



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 No 0													
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 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	<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 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 “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 No 0													
F	<p>Is the respondent present and available to be interviewed today?</p>	Yes 1 No 0	Skip to L if No												

Female Questionnaire			
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G	How well acquainted are you with the respondent?	Very well acquainted 1 Well acquainted 2 Not well acquainted 3 Not acquainted 4	
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 the Makerere University, School of Public in collaboration with Ministry of Health, and Uganda Bureau of Statistics. We are conducting a local survey about various 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. 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>I am going to ask you questions about your family and other household members. We would then like to ask a different set of questions to female members of this household who are between the ages of 15 and 49 years. At this time, do you want to ask me anything about the survey?</p>			
H	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: 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"/>	
I	Interviewer's name: [Interviewer name from Household Questionnaire] <i>Mark your name as a witness to the consent process.</i>	<input type="text"/>	
J	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>	<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"/>	

Female Questionnaire			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		Year <input type="text"/>	
1	How old were you at your last birthday?	Age <input type="text"/>	
2	What is the highest level of school you attended?	Never attended/ Preschool 0 Primary 1-4 1 Primary 5-7 2 Secondary 1-4 3 Secondary 5-6 4 Technical/ Vocational 5 University/ Technical 6 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>	Yes, currently married 1 Yes, living with a man 2 Not currently in union: Divorced / separated 3 Not currently in union: Widowed 4 Never married 5 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 once 1 More than once 2 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 type="text"/> Year <input 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?	Yes 1 No 0	
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 type="text"/> Year <input 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?	Yes 1 No 0	
	CHECK 3: Currently married/cohabitating?	Yes 1	Skip to 8

Female Questionnaire			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		No..... 0	if No
6	Does your husband / partner have other wives or does he live with other women as if married?	Yes 1 No..... 0 Don't know..... -88 No Response..... -99	
7	Is your husband / partner living with you now or is he staying elsewhere?	Living with respondent..... 1 Staying elsewhere 2 No response -99	
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 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 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 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 live 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 type="text"/> Year <input type="text"/>	
9	When was your MOST RECENT live birth?		Skip to 11 if not

Female Questionnaire			
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	<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 type="text"/> Year <input type="text"/>	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 type="text"/> Year <input type="text"/>	
11	Is your last baby / child still alive?	Yes 1 No 0 Don't know -88 No Response -99	Skip to 13 if Yes
12	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>	Month <input type="text"/> Year <input type="text"/>	
13	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>	Days Ago <input type="text"/> Weeks Ago <input type="text"/> Months Ago <input type="text"/> Years Ago <input type="text"/> Menopausal / Hysterectomy 5 Before last birth 6 Never menstruated 7 No response -99	
14	Are you pregnant now?	Yes 1 No 0 Unsure 2 No response -99	Skip to 16 if No or Unsure
15	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>	Number of months <input type="text"/>	
	CHECK 14: Currently pregnant?	Yes 1 No 0	16a if no 16b if yes
16a	Now I have some questions about the future.	Have a/another child 1	Skip to 17a if 1

Female Questionnaire			
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	Would you like to have a/another child or would you prefer not to have any / any more children?	No more/prefer no children..... 2 Says she can't get pregnant..... 3 Undecided / Don't know -88 No response -99	and 18 for all other
16b	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?	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	Skip to 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 type="text"/> Years <input type="text"/> Soon / now 3 Says she can't get pregnant..... 4 Other 5 Don't know..... -88 No response -99	
17b	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? <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"/> Soon / now 3 Says she can't get pregnant..... 4 Other 5 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 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	
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>			

Female Questionnaire			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<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 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 male condoms?</p> <p>PROBE: Men can put a rubber sheath on their penis</p>	Yes..... 1 No 0 No Response..... -99	

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	before sexual intercourse. <IMAGE OF METHOD WILL APPEAR ON SCREEN>		
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 No 0 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	
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	

