

PMA-Ethiopia 2019 Cross-Sectional Survey

Female Questionnaire

Ethiopia Female Questionnaire—Cross-Section	
WARNING: You have opened a female respondent questionnaire that is not linked to a household roster.	
A. Are you in the correct household? <i>EA: \${EA} Structure #: \${structure} Household #: \${household}</i>	<input type="radio"/> Yes <input type="radio"/> No
RETURN TO INTERVIEW THE CORRECT HOUSEHOLD.	
Your Name	
C. Is this your name?	<input type="radio"/> Yes <input type="radio"/> No
D. Enter your name below. <i>Please record your name</i>	
Current Date-Time:	Day: Month: Year:
E. Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
F. Record the correct date and time.	Day: Month: Year:
	Location Detail - Not linked to a household roster.
Region:	<input type="radio"/> Afar <input type="radio"/> Ethiopia Somali <input type="radio"/> Benishangul Gumuz <input type="radio"/> Gambela <input type="radio"/> Hareri <input type="radio"/> Dire Dawa Astedadar <input type="radio"/> Tigray <input type="radio"/> Amhara <input type="radio"/> Oromiya <input type="radio"/> Snp <input type="radio"/> Addis Ababa

Zone:	ODK will populate a list of appropriate zones based on the selected region.
District:	ODK will populate a list of appropriate districts based on the selected zone.
Locality:	ODK will populate a list of appropriate localities based on the selected district. There may be only one choice.
Enumeration area	ODK will populate the appropriate EA.
Structure number	
Household number	
	Location Detail
The following information is from the Household Questionnaire. Please review to make sure you are interviewing the correct respondent	
Region:	
Zone:	
District:	
Locality:	
Enumeration area	
Structure number	
Household number	
G. Is the above information correct?	<input type="radio"/> Yes <input type="radio"/> No
Go to the right household or update the household Questionnaire if needed.	
I. CHECK: You should be attempting to interview \${firstname}. Is that correct? <i>If misspelled, select "Yes" here and update the name in question "P" If this is the wrong person, you have two options: (1) exit and ignore changes to this form. Open the correct form. Or (2) find and interview the person whose name appears above</i>	<input type="radio"/> Yes <input type="radio"/> No
J. Is the respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
K. How well acquainted are you with the respondent?	<input type="radio"/> Very well acquainted <input type="radio"/> Well acquainted <input type="radio"/> Not well acquainted <input type="radio"/> Not acquainted

<p>CROSS-SECTION 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>	
<p>Hello. My name is _____ and I am working for the Addis Ababa University, and Federal Ministry of Health. We are conducting a local survey that asks women about various reproductive health issues, including family planning and pregnancy using a smartphone. The survey helps monitor the state of public health and questions will be used for research purposes. 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 30 and 40 minutes to complete. Whatever information you provide will be kept strictly confidential. Your data will not be linked to your identity when conducting analyses, presenting results, or sharing data.</p> <p>Participation in this survey is entirely voluntary. 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. If you choose to participate in the survey, you will receive 25 birr airtime credit.</p> <p>If you have any questions about the study and your rights as a research participant, you may ask me now or you may also contact the principal investigators of the study, Solomon Shiferaw (251-911-406845) or Assefa Seme (251-911-228193). For any ethical issues, please call Dr. Solomon Abay, the IRB chairperson (011-251 941 222169) at the Addis Ababa University, College of Health Sciences.</p> <p>At this time, do you want to ask me anything about the survey?</p>	
<p>M. May I begin the interview now?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>O. Interviewer's name: \${your_name} <i>Mark your name as a witness to the consent process.</i></p>	<p><input type="radio"/></p>
<p>O. Interviewer's name Please record your name as a witness to the consent process. You previously entered "\${name_typed}."</p>	
<p>P. Respondent's first 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></p>	

Section 1 – Respondent's Background, Marital Status, and Household Characteristics

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

<p>FFQ001. In what month and year were you born? The age in the household roster is \${age}. <i>If respondent knows the year, but not month select the 'Does not know month' checkbox. Select the 'Do not know' checkbox for month and '2030' for year to indicate 'No Response'.</i></p>	
Month and Year	Month: Year:
Check here if respondent does not know month.	<input type="checkbox"/>
<p>FFQ002. How old were you at your last birthday?</p>	
<p>FFQ003a. Are you currently married or living together with a man as if married? <i>Probe: If no, ask whether the respondent is divorced, separated, widowed, or never in union/never married</i></p>	<p><input type="radio"/> Yes, currently married <input type="radio"/> Yes, living with a man <input type="radio"/> Divorced / separated <input type="radio"/> Not currently in union: widow <input type="radio"/> No, never in union <input type="radio"/> No response</p>
<p>FFQ003b. Have you been married or lived with a man only once or more than once?</p>	<p><input type="radio"/> Only once <input type="radio"/> More than once <input type="radio"/> No response</p>
<p>FFQ004a. In what month and year did you start living with your FIRST husband / partner? <i>If respondent knows the year, but not month select the 'Does not know month' checkbox. Select the 'Do not know' checkbox for month and '2030' for year to indicate 'No Response'.</i></p>	
Month and Year	Month: Year:
Check here if respondent does not know month.	<input type="checkbox"/>
<p>FFQ004b. CHECK: Based on the response you entered in FFQ004a, the respondent was possibly 15 years old or younger at the time of her first marriage. Did you enter FFQ004a correctly?</p>	
<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>FFQ005a. 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 '2030' for year to indicate 'No Response'.</i></p>	
Month and Year	Month: Year:

