

## KER6 Female Questionnaire

001a. Are you in the correct household? EA: [EA entered in the Household Questionnaire] Structure #: [Structure entered in the Household Questionnaire] Household #: [Household entered in the Household Questionnaire]	Always  <input type="radio"/> Yes <input type="radio"/> No
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002. Enter your name below.  <i>Please record your name</i>	002 = 0
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003b. Record the correct date and time.	003 = 0 Jour:            Mois:            Année:
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The following information is from the Household Questionnaire. Please review to make sure you are interviewing the correct respondent. [ODK will display the County, District, Division, Location, Enumeration Area, Structure Number, and Household Number entered into the Household Questionnaire linked to this Female Questionnaire.] Is the above information correct?	Always
County: [COUNTY]	
District: [DISTRICT]	
Division: [DIVISION]	
Location: [LOCATION]	
Enumeration Area: [EA]	
Structure number: [#]	
Household number: [#]	
004b. Is the above information correct?	004 = 0  <input type="radio"/> Yes <input type="radio"/> No

005. CHECK: You should be attempting to interview [Name of the interviewee]. Is that correct?  <i>If misspelled, select "yes" and update the name in question "011." If this is the wrong person, you have two options: (1)</i>	Always  <input type="radio"/> Yes <input type="radio"/> No
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<p><i>exit and ignore changes to this form. Open the correct form.</i></p> <p><i>Or (2) find and interview the person whose name appears above.</i></p>	
<p>006. Is the respondent present and available to be interviewed today?</p>	<p style="text-align: right;">Always</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>007. How well acquainted are you with the respondent?</p>	<p style="text-align: right;">006 = 1</p> <p><input type="radio"/> Very well acquainted <input type="radio"/> Well acquainted <input type="radio"/> Not well acquainted <input type="radio"/> Not acquainted</p>
<p>008. Has the respondent previously participated in PMA 2020 surveys?</p>	<p style="text-align: right;">006 = 1</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p><b>INFORMED CONSENT</b></p> <p><i>Find the woman between the age of 15-49 associated with this Female Respondent Questionnaire. The interview must have auditory privacy. Read the following greeting</i></p>	<p style="text-align: right;">(<i>{available} = 'yes'</i>) and (<i>not({unlinked})</i>) or <i>{proceed_with_unlinked}</i>)</p>
<p>Hello. My name is _____</p> <p>and I am working for the International Center for Reproductive Health in Kenya, in collaboration with the Ministry of Health and the Kenya National Bureau of Statistics. We are conducting a local survey that asks women about various reproductive health issues. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. The survey usually takes between 15 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team. 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?</p>	<p style="text-align: right;">(<i>{available} = 'yes'</i>) and (<i>not({unlinked})</i>) or <i>{proceed_with_unlinked}</i>)</p>

009a. Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	006 = 1  <input type="radio"/> Yes <input type="radio"/> No
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({{begin_interview}}='yes')	
009b. Respondent's signature	009a = 1

010. Interviewer's name Please record your name as a witness to the consent process. You previously entered "[Interviewer's name]."	{{consent_obtained}} and ({{your_name_check}} = 'no')
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**Section 1 – Respondent's Background, Marital Status, Household characteristics**

*Now I would like to ask about your background and socioeconomic conditions.*

{{consent_obtained}}	
101. In what month and year were you born? The age in the household roster is [AGE]  <i>Select 'Do not know' for month and '2020' for year to indicate 'No Response'.</i>	009a = 1
101. In what month and year were you born?  <i>Select 'Do not know' for month and '2020' for year to indicate 'No Response'.</i>	009a = 1
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know

Year:	Année:
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102. How old were you at your last birthday?	009a = 1
103. What is the highest level of school you attended?  <i>Only record formal schooling. Do not record bible or koranic school or short courses.</i>	009a = 1  <input type="radio"/> Never Attended <input type="radio"/> Primary <input type="radio"/> Post-Primary/Vocational <input type="radio"/> Secondary/'A' Level <input type="radio"/> College (Middle Level) <input type="radio"/> University <input type="radio"/> No response
104. 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>	009a = 1  <input type="radio"/> Yes, currently married <input type="radio"/> Yes, living with a man <input type="radio"/> Not currently in union: Divorced / separated <input type="radio"/> Not currently in union: Widow <input type="radio"/> No, never in union <input type="radio"/> No response
105. Have you been married or lived with a man only once or more than once?	104 ≠ 5  <input type="radio"/> Only once <input type="radio"/> More than once <input type="radio"/> No response

({marriage_history} = 'more_than_once')	
106a. In what month and year did you start living with your FIRST husband / partner?  <i>Select 'Do not know' for month and '2020' for year to indicate 'No Response'.</i>	105=2
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October

	<input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Année:

106b. CHECK: Based on the response you entered in 106a, the respondent was possibly 15 years old or younger at the time of her first marriage.

Did you enter 106a correctly?

106a age at marriage ≤15

- Yes  
 No

({\$marriage_history} = 'once') or ({\$marriage_history} = 'more_than_once')	
107a. 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>Select 'Do not know' for month and '2020' for year to indicate 'No Response'.</i>	105 = 1 or 2
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Année:

107b. CHECK: Based on the response you entered in 107a, the respondent was possibly 15 years old or younger at the time of her current or most recent marriage.

Did you enter 107a correctly?

107a age at marriage ≤15

- Yes  
 No

<p>108. Does your husband / partner have other wives or does he live with other women as if married?</p>	<p style="text-align: right;">104 = 1 or 2</p> <p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response </p>
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**Section 2 – Reproduction, Pregnancy & Fertility Preferences**

*Now I would like to ask about all the births you have had during your life.*

<p>200. Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p>	<p style="text-align: right;">009a = 1</p> <p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response </p>
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<p>201. How many times have you given birth?</p> <p><i>Enter -99 for no response.</i></p>	<p style="text-align: right;">200 = 1</p>
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<p>(<math>\{\text{birth\_events}\} &gt; 1</math>)</p>	
<p>205. When was your FIRST birth?</p> <p><i>Please record the date of the FIRST birth. The date should be found by calculating backwards from memorable events if needed.</i></p> <p><i>Select 'Do not know' for month and '2020' for year to indicate 'No Response'.</i></p>	<p style="text-align: right;">201 &gt; 1</p>
<p>Month:</p>	<p> <input type="radio"/> January  <input type="radio"/> February  <input type="radio"/> March  <input type="radio"/> April  <input type="radio"/> May  <input type="radio"/> June  <input type="radio"/> July  <input type="radio"/> August  <input type="radio"/> September  <input type="radio"/> October  <input type="radio"/> November  <input type="radio"/> December  <input type="radio"/> Do not know </p>

