
29	<p>Why did you stop using your (MOST RECENT METHOD)?</p>	<p>Infrequent sex / husband away 1</p> <p>Became pregnant while using 2</p> <p>Wanted to become pregnant 3</p> <p>Husband / partner disapproved 4</p> <p>Wanted more effective method 5</p> <p>No method available..... 6</p> <p>Health concerns 7</p> <p>Fear of side effects..... 8</p> <p>Lack of access / too far 9</p> <p>Costs too much 10</p> <p>Inconvenient to use 11</p> <p>Fatalistic 12</p> <p>Difficult to get pregnant / Menopausal..... 13</p> <p>Interferes with body's processes ... 14</p> <p>Other 15</p> <p>Don't know..... -88</p> <p>No response -99</p>	
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:</p> <p>GOVT HOSPITAL11</p> <p>GOVT HEALTH CENTER.....12</p> <p>GOVT. HEALTH STATION/CLINIC 13</p> <p>GOVT. HEALTH POST/HEW 14</p> <p>OTHER PUBLIC 15</p> <p>NGO</p> <p>NGO HEALTH FACILITY.....</p> <p>VOLUNTARY COMMUNITY HEALTH WORKERS..</p> <p>OTHER NGO.....</p>	

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		<p>PRIVATE MEDICAL SECTOR: PRIVATE HOSPITAL 21 PRIVATE CLINIC..... PHARMACY22 OTHER PRIVATE MEDICAL23</p> <p>OTHER SOURCE: DRUG VENDORS/STORE31 SHOP32 FRIEND/RELATIVE33 OTHER 96 DON'T KNOW..... -88 No response.....-99</p>	
30b	<p>What is the full name of the facility where you obtained your [CURRENT/MOST RECENT METHOD]??</p> <p><i>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.</i></p>	<p><i>[ODK will display the list of facilities interviewed in the previous round that are assigned to the selected EA]</i></p> <p><i>Other.....96</i> <i>Do not know..... -88</i> <i>No response..... -99</i></p>	Skip to 31 if not 96
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>	<p>Yes 1 No..... 0 No Response..... -99</p>	Skip to 35 if No
32	<p>Were you told what to do if you experienced side effects or problems?</p>	<p>Yes 1 No..... 0 No Response..... -99</p>	
	<p>Check 21: Currently using implants</p>	<p>Yes 1 No..... 0 No Response..... -99</p>	Skip to 35 if no
Imp-4	<p>Were you told where you could go to have the implant removed?</p>	<p>Yes 1 No..... 0 Don't know.....-88 No response -99</p>	
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>	<p>Yes 1 No..... 0 No Response..... -99</p>	
34	<p>During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?</p>	<p>Yes 1 No..... 0 No Response..... -99</p>	Skip to 38 if yes
35	<p>Why didn't you obtain the method you wanted?</p>	<p>Method out of stock that day 1 Method not available at all..... 2 Provider not trained to provide the method 3 Provider recommended a different method 4 Not eligible for method 5 Decided not to adopt a method 6</p>	

Female Questionnaire

		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 31: Where did you obtain your [MOST RECENT / CURRENT METHOD]?	PUBLIC SECTOR: GOVT HOSPITAL11 GOVT HEALTH CENTER.....12 GOVT. HEALTH STATION/CLINIC13 GOVT. HEALTH POST/HEW14 OTHER PUBLIC 15 NGO NGO HEALTH FACILITY..... VOLUNTARY COMMUNITY HEALTH WORKERS.. OTHER NGO..... PRIVATE MEDICAL SECTOR: PRIVATE HOSPITAL 21 PRIVATE CLINIC..... PHARMACY22 OTHER PRIVATE MEDICAL23 OTHER SOURCE: DRUG VENDORS/STORE31 SHOP32 FRIEND/RELATIVE33 OTHER 96 DON'T KNOW..... -88 No response.....-99	Skip to 45 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	
	Check 21: Currently using implants	Yes 1 No..... 0 No Response..... -99	Skip to 39b if No
Imp-5	Have you ever tried to have your current implant removed?	Yes, by a health professional 1 Yes, by a non-health professional ... 2 No..... 0 No response -99	Skip to 39b if No or -99
Imp-6	Why were you not able to have your implant removed?	Facility not open 1 Qualified provider not available2 Provider attempted but could not remove the implant..... 3 Provider refused 4 Cost of removal services 5 Travel cost..... 6 Provider counseled against	Skip to 39b