Check here if respondent does not know month.	<input type="checkbox"/>
CHECK: Based on the response you entered in FFQ005a, the respondent was possibly 15 years old or younger at the beginning of her marriage or cohabitation. Did you enter FFQ005a correctly?	<input type="radio"/> Yes <input type="radio"/> No
FFQ006. Does your husband / partner have other wives or does he live with other women as if married?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ007. What is your religion?	<input type="radio"/> Protestant <input type="radio"/> Orthodox <input type="radio"/> Muslim <input type="radio"/> Catholic <input type="radio"/> Traditional <input type="radio"/> Wakefeta <input type="radio"/> Non-believers <input type="radio"/> Other <input type="radio"/> No response
FFQ008. 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>	<input type="radio"/> Never attended <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Technical & vocational <input type="radio"/> Higher <input type="radio"/> No response
FFQ009. Can you read or write in any language?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>Section 2 – Migration</p> <p><i>Now I would like to ask about your recent migration to and from your current area of residence</i></p>	
FFQ010. What region were you born in?	<input type="radio"/> Tigray <input type="radio"/> Afar <input type="radio"/> Amhara <input type="radio"/> Oromia <input type="radio"/> Ethiopia Somali <input type="radio"/> Benishangul Gumuz <input type="radio"/> SNNPR <input type="radio"/> Gambella <input type="radio"/> Harari <input type="radio"/> Addis Ababa <input type="radio"/> Dire Dawa <input type="radio"/> Abroad

	<input type="radio"/> Do not know <input type="radio"/> No response
FFQ011. Was the place where you were born rural or urban?	<input type="radio"/> Rural <input type="radio"/> Urban <input type="radio"/> Do not know <input type="radio"/> No response
FFQ012. How long have you been living continuously in this district: \${district_name}? <i>If recently moved (< 1 month to < 1 year), enter 'Months'. If a year or more, please enter in number of years on the following screen</i>	<input type="radio"/> Always <input type="radio"/> Currently visiting <input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> No response
FFQ013. Enter number of \${duration_lab} <i>If the respondent has stayed for less than a year 0 is a possible answer. Write '0' in the Month if they have recently moved (</i>	
FFQ014. Before you moved here, which region or country did you live in most recently?	<input type="radio"/> Tigray <input type="radio"/> Afar <input type="radio"/> Amhara <input type="radio"/> Oromia <input type="radio"/> Ethiopia Somali <input type="radio"/> Benishangul Gumuz <input type="radio"/> SNNPR <input type="radio"/> Gambella <input type="radio"/> Harari <input type="radio"/> Addis Ababa <input type="radio"/> Dire Dawa <input type="radio"/> Yemen <input type="radio"/> Saudi Arabia <input type="radio"/> Libya <input type="radio"/> Beirut <input type="radio"/> United Arab Emirates <input type="radio"/> Sudan <input type="radio"/> South Sudan <input type="radio"/> South Africa <input type="radio"/> Kenya <input type="radio"/> Lebanon <input type="radio"/> Eritrea <input type="radio"/> Other <input type="radio"/> No response
FFQ015. Just before you moved here, did you live in a rural, or an urban area?	<input type="radio"/> Rural <input type="radio"/> Urban <input type="radio"/> Do not know <input type="radio"/> No response
FFQ016. Who did you move with? <i>Select all that apply</i>	<input type="checkbox"/> Partner <input type="checkbox"/> Own parents <input type="checkbox"/> Partner's parents <input type="checkbox"/> Own children <input type="checkbox"/> Other family members <input type="checkbox"/> No one (moved alone)

	<input type="checkbox"/> Other <input type="checkbox"/> No response
FFQ17. Can you tell me the main reason why you moved to your current place of residence? <i>Select only one response</i>	<input type="radio"/> Education <input type="radio"/> Search for work <input type="radio"/> Marriage <input type="radio"/> Divorce/Marriage dissolution <input type="radio"/> Death of spouse <input type="radio"/> Death of other household member <input type="radio"/> Job transfer/have a job <input type="radio"/> Displacement/War/drought <input type="radio"/> Moved with family <input type="radio"/> Returned back home <input type="radio"/> Shortage of land <input type="radio"/> Health problems <input type="radio"/> Other <input type="radio"/> No response