Year:	Année:
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({birth_events} > 0)	
206. When was your MOST RECENT birth?  <i>Select 'Do not know' for month and '2020' for year to indicate 'No Response'.</i>	201 > 1
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Année:

\${consent_obtained}	
210a. Are you pregnant now?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/> No response

\${pregnant} = 'yes'	
210b. How many months pregnant are you?	210a = 1
The most recent birth was: [Date of most recent birth]	\${recent_birth} != ''
#####  <i>Please record the number of completed months. Enter -88 for do not know, -99 for No response.</i>	

209. When did your last menstrual period start?  <i>If you select days, weeks, months, or years, you will enter a</i>	009a = 1
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<p><i>number for X on the next screen.</i></p>	<p> <input type="radio"/> X days ago  <input type="radio"/> X weeks ago  <input type="radio"/> X months ago  <input type="radio"/> X years ago  <input type="radio"/> Menopausal / Hysterectomy  <input type="radio"/> Before last birth  <input type="radio"/> Never menstruated  <input type="radio"/> No response </p>
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<p>209a. Enter [Menstrual Period]</p> <p><i>Enter 0 days for today, not 0 weeks/months/years.</i></p>	<p> <math>(\{menstrual\_period\} = 'days')</math> or  <math>(\{menstrual\_period\} = 'weeks')</math> or  <math>(\{menstrual\_period\} = 'month \dots')</math> </p>
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$\{ever\_birth\} = 'yes'$ or $\{pregnant\} = 'yes'$	
<p>213a. Now I would like to ask a question about your last birth.</p>	<p> <math>201 &gt; 0</math> AND <math>210a \neq 1</math> <math>201 &gt; 0</math> AND  <math>210a \neq 1</math> <math>201 &gt; 0</math> AND <math>210a \neq 1</math> </p>
<p>213b. Now I would like to ask a question about your current pregnancy.</p>	<p style="text-align: right;"><math>210a = 1</math></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 more children at all?</p>	<p> <math>(\{birth\_events\} &gt; 1</math> and  <math>\{pregnant\} \neq 'yes')</math> or  <math>(\{ever\_birth\} = 'yes'</math> and  <math>\{pregnant\} = 'yes')</math> </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 children at all?</p>	<p> <math>(\{birth\_events\} = 1</math> and  <math>\{pregnant\} \neq 'yes')</math> or  <math>((\{ever\_birth\} = 'no')</math> and  <math>(\{pregnant\} = 'yes'))</math> </p>
<p>#####</p>	<p> <input type="radio"/> Then  <input type="radio"/> Later  <input type="radio"/> Not at all  <input type="radio"/> No response </p>

<p>Now I have some questions about the future.</p>	<p style="text-align: right;"><math>\{consent\_obtained\}</math></p>
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<p>211a. Would you like to have a child or would you prefer not to have any children?</p>	<p style="text-align: right;"><math>210a \neq 1</math></p> <p> <input type="radio"/> Have a child  <input type="radio"/> Prefer no children  <input type="radio"/> Says she can't get pregnant  <input type="radio"/> Undecided / Don't know  <input type="radio"/> No response </p>
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<p>211a. Would you like to have another child or would you prefer not to have any more children?</p>	<p style="text-align: right;"><math>210a \neq 1</math></p>
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	<input type="radio"/> Have another child <input type="radio"/> No more <input type="radio"/> Says she can't get pregnant <input type="radio"/> Undecided / Don't know <input type="radio"/> No response
211b. 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 style="text-align: right;">210a = 1</p> <input type="radio"/> Have another child <input type="radio"/> No more <input type="radio"/> Says she can't get pregnant <input type="radio"/> Undecided / Don't know <input type="radio"/> No response
212a. How long would you like to wait from now before the birth of a 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>  <i>Please check that you correctly entered the value for months/years.</i>	<p style="text-align: right;">211a = 1</p> <input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> Says she can't get pregnant <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
212b. 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>  <i>Please check that you correctly entered the value for months/years.</i>	<p style="text-align: right;">211b = 1</p> <input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> Says she can't get pregnant <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
212c. Enter the number of [Months OR Years] you would like to wait:	<pre> \${wait_birth_none} = 'months' or \${wait_birth_some} = 'months' or \${wait_birth_pregnant} = 'mont ... </pre>

### Section 3 – Contraception

*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.*

*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.

301a. Have you ever heard of female sterilization?

009a = 1

PROBE: Women can have an operation to avoid having any more children.

- Yes  
 No  
 No response

301b. Have you ever heard of male sterilization?

009a = 1

PROBE: Men can have an operation to avoid having any more children.

- Yes  
 No  
 No response

301c. Have you ever heard of the contraceptive implant?

009a = 1

PROBE: Women can have one or several small rods placed in her upper arm by a doctor or nurse, which can prevent pregnancy for one or more years.

[implant\_150x300.png]

- Yes  
 No  
 No response

301d. Have you ever heard of the IUD?

009a = 1

PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.

[IUD\_150x300.png]

- Yes  
 No  
 No response

301e. Have you ever heard of injectables?

009a = 1

PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.

[sayana\_depo\_150x300.jpg]

- Yes  
 No  
 No response

301f. Have you ever heard of the (birth control) pill?

009a = 1

PROBE: Women can take a pill every day to avoid becoming pregnant.

[pill\_150x300.png]

- Yes  
 No  
 No response

301g. Have you ever heard of emergency contraception?

009a = 1

PROBE: As an emergency measure after

- Yes  
 No

<p>unprotected sexual intercourse women can take special pills at any time within three to five days to prevent pregnancy.</p>	<p><input type="radio"/> No response</p>
<p>301h. Have you ever heard of condoms?</p> <p>PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p> <p>[male_condom_150x300.png]</p>	<p style="text-align: right;">009a = 1</p> <p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response</p>
<p>301i. Have you ever heard of female condoms?</p> <p>PROBE: Women can put a sheath in their vagina before sexual intercourse.</p> <p>[female_condom_150x300.png]</p>	<p style="text-align: right;">009a = 1</p> <p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response</p>
<p>301j. Have you ever heard of the diaphragm?</p> <p>PROBE: Women can place a thin flexible disk in their vagina before sexual intercourse.</p> <p>[diaphragm_150x300.png]</p>	<p style="text-align: right;">009a = 1</p> <p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response</p>
<p>301k. Have you ever heard of foam or jelly as a contraceptive method?</p> <p>PROBE: Women can place a suppository, jelly, or cream in their vagina before sexual intercourse to prevent pregnancy.</p> <p>[spermicide_150x300.png]</p>	<p style="text-align: right;">009a = 1</p> <p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response</p>
<p>301l. 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>[SDM-beads_only.png]</p>	<p style="text-align: right;">009a = 1</p> <p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response</p>
<p>301m. Have you ever heard of the Lactational Amenorrhea Method or LAM?</p>	<p style="text-align: right;">009a = 1</p> <p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response</p>
<p>301n. Have you ever heard of the rhythm</p>	<p style="text-align: right;">009a = 1</p>