Female Questionnaire			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 Implants 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 Method 39 No response..... -99	Skip based on most effective method only Skip to 27 if main method is not Male Sterilization or Female sterilization If LAM selected go to 21b
21b	Are you breastfeeding to delay or avoid becoming pregnant?	Yes..... 1 No 0 No Response..... -99	Skip to 27 for all responses
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	
	CHECK 14: Currently pregnant?	Yes..... 1 No 0	24a if no

Female Questionnaire			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
			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 No0 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 No0 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 No0 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>	Implants 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 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> 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 type="text"/> Year <input type="text"/>	
	CHECK 22: Currently using contraceptives?	Yes..... 1 No0	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"/>	

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
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 OUTREACH 14 FIELDWORK/VHT 15 OTHER PUBLIC 16 PRIVATE MEDICAL SECTOR: PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 OUTREACH 24 FIELD WORKER/VHT 25 OTHER PRIVATE 26 OTHER SOURCE: SHOP 31 CHURCH 32 FRIEND/RELATIVE 33 OTHER 96 DON'T KNOW -88 NO RESPONSE -99	
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	Yes 1	Skip to

Female Questionnaire			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	wanted to delay or avoid getting pregnant?	No0 No Response..... -99	36 if yes
35	Why didn't you obtain the method you wanted?	Method out of stock that day..... 1 Method not available at all2 Provider not trained to provide the method3 Provider recommended a different method4 Not eligible for method5 Decided not to adopt a method.....6 Too costly.....7 Other8 No response..... -99	
36	During that visit, who made the final decision about what method you got?	You alone..... 1 Provider.....2 Partner3 You and provider.....4 You and partner5 Other6 No Response..... -99	
	CHECK 30: Where did you obtain your [MOST RECENT / CURRENT METHOD]?	PUBLIC SECTOR: GOVT HOSPITAL 11 GOVT HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 OUTREACH 14 FIELDWORK/VHT 15 OTHER PUBLIC 16 PRIVATE MEDICAL SECTOR: PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 OUTREACH 24 FIELD WORKER/VHT 25 OTHER PRIVATE 26 OTHER SOURCE: SHOP 31 CHURCH..... 32 FRIEND/RELATIVE 33 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 No0 No Response..... -99	
38	Would you refer your relative or friend to this provider / facility?	Yes..... 1 No0 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 No0	Skip to 43 if No

Female Questionnaire

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40	<p>How much did you pay?</p> <p><i>Enter all prices in Ugandan Shillings. Enter -88 if respondent does not know, -99 for no response.</i></p>	Fee:	
41	<p>Have you ever done anything or tried in any way to delay or avoid getting pregnant?</p>	Yes..... 1 No 0 No response..... -99	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. Enter -88 if respondent does not know. Enter -99 if there is no response. Cannot be younger than 9.</i></p>	Age <input type="text"/>	
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>	Number <input type="text"/>	
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>	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 Std. Days/Cycle beads 1 0 LAM..... 1 0 Rhythm method 1 0 Withdrawal -99 Other traditional Method	
	<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>	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.
43	<p>You said that you do not want any/anymore children and that you are not using a method to</p>	Not married 1 Infrequent sex / husband away 2 Menopausal/Hysterectomy 3	

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	<p>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>	Subfecund / infecund4 Not menstruated since last birth5 Breastfeeding6 Up to God / fatalistic.....7 Respondent opposed8 Husband / partner opposed9 Others opposed10 Religious prohibition.....11 Knows no method12 Knows no source13 Fear of side effects14 Health concerns15 Lack of access / too far16 Costs too much17 Preferred method not available.....18 No method available19 Inconvenient to use.....20 Interferes with body's processes...21 Other22 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 No0	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 No0 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 No0													
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><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;" 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</p>	Yes.....1 No0													