Section 3 – Reproduction & Fertility Preferences

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

FFQ018. Now I would like to ask about all the pregnancies you have had during your life. Have you ever been pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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FFQ019. How many times have you given birth to a baby that was born alive? <i>No response: -99</i>	
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FFQ020. When was your FIRST birth? <i>If respondent knows the year, but not month select the 'Does not know month' checkbox. Select the 'Do not know' checkbox for month and '2030' for year to indicate 'No Response'.</i>	
Month and Year	Month: Year:
Check here if respondent does not know month.	<input type="checkbox"/>

FFQ021. When was your MOST RECENT birth? <i>Please record the date of the MOST RECENT live birth. The date should be found by calculating backwards from memorable events if needed. Select 'Do not know' for month and '2030' for year to indicate 'No Response'. Use visual aid to record dates of most recent birth</i>	
Day, Month and Year	Day: Month:

	Year:
Check here if respondent does not know month.	<input type="checkbox"/>
FFQ023. Just before you moved here \${district_name}, did you have any sons or daughters whom you have given birth to?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ024. How many children did you have just before you moved here? <i>No response: -99</i>	
FFQ025. Are you pregnant now?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/> No response
FFQ026. When did your last menstrual period start? <i>Hint: Help the respondent to remember the approximate date by asking her usual menstrual cycle pattern and by using local languages which are equivalent to LMP</i> <i>Enter 0 days for today</i>	<input type="radio"/> Days ago <input type="radio"/> Weeks ago <input type="radio"/> Months ago <input type="radio"/> Years ago <input type="radio"/> Before last birth <input type="radio"/> Never menstruated <input type="radio"/> In menopause/ has had hysterectomy <input type="radio"/> No response
Enter in \${mens_period_lab}.	
FFQ029a. How many months pregnant are you?	
The most recent birth was: \${recent_birth_et_lab}	
Please record the number of completed months. <i>No response: -99; Do not know: -88</i>	
FFQ029b. 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? <i>Remind the respondent that we are asking about her most recent pregnancy, or if currently pregnant about the current pregnancy</i>	<input type="radio"/> Then <input type="radio"/> Later <input type="radio"/> Not at all <input type="radio"/> No response
FFQ030. Have you ever delivered in a health facility before?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ031. Based on your previous delivery experience, would you recommend that your friends or family members deliver in a facility or at home?	<input type="radio"/> Facility <input type="radio"/> Home <input type="radio"/> Do not know <input type="radio"/> No response
FFQ032. Where would you like to deliver your baby?	<input type="radio"/> Her Home <input type="radio"/> Other home

	<input type="radio"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Government health post <input type="radio"/> Other public sector <input type="radio"/> Private hospital/clinic <input type="radio"/> Other private medical sector <input type="radio"/> NGO/Faith-based health facility <input type="radio"/> Other <input type="radio"/> Have not decided yet <input type="radio"/> No response
<p>FFQ033. Who would you like to have help deliver your baby?</p>	<input type="radio"/> Doctor <input type="radio"/> Health officer <input type="radio"/> Nurse/Midwife <input type="radio"/> Any professional healthcare provider (can't distinguish) <input type="radio"/> HEW <input type="radio"/> Traditional birth attendant <input type="radio"/> Family member <input type="radio"/> No one <input type="radio"/> Have not decided yet <input type="radio"/> No response
<p>FFQ034a. Thus far in your pregnancy, have you seen a health extension worker for antenatal care?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ034b. At any point in your pregnancy, did you see a health extension worker for antenatal care?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>FFQ035. Where did you see the HEW?</p>	<input type="checkbox"/> Home <input type="checkbox"/> Government health post <input type="checkbox"/> Other health facility <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>FFQ036a. How many times have you received antenatal care during this pregnancy from a health extension worker, either at a health post or at home? <i>No response: -99; Do not know: -88</i></p>	
<p>FFQ036b. How many times did you receive antenatal care during this pregnancy from a health extension worker, either at a health post or at home? <i>No response: -99; Do not know: -88</i></p>	
<p>FFQ037. How many months pregnant were you when you first talked to a health extension worker about your pregnancy? <i>No response: -99; Do not know: -88</i></p>	