<p>method?</p> <p>PROBE: Women can avoid pregnancy by not having sexual intercourse on the days of the month they think they can get pregnant.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>301o. Have you ever heard of the withdrawal method?</p> <p>PROBE: Men can be careful and pull out before climax.</p>	<p style="text-align: right;">009a = 1</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>301p. Have you ever heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p style="text-align: right;">009a = 1</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>302a. Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?</p>	<p style="text-align: right;">210a ≠ 1 AND 009a = 1 210210a ≠ 1 AND 009a = 1 210a ≠ 1 AND 009a = 1 ≠ 1 AND 009a = 1 210a ≠ 1 AND 009a = 1</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>

<p><code>#{current_user} = 'yes'</code></p>	
<p>302b. Which method or methods are you using?</p> <p>PROBE: Anything else?</p> <p><i>Select all methods mentioned. SCROLL TO THE BOTTOM to see all choices.</i></p>	<p style="text-align: right;">302a = 1</p> <p><input type="checkbox"/> Female sterilization</p> <p><input type="checkbox"/> Male sterilization</p> <p><input type="checkbox"/> Implant</p> <p><input type="checkbox"/> IUD</p> <p><input type="checkbox"/> Injectables</p> <p><input type="checkbox"/> Pill</p> <p><input type="checkbox"/> Emergency Contraception</p> <p><input type="checkbox"/> Male condom</p> <p><input type="checkbox"/> Female condom</p> <p><input type="checkbox"/> Diaphragm</p> <p><input type="checkbox"/> Foam/Jelly</p> <p><input type="checkbox"/> Standard Days/Cycle beads</p> <p><input type="checkbox"/> LAM</p> <p><input type="checkbox"/> Rhythm method</p> <p><input type="checkbox"/> Withdrawal</p> <p><input type="checkbox"/> No response</p>

<p>CALC_CM. CALCULATE: CURRENT METHOD</p> <p>THIS WILL NOT APPEAR ON THE SCREEN</p> <p><i>ODK will identify the most effective method currently being used by the respondent by selecting the highest method in the choice list</i></p>	<p>302a=1 AND 302b ≠-99</p> <ul style="list-style-type: none"> <li><input type="radio"/> Female sterilization</li> <li><input type="radio"/> Male sterilization</li> <li><input type="radio"/> Implant</li> <li><input type="radio"/> IUD</li> <li><input type="radio"/> Injectables</li> <li><input type="radio"/> Pill</li> <li><input type="radio"/> Emergency Contraception</li> <li><input type="radio"/> Male condom</li> <li><input type="radio"/> Female condom</li> <li><input type="radio"/> Diaphragm</li> <li><input type="radio"/> Foam/Jelly</li> <li><input type="radio"/> Standard Days/Cycle beads</li> <li><input type="radio"/> LAM</li> <li><input type="radio"/> Rhythm method</li> <li><input type="radio"/> Withdrawal</li> <li><input type="radio"/> No response</li> </ul>
<p>302c. Does your husband/partner know that you are using [CURRENT METHOD]?</p>	<p>302a = 1</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> No response</li> </ul>
<p>302c. Does your husband/partner know that you are using family planning?</p>	<p>302a = -99</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> No response</li> </ul>
<p>IMP_301a. CHECK. In question 302b, the respondent mentioned that she had been using implants. Is that correct?</p> <p><i>If she says she is not currently using implants, please verify her answer and go back to 302b and select the correct method.</i></p>	<p>CALC CM = 3</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p>IMP_301b. How many rods is your implant?</p>	<p>CALC CM = 3</p> <ul style="list-style-type: none"> <li><input type="radio"/> 1</li> <li><input type="radio"/> 2</li> <li><input type="radio"/> 6</li> <li><input type="radio"/> Don't know</li> <li><input type="radio"/> No response</li> </ul>
<p>IMP_302. At the visit when the implant was inserted, were you told for how long the implant would protect you from pregnancy?</p>	<p>CALC CM = 3</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> </ul>

	<input type="radio"/> No <input type="radio"/> No response
IMP_303. How long were you told ?  <i>If you select months or years, you will enter a number for X on the next screen.</i>  <i>Please check that you correctly entered the value for months/years.</i>	IMP_302 = 1  <input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Don't know <input type="radio"/> No response
IMP_303. Enter the number of [Months or Years] you were told:  <i>If more than 12 months record in years</i>	IMP_302 = 1
303. Did the provider tell you or your partner that this method was permanent?	302b = male or female sterilization  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
305a. 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?	302a ≠1 AND 210a ≠1  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
305b. Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?	302a ≠1 AND 201a = 1  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
306a. In the last 12 months, have you ever done something or used a method to delay or avoid getting pregnant?	302a ≠1  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

<code>#{recent_user} = 'yes'</code>	
306b. Which method did you use most recently?  PROBE: Anything else?  <i>Select most effective method (highest method in list). Scroll to bottom to see all choices.</i>	306a = 1  <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom

	<input type="radio"/> Female condom <input type="radio"/> Diaphragm <input type="radio"/> Foam/Jelly <input type="radio"/> Standard Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> No response
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<p>307. Before you started using [CURRENT METHOD / MOST RECENT METHOD], had you discussed the decision to delay or avoid pregnancy with your husband/partner?</p>	<p>302a = 1 OR 306a = 1</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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<p>308. Would you say that using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together?</p>	<p>302a = 1</p> <input type="radio"/> Mainly respondent <input type="radio"/> Mainly husband/partner <input type="radio"/> Joint decision <input type="radio"/> Other <input type="radio"/> No response
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<p>TCI_302. Besides you and your husband/partner, who else influences the decision to use a family planning method?</p> <p>PROBE: Anybody else?</p> <p><i>Do not read options aloud. Select all that apply.</i></p>	<p>302a = 1 OR 306a = 1</p> <input type="checkbox"/> Mother <input type="checkbox"/> Mother in law <input type="checkbox"/> Sister(s) <input type="checkbox"/> Sister(s) in law <input type="checkbox"/> Grandmother <input type="checkbox"/> Friend(s) <input type="checkbox"/> Health worker <input type="checkbox"/> Community leader <input type="checkbox"/> Religious leader <input type="checkbox"/> Aunt <input type="checkbox"/> Other relatives <input type="checkbox"/> Other <input type="checkbox"/> No one <input type="checkbox"/> No Response
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<p>TCI_302x. In the last 12 months, have you recommended any family planning method to your friends and/or relatives?</p>	<p>302a = 1 OR 306a = 1</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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308a. The last time you received your [CURRENT METHOD /MOST RECENT METHOD], how much did you have to pay out of pocket, including any fees paid for the method, supplies or services, and transportation?