Female Questionnaire

		removal..... 7 Told to return on another day 8 Other 9 Don't know.....-88 No response -99	
39	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 43 if No
40	How much did you pay? <i>Enter all prices in Ethiopian Birr. Enter -88 if respondent does not know, -99 for no response.</i>	Fee:	
41	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
41b	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. Enter -88 if respondent does not know. Enter -99 if there is no response. Cannot be younger than 9.</i>	Age <input type="text"/>	
41c	How many living children did you have at that time, if any? Note: the respondent said that she gave birth [number of live births] times in FQ8. <i>Enter -99 for no response</i>	Number <input type="text"/>	
42	Which method did you first use to delay or avoid getting pregnant? <i>Do not read the method choices. Be sure to scroll to bottom to see all choices.</i>	Female Sterilization..... 1 Male Sterilization 2 Implant 3 IUD 4 Injectables 5 Pill 7 Emergency Contraception..... 8 Male Condom 9 Female Condom 10 Std. Days/Cycle beads 13 LAM 14 Rhythm method 30 Withdrawal 31 Other traditional methods 39 No response -99	
	CHECK 16: Desire for future child? CHECK 17: 2 or more years before next child?	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	Ask 43 to non users (current) who do not want a /another child or not before 2 yrs.

Female Questionnaire

	<p>CHECK 22: Currently using contraceptive method?</p> <p>CHECK 19: Ever use a method?</p>	<p>No, not using contraceptive..... 0</p> <p>Yes 1</p> <p>No..... 0</p>													
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 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>	<p>Not married 1</p> <p>Infrequent sex / husband away 2</p> <p>Menopausal/Hysterectomy..... 3</p> <p>Subfecund / infecund 4</p> <p>Not menstruated since last birth..... 5</p> <p>Breastfeeding 6</p> <p>Up to God / fatalistic..... 7</p> <p>Respondent opposed 8</p> <p>Husband / partner opposed..... 9</p> <p>Others opposed..... 10</p> <p>Religious prohibition 11</p> <p>Knows no method 12</p> <p>Knows no source..... 13</p> <p>Fear of side effects..... 14</p> <p>Health concerns 15</p> <p>Lack of access / too far 16</p> <p>Costs too much 17</p> <p>Preferred method not available 18</p> <p>No method available 19</p> <p>Inconvenient to use 20</p> <p>Interferes with body's processes 21</p> <p>Other 22</p> <p>Don't know -88</p> <p>No response -99</p>													
44	<p>In the last 12 months, were you visited by a community health worker who talked to you about family planning?</p>	<p>Yes 1</p> <p>No..... 0</p> <p>No response -99</p>													
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>	<p>Yes 1</p> <p>No..... 0</p> <p>No response -99</p>	Skip to 47 if no												
46	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>Yes 1</p> <p>No..... 0</p> <p>No response -99</p>													
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 border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> </tbody> </table>		Yes	No	1	0	1	0	1	0	
	Yes	No													
.....	1	0													
.....	1	0													
.....	1	0													
<p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p>															
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>	<p>Age <input type="text"/></p>	Skip to 50 if -77												

Female Questionnaire

	<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>																															
<p>Section 5 – Diarrheal Disease Among Children</p> <p><i>Now I would like to ask about your water practices.</i></p>																																	
50	<p>How many children under age 5, if any, live in this household for which you are the primary caregiver?</p>	<p>Number <input type="text"/></p>	<p>Skip to L if 0</p>																														
<p>Starting with the youngest child, I'd like to ask you some questions.</p> <p>ODK Will repeat the FQ51-FQ53 each child under age 5.</p>																																	
51	<p>In what month and year was this child born?</p> <p>ENTER JAN 2020 FOR NO RESPONSE.</p>	<p>Month <input type="text"/></p> <p>Year <input 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.....</p> <p>Leave waste where it is.....</p> <p>Bury waste in field / yard.....</p> <p>Dispose of waste in latrine / toilet.....</p> <p>Dispose of waste with rubbish / garbage.....</p> <p>Dispose of waste with waste water.....</p> <p>Use it as manure.....</p> <p>Burn it.....</p> <p>No response.....</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Yes</u></th> <th style="text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>Children use a latrine / toilet.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Leave waste where it is.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Bury waste in field / yard.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Dispose of waste in latrine / toilet.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Dispose of waste with rubbish / garbage.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Dispose of waste with waste water.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Use it as manure.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Burn it.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>No response.....</td> <td style="text-align: center;">-99</td> <td></td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	Children use a latrine / toilet.....	1	0	Leave waste where it is.....	1	0	Bury waste in field / yard.....	1	0	Dispose of waste in latrine / toilet.....	1	0	Dispose of waste with rubbish / garbage.....	1	0	Dispose of waste with waste water.....	1	0	Use it as manure.....	1	0	Burn it.....	1	0	No response.....	-99		
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Female Questionnaire

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 No 0 No Response.....</p>
<p>Thank the respondent for her time <i>The respondent is finished, but there are still 2 more questions for you to complete outside the home.</i></p>		
LOCATION		
L	<p>Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.</i> <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 2nd time 2 3rd time 3</p>
N	<p>Questionnaire result <i>Record the result of the Female Questionnaire</i></p>	<p>Completed 1 Not at home 2 Postponed 3 Refused 4 Partly completed 5 Incapacitated 6</p>