<p>FFQ038a. Have you seen a professional healthcare provider, other than an HEW, for antenatal care during this pregnancy?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ038b. Did you see a professional healthcare provider, other than an HEW, for antenatal care during this pregnancy?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ039. Whom did you see, not including an HEW? Anyone else? <i>Select all that apply Probe to identify each type of person and record all mentioned.</i></p>	<p><input type="checkbox"/> Doctor <input type="checkbox"/> Health officer <input type="checkbox"/> Nurse/Midwife <input type="checkbox"/> Professional health provider, can't distinguish <input type="checkbox"/> Other <input type="checkbox"/> No response</p>
<p>FFQ040a. How many times have you received antenatal care during this pregnancy from a professional healthcare provider, other than an HEW? <i>No response: -99; Do not know: -88</i></p>	
<p>FFQ040b. How many times did you receive antenatal care during this pregnancy from a professional healthcare provider, other than an HEW? <i>No response: -99; Do not know: -88</i></p>	
<p>FFQ041. How many months pregnant were you when you first received antenatal from a professional healthcare provider other than an HEW for this pregnancy? <i>No response: -99; Do not know: -88</i></p>	
<p>FFQ042. Where did you receive antenatal care for this pregnancy, not including from the HEW? Anywhere else? <i>Select all that apply Probe to identify the type of source and record all mentioned</i></p>	<p><input type="checkbox"/> Her Home <input type="checkbox"/> Other home <input type="checkbox"/> Government hospital <input type="checkbox"/> Government health center <input type="checkbox"/> Government health post <input type="checkbox"/> Other public sector <input type="checkbox"/> Private hospital/clinic <input type="checkbox"/> Other private medical sector <input type="checkbox"/> NGO/Faith-based health facility <input type="checkbox"/> Traditional healer/medicine <input type="checkbox"/> Other <input type="checkbox"/> Nowhere, no treatment sought <input type="checkbox"/> No response</p>
<p>FFQ043. As part of your antenatal care during this pregnancy were any of the following measured at least once: <i>Hint: This includes any ANC from any provider</i></p>	
<p>A) Was your blood pressure measured?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

	<input type="radio"/> Do not know <input type="radio"/> No response
B) Was your weight taken?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Did you give a urine sample that was not for a pregnancy test?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
D) Did you give a blood sample?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
E) Did you give a stool sample?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ044. I don't want to know the results, but as part of your antenatal care were you: <i>This includes any ANC from any provider</i>	
A) Tested for syphilis?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) Did you receive the results of your test?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Did someone discuss the results with you after you were tested?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ045. I don't want to know the results, but as part of your antenatal care were you: <i>This includes any ANC from any provider</i>	
A) Tested for HIV?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) Did you receive the results of your test?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

<p>C) Did someone discuss the results with you after you were tested?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ046a. During your antenatal care visit, did your provider discuss breastfeeding as a method to prevent pregnancy? <i>This includes any ANC from any provider</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ046b. During your antenatal care visit, did your provider talk with you about postpartum family planning? <i>This includes any ANC from any provider.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ047. Which family planning method or methods did you discuss with the provider? <i>Select all that apply</i> <i>Note: breastfeeding was included previously and is not part of this list</i></p>	<p><input type="checkbox"/> Female Sterilization <input type="checkbox"/> Male Sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male Condom <input type="checkbox"/> Female Condom <input type="checkbox"/> Std. Days/Cycle beads <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other traditional methods <input type="checkbox"/> No response</p>
<p>FFQ048. Are you planning to breastfeed?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure yet <input type="radio"/> No response</p>
<p>FFQ049. Are you planning to use breastfeeding to delay or avoid getting pregnant?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure yet <input type="radio"/> No response</p>
<p>FFQ050. How long do you plan to breastfeed?</p>	<p><input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> Not sure yet <input type="radio"/> No response</p>
<p>Enter in \${brfeeding_period_lab}.</p>	
<p>FFQ051. Do you plan to feed your baby anything other than breastmilk in the first six months? This includes things like water, juice, oil, or tea.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure yet <input type="radio"/> No response</p>
<p>FFQ052. Do you plan to use a method of family planning, other than breastfeeding, within a year of giving birth?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

	<input type="radio"/> Do not know <input type="radio"/> No response
FFQ053a. When do you plan to start using the method?	<input type="radio"/> Immediately (at facility) <input type="radio"/> At first postpartum visit <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Not sure yet <input type="radio"/> No response
FFQ053b. Enter value in \${start_method_lab}	
FFQ054. What method do you plan to use? <i>Hint: this does not include LAM/breastfeeding</i>	<input type="radio"/> Female Sterilization <input type="radio"/> Male Sterilization <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"/> Std. Days/Cycle beads <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> Not sure yet <input type="radio"/> No response
FFQ055. During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is convulsions (locked jaw) after birth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ056. During this pregnancy, how many times have you gotten a tetanus injection?	
CHECK: You entered that the respondent received \${tetanus_inj_times} tetanus injections in question FFQ056. Confirm that these were received only during this pregnancy.	
FFQ057. During this pregnancy have you consumed any multivitamins that contain iron, iron tablets, iron syrup, or folic acid/iron co-packs? <i>A photo of iron tablets/syrup will appear on the screen</i> [iron_tablets_syrup.png]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ058. During this pregnancy, have you consumed any drug for intestinal worms? <i>A photo of intestinal worms tablets will appear on the screen</i> [albendazole.png]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ059a. Have you experienced any of the following problems during this pregnancy:	

A) Severe headache with blurred vision?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) High blood pressure?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Edema (swelling) face/feet/body?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
D) Convulsion/fits?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
E) Vaginal bleeding before delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
F) High fever?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
G) Abnormal vaginal discharge (foul smelling/dark)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
H) Lower abdominal pain?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
I) Worsening vision, particularly at night?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ059b. Did you experience any of the following problems during this pregnancy:	
A) Severe headache with blurred vision?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response