*Enter all prices in Kenyan Shillings. Enter -88 if respondent does not know, -99 for no response.*

302a = 1 OR 306a = 1

\${current_user} = 'yes'	
309a. Since what month and year have you been using [CURRENT METHOD / MOST RECENT METHOD] without stopping?  <i>Calculate backwards from memorable events if needed.</i>	302a = 1
Most Recent Birth: [mm-yyyy]	\${recent_birth} != ''
Current Marriage: [mm-yyyy]	\${husband_cohabit_start_recent} != ''
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Année:

\${recent_user} = 'yes'	
309b. When did you stop using [CURRENT METHOD / MOST RECENT METHOD]?  <i>Please record the date. The date should be found by calculating backwards from memorable events if needed.</i>  <i>Select 'Do not know' for month and '2020' for year to indicate No Response.</i>	306a = 1
Month:	<input type="radio"/> January

	<input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Année:

\${recent_user} = 'yes'	
<p>309c. In what month and year had you started using [CURRENT METHOD / MOST RECENT METHOD] before stopping?</p> <p><i>Calculate backwards from memorable events if needed.</i></p> <p><i>Select 'Do not know' for month and '2020' for year to indicate No Response.</i></p>	306a = 1
Most Recent Birth: [mm-yyyy]	\${recent_birth} != ''
Current Marriage: [mm-yyyy]	\${husband_cohabit_start_recent} != ''
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Année:

<p>309d. CHECK: Just to make sure I have this correct, you used [CURRENT METHOD / MOST RECENT METHOD] continuously between [START DATE] and [END DATE] without stopping, is that correct?</p>	<p style="text-align: right;">306a = 1</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>GO BACK TO THE PREVIOUS SCREEN AND PROBE TO DETERMINE THE PERIOD OF MOST RECENT CONTINUOUS USE.</p> <p><i>Suggested probes: - When was the last time you used [METHOD]? - How long had you been using [METHOD] without stopping</i></p>	<p style="text-align: right;">309d = 0</p>
<p>310. Why did you stop using [CURRENT METHOD / MOST RECENT METHOD]?</p>	<p style="text-align: right;">306a = 1</p> <p><input type="checkbox"/> Infrequent sex / husband away  <input type="checkbox"/> Became pregnant while using  <input type="checkbox"/> Wanted to become pregnant  <input type="checkbox"/> Husband / partner disapproved  <input type="checkbox"/> Wanted a more effective method  <input type="checkbox"/> No method available  <input type="checkbox"/> Health concerns  <input type="checkbox"/> Fear of side effects  <input type="checkbox"/> Lack of access / too far  <input type="checkbox"/> Costs too much  <input type="checkbox"/> Inconvenient to use  <input type="checkbox"/> Fatalistic  <input type="checkbox"/> Difficult to get pregnant / menopausal  <input type="checkbox"/> Interferes with body's processe  <input type="checkbox"/> Other  <input type="checkbox"/> Don't know  <input type="checkbox"/> No response</p>

<p style="text-align: center;">\${current_or_recent_user} and (\${current_recent_method} != 'LAM') and  (\$current_recent_method) != ...</p>	
<p>311a. You first started using [CURRENT METHOD / MOST RECENT METHOD] on [DATE FROM FQ309a OR 309c] Where did you or your partner get it at that time?</p> <p><i>Scroll to bottom to see all choices.</i></p>	<p style="text-align: center;">(CALC_CM ≠ 14, 30, 31, 39, -99) OR  (306b ≠ 14, 30, 31, 39, -99)</p> <p><input type="radio"/> Govt. Hospital / polyclinic  <input type="radio"/> Govt. Health Center  <input type="radio"/> Govt. Dispensary  <input type="radio"/> Other Public  <input type="radio"/> Private Hospital/Clinic  <input type="radio"/> Pharmacy/Chemist  <input type="radio"/> Nursing/Maternity Home  <input type="radio"/> Faith-based, church, mission hospital/clinic</p>

	<input type="radio"/> Family options/FHOK clinic <input type="radio"/> Other private medical sector <input type="radio"/> Shop <input type="radio"/> Mobile clinic <input type="radio"/> Community-based distributor <input type="radio"/> Community health worker/CHW <input type="radio"/> Friend/relative <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No Response
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<p>312a. When you obtained your [CURRENT METHOD / MOST RECENT 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>311a ≠ .</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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<p>312b. Were you told what to do if you experienced side effects or problems?</p>	<p>312a = 1</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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<p>IMP_304. Were you told where you could go to have the implant removed? Provider: [Provider]</p>	<p>CALC_CM = 3</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
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<p>313. At that time, were you told by the family planning provider about methods of family planning other than the [CURRENT METHOD / MOST RECENT METHOD] that you could use?</p>	<p>311a ≠ . OR 311b ≠ .</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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<p>314a. During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?</p>	<p>311a ≠ .</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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<p>314c. Why didn't you obtain the method you wanted?</p>	<p>314a = 0</p> <input type="radio"/> Method out of stock that day <input type="radio"/> Method not available at all <input type="radio"/> Provider not trained to provide the method <input type="radio"/> Provider recommended a different method
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	<input type="radio"/> Not eligible for method <input type="radio"/> Decided not to adopt a method <input type="radio"/> Too costly <input type="radio"/> Other <input type="radio"/> No response
<p>315a. During that visit, who made the final decision about what method you got?</p>	<p style="text-align: right;">311a ≠ .</p> <input type="radio"/> You alone <input type="radio"/> Provider <input type="radio"/> Partner <input type="radio"/> You and provider <input type="radio"/> You and partner <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>315b. Who made the final decision to use rhythm?</p>	<p style="text-align: right;">311b ≠ .</p> <input type="radio"/> You alone <input type="radio"/> Provider <input type="radio"/> Partner <input type="radio"/> You and provider <input type="radio"/> You and partner <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>315b. Who made the final decision to use LAM?</p>	<p style="text-align: right;">311b ≠ .</p> <input type="radio"/> You alone <input type="radio"/> Provider <input type="radio"/> Partner <input type="radio"/> You and provider <input type="radio"/> You and partner <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>316. Would you return to this provider? Provider: [Type of provider selected in 311a or 311b]</p>	<p style="text-align: right;">311a ≠ 35 or 96</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>317. Would you refer your relative or friend to this provider / facility? Provider: [Type of provider selected in 311a or 311b]</p>	<p style="text-align: right;">311 a ≠ 34 or 96</p>