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	what she said? <i>Go back and correct FQ48 if it is not correct.</i>		
49	When was the last time you had sexual intercourse? <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>	Days Ago <input type="text"/> Weeks Ago <input type="text"/> Months Ago <input type="text"/> Years Ago <input type="text"/>	
Section 4 – Diarrheal Disease Among Children <i>Now I would like to ask about your water practices.</i>			
50	How many children under age 5, if any, live in this household for which you are the primary caregiver?	Number <input 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	In what month and year was this child born? ENTER JAN 2020 FOR NO RESPONSE.	Month <input type="text"/> Year <input type="text"/>	
52	The last time this child passed stools, what was done to dispose of the stools? FOR ALL FECES, NORMAL OR DIARRHEA. Burn it..... Bury waste in field / yard Dispose of waste with rubbish / garbage Dispose of waste in latrine / toilet Children use a latrine / toilet Leave waste where it is..... Use it as manure Dispose of waste with waste water No response	1 2 3 4 5 6 7 8 -99	

Female Questionnaire				
NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
53	In the past 7 days, has this child had diarrhea? <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>	Yes 1 No 0 No Response.....-99		
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>				
Section 5 – New Contraceptive Acceptability Questions				
	INFORMED CONSENT: Next I would like to ask questions about your preferences for contraception and some new methods that are being developed. Your answers to these questions will be used for research purposes. There are no additional risks or benefits to answering these questions. As a reminder, your participation is completely voluntary and no identifying information about you will be shared with the researchers or reported in the study results. May I continue with the questions? Yes 1 No 0			If No, skip to L
	CHECK FQ21: Current user?	Yes 1 No 0		Skip to CA_2 if Yes
	CHECK FQ24: Intend to use?	Yes 1 No 0		Skip to CA_2 if Yes
CA_1	New contraceptive methods are being developed and may become available in the future. If new methods were available to you, would you consider using a new method at some point in the future?	Yes 1 No 0 No response..... -99		If 0, skip to L
CA_2	In choosing a contraceptive method, what are the things about the method that are important to you? PROBE: Anything else that is important to you? <i>Do not read responses.</i> <i>SELECT ALL THAT APPLY.</i>			
		<u>Yes</u>	<u>No</u>	
	Effectiveness	1	0	
	Cost	1	0	
	Access	1	0	
	How long it lasts	1	0	
	Husband/partner approves	1	0	
	Doesn't affect sex	1	0	
	Available outside clinic	1	0	
	Immediate return to fertility	1	0	
	Recommended by friends/relatives	1	0	
	Recommended by provider	1	0	
	Does not change menstrual bleeding	1	0	
	Causes few other side effect	1	0	
	Not painful to receive	1	0	
	Can be used while breastfeeding	1	0	

Female Questionnaire				
NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
	Does not require pelvic exam	1	0	
	Can be used secretly	1	0	
	Other	1	0	
	No Response	1	0	
	<input type="checkbox"/> Check here to acknowledge you considered all options			
	<i>[Error message if "No response" is selected with another option: "You selected no response with another option]</i>			

Female Questionnaire				
NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
CA_3	<p>If you could choose how often to take your contraceptive method, would you choose a method that you would take:</p> <p><i>READ RESPONSES ALOUD.</i></p>	Every day 1 Every time you have sex 2 Every month or every few months ... 3 Every year or every few years 4 Once; it is permanent 5 Other -77 No response -99		If 1 or 2, skip to CA_5 If 4, skip to CA_4b All others, skip to CA_6
CA_4 a	<p>How many months would you want a method to last before you need to get it again?</p> <p><i>Enter -99 if there is no response.</i></p>	Number of months <input type="text"/>		Skip to CA_6
CA_4 b	<p>How many years would you want this method to last before you need to get it again?</p> <p><i>Enter -99 if there is no response.</i></p>	Number of years <input type="text"/>		Skip to CA_6 < 20 years entered
	<p>[If method duration is ≥ 20 years.]</p> <p>You have entered the respondent wants a method that lasts [## from CA_4b] years before she gets it again. Is that what she said?</p> <p><i>Go back and change CA-4b if it is not correct.</i></p>	Yes 1 No 2		Skip to CA_6 if Yes
CA_5	<p>Why did you choose this over other options?</p> <p>PROBE: Any other reason?</p> <p><i>Do not read responses. SELECT ALL THAT APPLY.</i></p> <p>May want to get pregnant soon Familiar/feel comfortable with short acting methods .. Infrequent sex</p>	<p><u>Yes</u></p> <p>1 1 1</p>	<p><u>No</u></p> <p>0 0 0</p>	