B) High blood pressure?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Edema (swelling) face/feet/body?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
D) Convulsion/fits?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
E) Vaginal bleeding before delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
F) High fever?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
G) Abnormal vaginal discharge (foul smelling/dark)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
H) Lower abdominal pain?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
I) Worsening vision, particularly at night?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ060A. Did you seek treatment at a health facility for Severe headache with blurred vision?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ060B. Did you seek treatment at a health facility for High blood pressure?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ060C. Did you seek treatment at a health facility for Edema face/feet/body?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

FFQ060D. Did you seek treatment at a health facility for Convulsion/fits?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ060E. Did you seek treatment at a health facility for Vaginal bleeding before delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ060F. Did you seek treatment at a health facility for High fever?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ060G. Did you seek treatment at a health facility for Abnormal vaginal discharge (foul smelling/dark)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ060H. Did you seek treatment at a health facility for Lower abdominal pain?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ060I. Did you seek treatment at a health facility for Difficulty seeing at night?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ061. During your antenatal care visit(s) was there any discussion about the following:	
A) Place of delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
B) Delivery by a skilled attendant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
C) Arrangement for transport for delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
D) Where to go if experience of pregnancy danger signs?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
E) Severe headaches with blurred vision as a danger sign in pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
F) High blood pressure as a danger sign in pregnancy?	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
G) Edema/swelling of the face/feet/body as a danger sign in pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
H) Convulsions/fits as a danger sign in pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
I) Bleeding before delivery as a danger sign in pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ062. Did you receive any tablets that should be taken to prevent bleeding after delivery?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ063. As part of your antenatal care visits, did a healthcare worker or HEW talk with you about your nutrition or diet?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ064. What information or messages did you receive during your pregnancy about nutrition or diet? <i>Probe: From either a health provider at a facility or an HEW?</i> <i>Select all that apply. Read all responses aloud.</i>	<input type="checkbox"/> Eat more (quantity) <input type="checkbox"/> Eat a variety of foods / foods rich with iron (quality) <input type="checkbox"/> Take iron-containing tablets (IFAS) <input type="checkbox"/> Take preventive malaria treatment <input type="checkbox"/> Take deworming tablet <input type="checkbox"/> How much weight to gain <input type="checkbox"/> Regularly exercise <input type="checkbox"/> How to manage nausea/vomiting <input type="checkbox"/> Reduce salt intake <input type="checkbox"/> Do not eat raw meat <input type="checkbox"/> None of the above <input type="checkbox"/> No response
FFQ065. During this pregnancy, did you participate in a 1 to 5 meeting to discuss pregnancy-related issues with your team or team leader?	<input type="radio"/> Yes <input type="radio"/> No, member but did not participate <input type="radio"/> No, not member <input type="radio"/> No response
FFQ066. Do you know how to contact the HEW if you go into labor?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No HEW <input type="radio"/> No response

<p>FFQ067a. Has your partner encouraged you to go to the clinic for antenatal care?</p>	<p><input type="radio"/> Yes, encouraged <input type="radio"/> No, did not encourage <input type="radio"/> No, actively discouraged <input type="radio"/> No partner <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ067b. Did your partner encourage you to go to the clinic for antenatal care?</p>	<p><input type="radio"/> Yes <input type="radio"/> No, did not encourage <input type="radio"/> No, actively discouraged <input type="radio"/> No partner <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ068. Have you and your partner discussed where you are planning to deliver?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> Partner not involved <input type="radio"/> No response</p>
<p>FFQ069. While you were pregnant, did you and your partner discuss where you planned to deliver?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> Partner not involved <input type="radio"/> No response</p>
<p>FFQ148a. You said you are currently pregnant How many other pregnancies have you had since September 2017? <i>For each pregnancy in the last two years, add a group Use New Year as a reference, Max # pregnancies are 4</i></p>	
<p>FFQ148b. How many pregnancies have you had since September 2017? <i>If the respondent is recently postpartum, i.e. had a birth in the last 8 weeks please record all other pregnancies that she has had in the last two years. Do not include the pregnancy that she has already told you about in FFQ071</i></p>	
<p>FFQ151. At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / any more children at all?</p>	<p><input type="radio"/> Then <input type="radio"/> Later <input type="radio"/> Not at all <input type="radio"/> No response</p>
<p>Now think back to your most recent pregnancy (current pregnancy if currently pregnant).</p>	
<p>FFQ169. In terms of becoming a mother (first time or again), you feel that your pregnancy happened at the..... <i>Read the response options.</i></p>	<p><input type="radio"/> Right time <input type="radio"/> Ok, but not quite right time <input type="radio"/> Wrong time <input type="radio"/> No response</p>
<p>FFQ170a. Just before you became pregnant..... <i>Read the response options.</i></p>	<p><input type="radio"/> You intended to get pregnant <input type="radio"/> Your intentions kept changing</p>