	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>IMP_304b. When you stopped using the implant in [DATE FROM 309b], where did you go to have your implant removed?</p> <p><i>Scroll to bottom to see all choices.</i></p>	<p style="text-align: right;">306b = 3</p> <input type="radio"/> Govt. Hospital / polyclinic <input type="radio"/> Govt. Health Center <input type="radio"/> Govt. Dispensary <input type="radio"/> Other Public <input type="radio"/> Private Hospital/Clinic <input type="radio"/> Pharmacy/Chemist <input type="radio"/> Nursing/Maternity Home <input type="radio"/> Faith-based, church, mission hospital/clinic <input type="radio"/> Family options/FHOK clinic <input type="radio"/> Other private medical sector <input type="radio"/> Shop <input type="radio"/> Mobile clinic <input type="radio"/> Community-based distributor <input type="radio"/> Community health worker/CHW <input type="radio"/> Friend/relative <input type="radio"/> Other <input type="radio"/> Self <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No Response
<p>IMP_305a. In the past 12 months, have you tried to have your current implant removed?</p>	<p style="text-align: right;">CALC_CM = 3</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>IMP_305b. Where did you go or who attempted to remove your implant?</p>	<p style="text-align: right;">IMP_305a = 1</p> <input type="radio"/> Govt. Hospital / polyclinic <input type="radio"/> Govt. Health Center <input type="radio"/> Govt. Dispensary <input type="radio"/> Other Public <input type="radio"/> Private Hospital/Clinic <input type="radio"/> Pharmacy/Chemist <input type="radio"/> Nursing/Maternity Home <input type="radio"/> Faith-based, church, mission hospital/clinic <input type="radio"/> Family options/FHOK clinic <input type="radio"/> Other private medical sector <input type="radio"/> Shop

	<input type="radio"/> Mobile clinic <input type="radio"/> Community-based distributor <input type="radio"/> Community health worker/CHW <input type="radio"/> Friend/relative <input type="radio"/> Other <input type="radio"/> Self <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No Response
IMP_306. Why were you not able to have your implant removed?	IMP_305a = 1  <input type="checkbox"/> Facility not open <input type="checkbox"/> Qualified provider not available <input type="checkbox"/> Provider attempted but could not remove the implant <input type="checkbox"/> Provider refused <input type="checkbox"/> Cost of removal services <input type="checkbox"/> Travel cost <input type="checkbox"/> Provider counseled against removal <input type="checkbox"/> Told to return another day <input type="checkbox"/> Referred elsewhere <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No response
SW_1a. Right before you started using [CURRENT METHOD / MOST RECENT METHOD] in [MOIS/ANNEE], were you doing something or using any method to delay or avoid getting pregnant?	302a = 1 OR 306a = 1  <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
SW_1b. Which method were you using?	SW_1a = 1  <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Diaphragm <input type="radio"/> Foam/Jelly <input type="radio"/> Standard Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> No response

<p>PP_1. Since the birth of your child in [DATE OF MOST RECENT BIRTH], have you ever done something or used any method to delay or avoid getting pregnant?</p>	<p>child born in last 2 years AND 302a ≠ 1</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>PP_2. How long after the birth in [DATE OF MOST RECENT BIRTH] did you start doing something or start using a method?</p> <p><i>Enter 0 days for today. You will enter a number for X on the next screen.</i></p>	<p>PP_1 = 1 OR (302a = 1 AND child born in the last 2 years)</p> <p><input type="radio"/> X days ago</p> <p><input type="radio"/> X weeks ago</p> <p><input type="radio"/> X months ago</p> <p><input type="radio"/> X years ago</p> <p><input type="radio"/> No response</p>
<p>PP_2. Enter [METHOD].</p> <p><i>If today, enter zero days only, not zero weeks/months/years.</i></p>	<p><math>\{pp\_method\_units\} = 'days'</math> or  <math>\{pp\_method\_units\} = 'weeks'</math> or  <math>\{pp\_method\_units\} = 'months'</math> or  <math>\{ \dots</math></p>
<p>PP_3. What was the method?</p>	<p>PP_2 ≠ .</p> <p><input type="radio"/> Female sterilization</p> <p><input type="radio"/> Male sterilization</p> <p><input type="radio"/> Implant</p> <p><input type="radio"/> IUD</p> <p><input type="radio"/> Injectables</p> <p><input type="radio"/> Pill</p> <p><input type="radio"/> Emergency Contraception</p> <p><input type="radio"/> Male condom</p> <p><input type="radio"/> Female condom</p> <p><input type="radio"/> Diaphragm</p> <p><input type="radio"/> Foam/Jelly</p> <p><input type="radio"/> Standard Days/Cycle beads</p> <p><input type="radio"/> LAM</p> <p><input type="radio"/> Rhythm method</p> <p><input type="radio"/> Withdrawal</p> <p><input type="radio"/> No response</p>
<p>319. Have you ever done anything or tried in any way to delay or avoid getting pregnant?</p>	<p>306a ≠ 1 OR 302a ≠ 1</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>320. How old were you when you first used a method to delay or avoid getting pregnant? The respondent said she was [AGE] years old at her</p>	<p>302a = 1 OR 306a =1 OR 319 = 1</p>

<p>last birthday.</p> <p><i>Enter the age in years. Enter -88 if the respondent does not know. Enter -99 if there is no response. Cannot be younger than 9.</i></p>	
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<p>321. How many living children did you have at that time, if any? Note: the respondent said that she gave birth [NUMBER OF LIFE BIRTHS] times in 201.</p> <p><i>Enter -99 for no response.</i></p>	<p>Age in 320 ≥ 9 AND 200 = 1</p>
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<p style="text-align: right;">\${fp_ever_used} = 'yes'</p>	
<p>322. Which method did you first use to delay or avoid getting pregnant?</p> <p><i>Do not read the method choices. Scroll to bottom to see all choices.</i></p>	<p style="text-align: right;">319 = 1</p> <ul style="list-style-type: none"> <li><input type="radio"/> Female sterilization</li> <li><input type="radio"/> Male sterilization</li> <li><input type="radio"/> Implant</li> <li><input type="radio"/> IUD</li> <li><input type="radio"/> Injectables</li> <li><input type="radio"/> Pill</li> <li><input type="radio"/> Emergency Contraception</li> <li><input type="radio"/> Male condom</li> <li><input type="radio"/> Female condom</li> <li><input type="radio"/> Diaphragm</li> <li><input type="radio"/> Foam/Jelly</li> <li><input type="radio"/> Standard Days/Cycle beads</li> <li><input type="radio"/> LAM</li> <li><input type="radio"/> Rhythm method</li> <li><input type="radio"/> Withdrawal</li> <li><input type="radio"/> No response</li> </ul>