Female Questionnaire				
NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
	Fear of side effects of long-acting methods.....	1	0	
	More convenient to use than long-acting methods.....	1	0	
	Less expensive than long-acting methods.....	1	0	
	Easier to access than long-acting methods.....	1	0	
	Friends/family members use short-acting methods....	1	0	
	Fear of medical procedure.....	1	0	
	Other.....	1	0	
	No Response.....	1	0	
	<input type="checkbox"/> Check here to acknowledge you considered all options			
	<i>Error message if "No response" is selected with another option: "You selected no response with another option"</i>			

Female Questionnaire			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
CA_6	<p>With some contraceptive methods, women do not get their period, but their period and their fertility return when they stop using it. Would you choose a method that stops your period?</p>	Yes..... 1 No 0 No response..... -99	
	<p>Now I would like to talk with you about methods that are not yet widely available in Uganda or that are currently being developed. For each method, I will first describe it and then ask if you would be interested in using it at some point in the future. All these methods are highly effective at preventing pregnancy.</p>		
CA_7	<p>Longer-lasting injectable:</p> <p>This method is an injection that a woman would get from a health provider. It would prevent pregnancy for six months.</p> <p>While using this method, a woman may have irregular periods or her period may stop. If a woman has these side-effects, they cannot be stopped until the end of the six months.</p> <p>This method would contain hormones, substances that change how the body functions, like in existing contraceptive methods such as the pill, the injectable, or the implant.</p> <p>If this method were available, would you be interested in using it?</p> <p><i>READ RESPONSES ALOUD.</i></p> <p><i>[IMAGE OF METHOD WILL APPEAR ON SCREEN]</i></p>	Definitely would use it 1 Probably would use it..... 2 Probably would not use it..... 3 Definitely would not use it 4 No response..... -99	If 1 or 2, add to method list for CA_13
CA_8	<p>Longer-lasting single rod implant:</p> <p>This method is a single rod that would be placed in a woman's arm by a health provider. It would prevent pregnancy for 5 years but could be removed by a health provider at any time.</p> <p>While using this method, a woman may have irregular periods.</p> <p>This method would contain hormones, substances that change how the body functions, like in existing contraceptive methods such as the pill, the injectable, or the implant.</p> <p>If this method were available, would you be interested in using it?</p> <p><i>READ RESPONSES ALOUD.</i></p> <p><i>[IMAGE OF METHOD WILL APPEAR ON SCREEN]</i></p>	Definitely would use it 1 Probably would use it..... 2 Probably would not use it..... 3 Definitely would not use it 4 No response..... -99	If 1 or 2, add to method list for CA_13
CA_9	<p>Dissolving implant:</p> <p>This method is a single rod that would be placed in a woman's arm by a health provider. It would prevent pregnancy for one and a half years.</p> <p>This method would dissolve over time so it would not need to be removed, however, it could be</p>		If 1 or 2, add to method list for CA_13