	<input type="radio"/> You did not intend to get pregnant <input type="radio"/> No response
FFQ170b. Just before you became pregnant.... <i>Read the response options.</i>	<input type="radio"/> You wanted to have a baby <input type="radio"/> You had mixed feelings about having a baby <input type="radio"/> You did not want to have a baby <input type="radio"/> No response
FFQ171. Before you became pregnant.... <i>Read the response options.</i>	<input type="radio"/> You and your partner had agreed for you to get pregnant <input type="radio"/> You and your partner had discussed having children together, but hadn't agreed for you to get pregnant <input type="radio"/> You and your partner never discussed having children together <input type="radio"/> No response
FFQ172. When you found out you were pregnant, how did you feel? <i>Read the response options</i>	<input type="radio"/> Very happy <input type="radio"/> Sort of happy <input type="radio"/> Mixed happy and unhappy <input type="radio"/> Sort of unhappy <input type="radio"/> Very unhappy <input type="radio"/> No response
FFQ173. When your partner found out you were pregnant, how did he feel? <i>Read the response options</i>	<input type="radio"/> Very happy <input type="radio"/> Sort of happy <input type="radio"/> Mixed happy and unhappy <input type="radio"/> Sort of unhappy <input type="radio"/> Very unhappy <input type="radio"/> Have not told partner <input type="radio"/> No partner <input type="radio"/> Do not know <input type="radio"/> No response
FFQ174. Before you became pregnant, did you do any of the following in preparation for pregnancy? <i>Read the response options Select multiple</i>	<input type="checkbox"/> Took folic acid/vitamins <input type="checkbox"/> Ate more healthily <input type="checkbox"/> Sought medical/health advice <input type="checkbox"/> Saved money for healthcare <input type="checkbox"/> You did not do any of the above before your pregnancy <input type="checkbox"/> No response
Now I have some questions about the future	
FFQ175a. Would you like to have a/another child or would you prefer not to have any / any more children?	<input type="radio"/> Have a/another child <input type="radio"/> No more/ 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>FFQ175b. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	<p><input type="radio"/> Have a/another child <input type="radio"/> No more/ prefer no children <input type="radio"/> Undecided/Don't know <input type="radio"/> No response</p>
<p>FFQ176a. How long would you like to wait from now before the birth of a/another child? <i>If you select months or years, you will enter a number for x on the next screen. Select "Years" if more than 36 months. Please check that you correctly entered the value for months/years.</i></p>	<p><input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> Soon / Now <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>Enter in $\\${birth_gap_lab}$</p>	
<p>FFQ176b. 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. Select "Years" if more than 36 months. Please check that you correctly entered the value for months/years.</i></p>	<p><input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> Soon / Now <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>Enter in $\\${current_birth_gap_lab}$</p>	
<p>FFQ177. If you got pregnant now, how would you feel?</p>	<p><input type="radio"/> Very happy <input type="radio"/> Sort of happy <input type="radio"/> Mixed happy and unhappy <input type="radio"/> Sort of unhappy <input type="radio"/> Very unhappy <input type="radio"/> No response</p>
<p>Section 4 – Contraception</p> <p>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.</p> <p><i>An image will appear on the screen for some methods. If the respondent says that she has not heard of the method or if she hesitates to answer, read the probe aloud and show her the image, if available.</i></p>	
<p>FFQ178a. Have you ever heard of female sterilization? <i>PROBE: Women can have an operation to avoid having any more children.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ178b. Have you ever heard of male sterilization? <i>PROBE: Men can have an operation to avoid having any more children.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ178c. Have you ever heard of the contraceptive implant? <i>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</i> </p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>

<p>FFQ178d. Have you ever heard of the IUD? <i>PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.</i> [IUD_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ178e. Have you ever heard of injectables? <i>PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</i> [injectable_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ178f. Have you ever heard of the (birth control) pill? <i>PROBE: Women can take a pill every day to avoid becoming pregnant.</i> [pill_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ178g. Have you ever heard of emergency contraception? <i>PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within five days to prevent pregnancy.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ178h. Have you ever heard of condoms? <i>PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</i> [male_condom_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ178i. Have you ever heard of female condoms? <i>PROBE: Women can put a sheath in their vagina before sexual intercourse.</i> [female_condom_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ178j. Have you ever heard of the standard days method or Cycle Beads? <i>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.</i> [SDM-Beads_only.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ178k. Have you ever heard of the Lactational Amenorrhea Method or LAM?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ178L. Have you ever heard of the rhythm method? <i>PROBE: Women can avoid pregnancy by not having sexual intercourse on the days of the month they think they can get pregnant.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ178M. Have you ever heard of the withdrawal method? <i>PROBE: Men can be careful and pull out before climax.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ178n. Have you ever heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ179a. Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>