<p>322a. Have you used emergency contraception at any time in the last 12 months?</p> <p>PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within three to five days to prevent pregnancy.</p>	<p>302b ≠ emergency contraception OR 306b ≠ 8</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> No response</li> </ul>
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<p style="text-align: center;">( ( \${current_user} = 'no' ) ) and ( ( ( \${more_children_none} = 'no_children' ) or ...</p>	
<p>323a. You said that you do not want a child soon and that you are not using a method to avoid pregnancy.</p>	<p>302a = 0 AND ((212a or 212b &gt; 2 years) OR (211a or 211b = 2))</p>

323a. You said that you do not want another child soon and that you are not using a method to avoid pregnancy.	302a = 0 AND ((212a or 212b > 2 years) OR (211a or 211b = 2))
323a. You said that you do not want any children and that you are not using a method to avoid pregnancy.	302a = 0 AND ((212a or 212b > 2 years) OR (211a or 211b = 2))
323a. You said that you do not want any more children and that you are not using a method to avoid pregnancy.	302a = 0 AND ((212a or 212b > 2 years) OR (211a or 211b = 2))
<p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>PROBE: Any other reason?</p> <p><i>RECORD ALL REASONS MENTIONED Cannot select "Not Married" if 104 is "Yes, currently married".</i></p> <p><i>Scroll to bottom to see all choices.</i></p>	<input type="checkbox"/> Not married <input type="checkbox"/> Infrequent sex / Not having sex <input type="checkbox"/> Menopausal / Hysterectomy <input type="checkbox"/> Subfecund / Infecund <input type="checkbox"/> Not menstruated since last birth <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Husband away for multiple days <input type="checkbox"/> Up to God / fatalistic <input type="checkbox"/> Respondent opposed <input type="checkbox"/> Husband / partner opposed <input type="checkbox"/> Others opposed <input type="checkbox"/> Religious prohibition <input type="checkbox"/> Knows no method <input type="checkbox"/> Knows no source <input type="checkbox"/> Fear of side effects <input type="checkbox"/> Health concerns <input type="checkbox"/> Lack of access / too far <input type="checkbox"/> Costs too much <input type="checkbox"/> Preferred method not available <input type="checkbox"/> No method available <input type="checkbox"/> Inconvenient to use <input type="checkbox"/> Interferes with body's processes <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No response

323b. Would you say that not using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together?	<p style="text-align: right;">302a ≠ 1</p> <input type="radio"/> Mainly respondent <input type="radio"/> Mainly husband/partner <input type="radio"/> Joint decision <input type="radio"/> Other <input type="radio"/> No response
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TCI_304. Besides you and your husband/partner, who else influences the decision not to use a	306a = 0
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<p>family planning method?</p> <p>PROBE: Any other reasons?</p> <p><i>Do not read options aloud. Select all that apply.</i></p>	<p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Mother in law</p> <p><input type="checkbox"/> Sister(s)</p> <p><input type="checkbox"/> Sister(s) in law</p> <p><input type="checkbox"/> Grandmother</p> <p><input type="checkbox"/> Friend(s)</p> <p><input type="checkbox"/> Health worker</p> <p><input type="checkbox"/> Community leader</p> <p><input type="checkbox"/> Religious leader</p> <p><input type="checkbox"/> Aunt</p> <p><input type="checkbox"/> Other relatives</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No one</p> <p><input type="checkbox"/> No Response</p>
<p>TCI_304x. In the last 12 months, has a friend and/or relative recommended that you use a family planning method?</p>	<p style="text-align: right;">306a = 0</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>324. In the last 12 months, were you visited by a community health worker who talked to you about family planning?</p>	<p style="text-align: right;">009a = 1</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>325a. In the last 12 months, have you visited a health facility or camp for care for yourself?</p> <p><i>For any health services.</i></p>	<p style="text-align: right;">009a = 1</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>325a. In the last 12 months, have you visited a health facility or camp for care for yourself or your children?</p> <p><i>For any health services.</i></p>	<p style="text-align: right;">009a = 1</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>325b. Did any staff member at the health facility speak to you about family planning methods?</p>	<p style="text-align: right;">325a = 1</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>TCI_305. Have you attended a community event in the last year where family planning was favorably discussed?</p>	<p style="text-align: right;">009a = 1</p> <p><input type="radio"/> Yes</p>

	<input type="radio"/> No <input type="radio"/> No response
TCI_306. Do you think there are some people within this community who will call you bad names or avoid your company if they knew that you were using a family planning method?	<p style="text-align: right;">009a = 1</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
TCI_307. Do you think there are some people within this community who will praise, encourage, or talk favorably about you if they knew that you were using a family planning method?	<p style="text-align: right;">009a = 1</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
TCI_308. In the past 12 months, have you heard any of the following people speaking publicly in FAVOR of family planning?  <i>Read all options out loud and select all that apply.</i>	<p style="text-align: right;">009a = 1</p> <input type="checkbox"/> Government official (national level) <input type="checkbox"/> State, LGA, or local leaders <input type="checkbox"/> Religious leader <input type="checkbox"/> None of the above <input type="checkbox"/> No Response
TCI_309. In the past 12 months, have you heard any of the following people speaking publicly AGAINST family planning?  <i>Read all options out loud and select all that apply.</i>	<p style="text-align: right;">009a = 1</p> <input type="checkbox"/> Government official (national level) <input type="checkbox"/> State, LGA, or local leaders <input type="checkbox"/> Religious leader <input type="checkbox"/> None of the above <input type="checkbox"/> No Response
TCI_309x. How many of your close friends and relatives do you think use family planning: none, some, most, or all?	<p style="text-align: right;">009a = 1</p> <input type="radio"/> None <input type="radio"/> Some <input type="radio"/> Most <input type="radio"/> All <input type="radio"/> Do not know <input type="radio"/> No Response

009a = 1			
326. In the last few months have you:			
	Yes	No	No response
326a. Heard about family planning on the radio?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

326b. Seen anything about family planning on the television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
326c. Read about family planning in a newspaper or magazine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
326d. Received a voice or text message about family planning on a mobile phone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TCI_310. Read about family planning in a brochure, leaflet, or flyer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TCI_311. Seen a poster or billboard with a family planning message?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Section 4 – Sexual Activity**

*CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.*

Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.