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>removed by a health provider during the first year.</p> <p>While using this method, a woman may have irregular periods.</p> <p>This method would contain hormones, substances that change how the body functions, like in existing contraceptive methods such as the pill, the injectable, or the implant.</p> <p>If this method were available, would you be interested in using it?</p> <p><i>READ RESPONSES ALOUD.</i></p> <p><i>[IMAGE OF METHOD WILL APPEAR ON SCREEN]</i></p>	<p>Definitely would use it 1</p> <p>Probably would use it.....2</p> <p>Probably would not use it.....3</p> <p>Definitely would not use it 4</p> <p>No response..... -99</p>	

Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
CA_1 0	<p>IUD with hormones:</p> <p>This is a method where a loop or coil is placed inside a woman’s womb by a health provider. It would prevent pregnancy for 5 years but could be removed by a health provider at any time.</p> <p>While using this method, a woman may have a lighter period or her period may stop. This method can also be used as a treatment for heavy and painful menstruation. A woman using this method may experience some pain and discomfort for a short time after it is placed.</p> <p>This method would contain hormones, substances that change how the body functions, like in existing contraceptive methods such as the pill, the injectable, or the implant.</p> <p>If this method were available, would you be interested in using it?</p> <p><i>READ RESPONSES ALOUD.</i></p> <p><i>[IMAGE OF METHOD WILL APPEAR ON SCREEN]</i></p>	<p>Definitely would use it 1</p> <p>Probably would use it.....2</p> <p>Probably would not use it.....3</p> <p>Definitely would not use it4</p> <p>No response..... -99</p>	<p>If 1 or 2, add to method list for CA_13</p>
CA_1 1	<p>New IUD without hormones:</p> <p>This is a method where a loop or coil is placed inside a woman’s womb by a health provider. It would prevent pregnancy for 10 or more years but could be removed by a health provider at any time.</p> <p>This method would be different from the current IUD in its shape or size. While using this method, a woman may have heavier periods. A woman using this method may experience some pain and discomfort for a short time after it is placed.</p> <p>This method would not contain hormones.</p> <p>If this method were available, would you be interested in using it?</p> <p><i>READ RESPONSES ALOUD.</i></p> <p><i>[IMAGE OF METHOD WILL APPEAR ON SCREEN]</i></p>	<p>Definitely would use it 1</p> <p>Probably would use it.....2</p> <p>Probably would not use it.....3</p> <p>Definitely would not use it4</p> <p>No response..... -99</p>	<p>If 1 or 2, add to method list for CA_13</p>
CA_1 2	<p>Permanent method:</p> <p>A health provider would perform a procedure on the womb that would permanently prevent pregnancy. It would not be an operation.</p> <p>Afterward, the woman may need to return to the health provider for an exam to confirm the method is working completely.</p> <p>This method would not affect a woman’s period.</p> <p>This method would not contain hormones.</p> <p>If this method were available, would you be</p>	<p>Definitely would use it 1</p>	<p>If 1 or 2, add to method list for CA_13</p>

Female Questionnaire			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	interested in using it? <i>READ RESPONSES ALOUD.</i>	Probably would use it.....2 Probably would not use it.....3 Definitely would not use it4 No response..... -99	
	CHECK CA_7 - CA_12: Did respondent answer 1 or 2 to more than one question?	Yes.....1 No0	Go to CA_13 if Yes
	CHECK FQ21: Current user? AND CHECK CA_7 - CA_12: Did respondent answer 1 or 2 to any question?	Yes.....1 No0	Go to CA_13 if Yes
	CHECK FQ26: Recent user? AND CHECK CA_7 - CA_12: Did respondent answer 1 or 2 to any question?	Yes.....1 No0	Go to CA_13 if Yes
CA_1 3	Which one of the following methods would you most prefer to use? <i>READ RESPONSES ALOUD.</i>	Longer-lasting injectable 1 Longer-lasting single rod implant 2 Dissolving implant..... 3 IUD with hormones 4 New IUD without hormones 5 Permanent method 6 [CURRENT/RECENT METHOD] 7 No response.....-99	

LOCATION			
L	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>	RECORD LOCATION	
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	