<p>FFQ179b. Which method or methods are you using? <i>Probe: Anything else? Select all methods mentioned. Be sure to scroll to bottom to see all choices.</i></p>	<p><input type="checkbox"/> Female Sterilization <input type="checkbox"/> Male Sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male Condom <input type="checkbox"/> Female Condom <input type="checkbox"/> Std. Days/Cycle beads <input type="checkbox"/> LAM <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other traditional methods <input type="checkbox"/> No response</p>
<p>FFQ180. Since what months and years have you been using \${current_recent_method_lab} without stopping? <i>Calculate backwards from memorable events if needed.</i></p>	
<p>##### <i>Most Recent Birth: \${recent_birth_et_lab}.</i></p>	
<p>##### <i>Current Marriage: \${current_marriage_date_et_lab}.</i></p>	
<p>##### <i>Must be before today. Respondent must be at least 10 years old. Select 'Do not know' for month and '2030' for year to indicate 'No Response'. For RE: Mark start date and all months until now as current use on the visual aid</i></p>	
<p>Month and Year</p>	<p>Month: Year:</p>
<p>Check here if respondent does not know month.</p>	<p><input type="checkbox"/></p>
<p>FFQ181. Did you or your partner use any other methods between September 2017 and when you started using \${current_method_lab_cs}? <i>Interviewer notes: [Since September 2017; use New Year as a reference]. Probe to see if she has used the same method at a previous time.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>CS1. Have you or your partner done anything or used a method to delay or avoid getting pregnant in the last 2 years (since September 2017)? <i>Interviewer note: [Since September 2017; use New Year as a reference]</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>

Please swipe forward and select "ADD GROUP" to Start and Stop Dates for this method.

Contraceptive Methods

<p>ERROR: Too many groups added. <i>Remove this group by pressing your finger down on the small circle below and selecting 'remove group' from the menu that appears.</i></p>	
#####	<input type="radio"/>

<p>CS2. Which method did you use just before \${current_method_lab_cs}?</p> <p><i>Do not include the current method of use. Only select the current method if the woman used it continuously, stopped and restarted during the two year period.</i></p>	
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<p>CS2. Which method did you use?</p> <p><i>Do not include the current method of use. Only select the current method if the woman used it continuously, stopped and restarted during the two year period.</i></p>	
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#####	<input type="radio"/> Female Sterilization <input type="radio"/> Male Sterilization <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"/> Std. Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> No response
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<p>FFQ182. When did you stop using your \${cs2_method_lab}?</p> <p><i>If respondent knows the year, but not month select the 'Does not know month' checkbox. Select the 'Do not know' checkbox for month and '2030' for year to indicate 'No Response'</i></p>	
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Month and Year	<p>Month:</p> <p>Year:</p>
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Check here if respondent does not know month.	<input type="checkbox"/>
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<p>FFQ183. When did you start using \${cs2_method_lab}?</p> <p><i>Please indicate the year and month you started using it. Calculate backwards from memorable events if needed.</i></p>	
<p>##### Most Recent Birth: \${recent_birth_et_lab}.</p>	
<p>##### Current Marriage: \${current_marriage_date_et_lab}.</p>	
<p>##### <i>If respondent knows the year, but not month select the 'Does not know month' checkbox. Select the 'Do not know' checkbox for month and '2030' for year to indicate 'No Response'.</i></p>	
<p>Month and Year</p>	<p>Month: Year:</p>
<p>Check here if respondent does not know month.</p>	<input type="checkbox"/>
<p>FFQ184. You said you did not know when you started using \${cs2_method_lab}.</p> <p>Can you remember about how long you used \${cs2_method_lab} for?</p> <p><i>Number of months:</i></p>	
<p>FFQ185. Before \${cs2_method_lab}, did you or your partner use anything else to delay or avoid getting pregnant since September 2017?</p> <p><i>ODK will keep repeating these questions until the start and stop dates for a given method are both before September 2017 OR until response is "NONE"</i></p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>There are other method used. Move forward and select "Add Group"</p>	
<p>There are no other method used. Move forward and select "Do Not Add"</p>	
<p>If there are any more methods to add, move forward and select "Add Group". Otherwise, select "Do not Add."</p>	
<p>Warning: The respondent indicated that she or her partner did something or used a method to delay or avoid getting pregnant in the last 2 years (since September 2017). But you did not add a "Contraceptive Methods" group. Please go back to CS1 and check your response.</p>	
<p>SUMMARY</p>	