\${consent\_obtained}

	\${consent_obtained}
401a. How old were you when you first had sexual intercourse?	309a = 1
Current age: [AGE]	
Number of live births: [NUMBER OF LIFE BIRTHS]	\${birth_events} > 0
The respondent is pregnant	\${pregnant} = 'yes'
Enter the age in years.  <i>Enter -77 if she has never had sex. Enter -99 for no response. Enter -88 for do not know.</i>	

(( \${age\_at\_first\_sex} >= 0) or ( \${age\_at\_first\_sex} = -88) or ( \${age\_at\_first\_sex} = -99))

402. When was the last time you had sexual intercourse?	401a ≠ -77
<p>402. Enter [# days / weeks / months / years].</p> <p><i>If today, enter zero days only, not zero weeks/months/years.</i></p> <p><i>Must agree with the age of first sexual intercourse and the pregnancy status.</i></p>	401a ≠ -77
<p>LCL_308a. If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p><i>If you select X children, you will enter a number for X on the following screen. If none, select X children, then enter 0.</i></p>	<p>201 = 1</p> <p><input type="radio"/> X children</p> <p><input type="radio"/> It's God's will (not respondent's decision)</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
Enter: [X children]	({children_des} = 'xchildren')
<p>LCL_308b. If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p><i>If you select X children, you will enter a number for X on the following screen. If none, select X children, then enter 0.</i></p>	<p>200 ≠ 1</p> <p><input type="radio"/> X children</p> <p><input type="radio"/> It's God's will (not respondent's decision)</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
Enter: [X children]	({children_des2} = 'xchildren')

## Section 5 – Water

*Now I would like to ask about your water practices*

<p>501. On a typical day in the DRY season, how much time do you spend collecting water?</p> <p><i>Only record respondent's time; not anyone else's time.</i></p> <p><i>If you select minutes or hours you will enter a number for X on the next screen</i></p>	<p>009a = 1</p> <p><input type="radio"/> X minutes per day</p> <p><input type="radio"/> X hours per day</p> <p><input type="radio"/> No time, someone else collects water</p> <p><input type="radio"/> No time, No one collects water</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No response</p>
501. Enter [# minutes per day / hours per day]:	<p>({collect_water_dry} = 'minutes')</p> <p>or ({collect_water_dry} = 'hours')</p>
502. On a typical day in the WET season, how	009a = 1

<p>much time do you spend collecting water?</p> <p><i>Only record respondent's time; not anyone else's time.</i></p> <p><i>If you select minutes or hours you will enter a number for X on the next screen</i></p>	<p><input type="radio"/> X minutes per day</p> <p><input type="radio"/> X hours per day</p> <p><input type="radio"/> No time, someone else collects water</p> <p><input type="radio"/> No time, No one collects water</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No response</p>
--	--

<p>502. Enter [# minutes per day / hours per day]:</p> <p><i>Either: 1-24 hours or 1-180 minutes.</i></p>	<p><code>(\${collect_water_wet} = 'minutes')</code>  <code>or (\${collect_water_wet} = 'hours')</code></p>
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<p>Contraceptive Acceptability Questions</p>	<p><code>(\${consent_obtained}) and</code>  <code>(not(selected(\${current_method},</code>  <code>'female_sterilization')))</code> and  <code>(not(sele ...</code></p>
--	--

<p><b>INFORMED CONSENT</b></p> <p>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?</p>	<p><code>(\${consent_obtained}) and</code>  <code>(not(selected(\${current_method},</code>  <code>'female_sterilization')))</code> and  <code>(not(sele ...</code></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>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?</p>	<p><code>(\${consent_ca}='yes')</code></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
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<p><code>(\${consent_ca}='yes')</code> and <code>(\${future_new_meth} != 'no' or \${current_user} = 'yes' or \${future_user_ ...</code></p>	
<p>CA-2. In choosing a contraceptive method, what are the things about the method that are important to you?</p> <p>PROBE: Anything else that is important to you?</p> <p><i>Do not read responses.</i></p> <p><i>SELECT ALL THAT APPLY.</i></p>	<p><input type="checkbox"/> Effectiveness</p> <p><input type="checkbox"/> Cost</p> <p><input type="checkbox"/> Access</p> <p><input type="checkbox"/> How long it lasts</p> <p><input type="checkbox"/> Husband/partner approves</p> <p><input type="checkbox"/> Doesn't affect sex</p> <p><input type="checkbox"/> Available outside clinic</p> <p><input type="checkbox"/> Immediate return to fertility</p> <p><input type="checkbox"/> Recommended by friends/relatives</p> <p><input type="checkbox"/> Recommended by provider</p>

	<input type="checkbox"/> Does not change menstrual bleeding <input type="checkbox"/> Causes few other side effect <input type="checkbox"/> Not painful to receive <input type="checkbox"/> Can be used while breastfeeding <input type="checkbox"/> Does not require pelvic exam <input type="checkbox"/> Can be used secretly <input type="checkbox"/> Other <input type="checkbox"/> No Response
Check here to acknowledge you considered all options.	<input type="radio"/>

<p>CA-3. 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>	<p style="text-align: right;">       ({\$consent_ca}='yes') and        ({\$future_new_meth} != 'no' or        {\$current_user} = 'yes' or        {\$future_user_ ...     </p> <p> <input type="radio"/> Every day  <input type="radio"/> Every time you have sex  <input type="radio"/> Every month or every few months  <input type="radio"/> Every year or every few years  <input type="radio"/> Once; it is permanent  <input type="radio"/> Other  <input type="radio"/> No response     </p>
---	--

<p>CA-4a. How many months would you want a method to last before you need to get it again?</p> <p><i>Enter -99 for no response.</i></p> <p><i>Must be between 1 and 11 months. If more than 11 months, go back to previous screen and select "Every year or every few years."</i></p>	<p style="text-align: center;">       ({\$desired_freq} = 'monthlyplus')     </p>
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<p>CA-4b. How many years would you want a method to last before you need to get it again?</p> <p><i>Enter -99 for no response.</i></p> <p><i>Must be between 1 and 35 years. If less than 1 year, go back to previous screen and select "Every month or every few months". If more than 35 years, go back and select "Once; it is permanent."</i></p>	<p style="text-align: center;">       ({\$desired_freq} = 'yearlyplus')     </p>
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<p>You have entered the respondent wants a method that lasts [#] 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>	<p style="text-align: right;">       {\$desired_years} &gt; 19     </p> <p> <input type="radio"/> Yes  <input type="radio"/> No     </p>
--	--

( \${desired_freq}='daily' ) or ( \${desired_freq} = 'with_sex' )	
<p>CA-5. Why did you choose this over other options?</p> <p>Probe: any other reasons?</p> <p><i>Do not read responses.</i></p> <p><i>SELECT ALL THAT APPLY.</i></p>	<input type="checkbox"/> May want to get pregnant soon <input type="checkbox"/> Familiar/feel comfortable with short acting methods <input type="checkbox"/> Infrequent sex <input type="checkbox"/> Fear of side effects of long-acting methods <input type="checkbox"/> More convenient to use than long-acting methods <input type="checkbox"/> Less expensive than long-acting methods <input type="checkbox"/> Easier to access than long-acting methods <input type="checkbox"/> Friends/family members use short-acting methods <input type="checkbox"/> Fear of medical procedure <input type="checkbox"/> Other <input type="checkbox"/> No Response
<p>Check here to acknowledge you considered all options.</p>	<input type="radio"/>

<p>CA-6. 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>	<p style="text-align: center;">           ( \${consent_ca}='yes' ) and            ( \${future_new_meth} != 'no' or              \${current_user} = 'yes' or              \${future_user_ ...         </p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
---	--

<p>Now I would like to talk with you about methods that are not yet widely available in Burkina Faso 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>	<p style="text-align: center;">           ( \${consent_ca}='yes' ) and            ( \${future_new_meth} != 'no' or              \${current_user} = 'yes' or              \${future_user_ ...         </p>
--	---

<p>CA-7. 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,</p>	<p style="text-align: center;">           ( \${consent_ca}='yes' ) and            ( \${future_new_meth} != 'no' or              \${current_user} = 'yes' or              \${future_user_ ...         </p> <input type="radio"/> Definitely would use it <input type="radio"/> Probably would use it <input type="radio"/> Probably would not use it <input type="radio"/> Definitely would not use it <input type="radio"/> No response
---	---

substances that change how the body functions, like in existing contraceptive methods such as the pill, the injectable, or the implant.

If this method were available, would you be interested in using it?

*READ RESPONSES ALOUD*

[CA\_7.jpg]

CA-8. Longer-lasting single rod implant:

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.

While using this method, a woman may have irregular periods.

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.

If this method were available, would you be interested in using it?

*READ RESPONSES ALOUD*

[CA\_8.jpg]

```
(${consent_ca}='yes') and  
(${future_new_meth} != 'no' or  
 ${current_user} = 'yes' or  
  ${future_user_ ...
```

- Definitely would use it
- Probably would use it
- Probably would not use it
- Definitely would not use it
- No response

CA-9. Dissolving implant:

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.

This method would dissolve over time so it would not need to be removed, however, it could be removed by a health provider during the first year.

While using this method, a woman may have irregular periods.

This method would contain hormones, substances that change how the body functions, like in existing contraceptive methods such as

```
(${consent_ca}='yes') and  
(${future_new_meth} != 'no' or  
 ${current_user} = 'yes' or  
  ${future_user_ ...
```

- Definitely would use it
- Probably would use it
- Probably would not use it
- Definitely would not use it
- No response

the pill, the injectable, or the implant.

If this method were available, would you be interested in using it?

*READ RESPONSES ALOUD*

[CA\_9.jpg]

CA-10. IUD for 5 years:

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.

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.

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.

If this method were available, would you be interested in using it?

*READ RESPONSES ALOUD*

[CA\_10.jpg]

CA-11. IUD for 10 years:

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.

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.

This method would not contain hormones.

```
(${consent_ca}='yes') and  
(${future_new_meth} != 'no' or  
 ${current_user} = 'yes' or  
 ${future_user_ ...
```

- Definitely would use it
- Probably would use it
- Probably would not use it
- Definitely would not use it
- No response

```
(${consent_ca}='yes') and  
(${future_new_meth} != 'no' or  
 ${current_user} = 'yes' or  
 ${future_user_ ...
```

- Definitely would use it
- Probably would use it
- Probably would not use it
- Definitely would not use it
- No response

<p>If this method were available, would you be interested in using it?</p> <p><i>READ RESPONSES ALOUD</i></p> <p>[CA_11.jpg]</p>	
<p>CA-12. 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 interested in using it?</p> <p><i>READ RESPONSES ALOUD</i></p>	<pre>       ({consent_ca}='yes') and       ({future_new_meth} != 'no' or       {current_user} = 'yes' or       {future_user_ ... </pre> <ul style="list-style-type: none"> <li><input type="radio"/> Definitely would use it</li> <li><input type="radio"/> Probably would use it</li> <li><input type="radio"/> Probably would not use it</li> <li><input type="radio"/> Definitely would not use it</li> <li><input type="radio"/> No response</li> </ul>
<p>CA-13. Which one of the following methods would you most prefer to use?</p> <p><i>READ RESPONSES ALOUD</i></p>	<pre>       \${preferred_method_cnt} &gt; 1 </pre> <ul style="list-style-type: none"> <li><input type="radio"/> Longer lasting injectable</li> <li><input type="radio"/> Longer lasting single rod implant</li> <li><input type="radio"/> Dissolving implant</li> <li><input type="radio"/> IUD for 5 years</li> <li><input type="radio"/> IUD for 10 years</li> <li><input type="radio"/> Permanent Method</li> <li><input type="radio"/> Current method: \${current_recent_label}</li> <li><input type="radio"/> Recent method: \${current_recent_label}</li> <li><input type="radio"/> No response</li> </ul> <pre>       (filter_list = \${LLI_filt}) or       (filter_list = \${LLS_filt}) or       (filter_list = \${DI_filt}) or       (filter_list = \${IUDH_filt}) or       (filter_list = \${IUDNH_filt}) or       (filter_list = \${P_filt}) or       (filter_list = \${C_filt}) or       (filter_list = \${R_filt}) or       (filter_list = 'static') </pre>
<p>FLW_801. Thank you for the time you have kindly granted us.</p>	<p style="text-align: right;">009a = 1</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> </ul>

<p>Would you be willing to participate in another survey on this or any other topic either by phone or in person at some point in the future?</p>	<p><input type="radio"/> No <input type="radio"/> No response</p>
<p>FLW_802. Do you own a phone?</p>	<p style="text-align: right;">FLW_801 = 1</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FLW_803. Can I have your primary phone number in case we would like to follow up with you in the future?</p> <p><i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter -99 for no response.</i></p>	<p style="text-align: right;">FLW_802 = 1</p>
<p>FLW_804. To confirm, here is the number you gave me: [FLW_803]. Is that correct?</p> <p><i>If not, return to 803 and correct it.</i></p>	<p style="text-align: right;">FLW_803 ≠ -99</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Thank the respondent for her time.</p> <p><i>The respondent is finished, but there are still more questions for you to complete outside the home.</i></p>	<p style="text-align: right;">\${available} = 'yes'</p>

### Location and Questionnaire result

<p>095. Location</p> <p><i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6 m.</i></p>	<p style="text-align: right;">Always</p>
<p>096. How many times have you visited this household to interview this female respondent?</p>	<p style="text-align: right;">Always</p> <p><input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time</p>
<p>097. In what language was this interview conducted?</p>	<p style="text-align: right;">009a = 1</p> <p><input type="radio"/> English <input type="radio"/> Kiswahili <input type="radio"/> Other</p>