Please review with the respondent that all information is correct.	
Current pregnancy start: \${current_preg_start_et_lab}	
Most recent birth: \${recent_birth_start_et_lab} - \${recent_birth_et_lab}	
First birth: \${first_birth_start_et_lab} - \${first_birth_et_lab}	
No previous births	
Current method: \${current_method_lab_cs}. Start date: \${start_mtd_date_et_lab}.	
\${full_summary_et}	
Method 1: \${cs_summary_mtd_name1}. Start Date: \${cs_summary_mtd_start1}. Stop Date: \${cs_summary_mtd_stop1}.	
Method 2: \${cs_summary_mtd_name2}. Start Date: \${cs_summary_mtd_start2}. Stop Date: \${cs_summary_mtd_stop2}.	
Method 3: \${cs_summary_mtd_name3}. Start Date: \${cs_summary_mtd_start3}. Stop Date: \${cs_summary_mtd_stop3}.	
Method 4: \${cs_summary_mtd_name4}. Start Date: \${cs_summary_mtd_start4}. Stop Date: \${cs_summary_mtd_stop4}.	
Method 5: \${cs_summary_mtd_name5}. Start Date: \${cs_summary_mtd_start5}. Stop Date: \${cs_summary_mtd_stop5}.	
No current or past method use	
CURRENT/RECENT USERS: I will ask you a few more questions on the method that you are currently using or the method you used most recently.	
FFQ186. Did the provider tell you or your partner that this method was permanent?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ187. You first started using \${current_recent_method_lab} in \${start_mtd_date_et_lab}. Where did you or your partner get it at that time? <i>Scroll to bottom to see all choices.</i>	<input type="radio"/> GOVT HOSPITAL <input type="radio"/> GOVT HEALTH CENTER <input type="radio"/> GOVT. HEALTH POST/HEW <input type="radio"/> Health development army <input type="radio"/> Public Pharmacy <input type="radio"/> OTHER PUBLIC <input type="radio"/> NGO HEALTH FACILITY <input type="radio"/> OTHER NGO <input type="radio"/> PRIVATE HOSPITAL <input type="radio"/> PRIVATE CLINIC <input type="radio"/> Private PHARMACY

	<input type="radio"/> OTHER PRIVATE MEDICAL <input type="radio"/> DRUG VENDORS/STORE <input type="radio"/> Shop <input type="radio"/> FRIEND/RELATIVE <input type="radio"/> Self <input type="radio"/> OTHER <input type="radio"/> DO not KNOW <input type="radio"/> NO RESPONSE
FFQ188. When you obtained your \${current_recent_method_lab}, did the provider ask you about your prior experience with contraception?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ189. When you obtained your \${current_recent_method_lab}, did you obtain the method you wanted to use to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ190. Why did you choose the implant? <i>Select multiple</i>	<input type="checkbox"/> Long duration of protection <input type="checkbox"/> Less need for follow-up <input type="checkbox"/> Unavailability of other methods <input type="checkbox"/> Provider recommended <input type="checkbox"/> Other <input type="checkbox"/> No response
FFQ191. At the visit when the implant was inserted, were you told for how long the implant would protect you from pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ192. Were you told where you could go to have the implant removed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ193. Were you told how much it would cost to get your implant removed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ194. When you obtained your \${current_recent_method_lab}, were you told by the provider about side effects or problems you might have with a method to delay or avoid pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ195. According to the provider what are the possible side effects or problems related to use of \${current_recent_method_lab}?	<input type="checkbox"/> Less bleeding or no bleeding <input type="checkbox"/> Heavier bleeding <input type="checkbox"/> Irregular bleeding <input type="checkbox"/> spotting/bleeding <input type="checkbox"/> Non-specific bleeding changes <input type="checkbox"/> Uterine cramping/lower abdominal pain <input type="checkbox"/> Gained weight <input type="checkbox"/> Lost weight <input type="checkbox"/> Facial spotting/facial pigmentation <input type="checkbox"/> Headaches <input type="checkbox"/> Got infection

	<input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Increased menstrual cramping <input type="checkbox"/> Lowered sex drive <input type="checkbox"/> Vaginal dryness <input type="checkbox"/> Infertility/sterility <input type="checkbox"/> Delayed return to fertility <input type="checkbox"/> Method get lost inside body <input type="checkbox"/> General weakness <input type="checkbox"/> Diarrhea <input type="checkbox"/> OTHER <input type="checkbox"/> DO not KNOW <input type="checkbox"/> NO RESPONSE
<p>FFQ196. Were you told what to do if you experienced these side effects or problems?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ197. At that time, were you told by a family planning provider about methods of family planning other than $\\${current_recent_method_lab}$ that you could use?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ198. What methods were you told about? <i>Select multiple</i></p>	<input type="checkbox"/> Female Sterilization <input type="checkbox"/> Male Sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male Condom <input type="checkbox"/> Female Condom <input type="checkbox"/> Std. Days/Cycle beads <input type="checkbox"/> LAM <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal <input type="checkbox"/> No response
<p>FFQ199. At that time, were you told that you could switch to a different method in the future?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ200. During that visit, who made the final decision about what method you got?</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>FFQ201. Would you return to this provider? Provider: $\\${recent_mth_source_en}$</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

<p>FFQ202. Would you refer your relative or friend to this provider / facility? Provider: \${recent_mth_source_en}</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>FFQ203. Are you/did you experience any of the following changes in your menstrual cycle due to \${current_recent_method_lab}? <i>Read all options out loud. Select all that apply.</i></p>	<p><input type="checkbox"/> Less bleeding or no bleeding <input type="checkbox"/> Heavier bleeding <input type="checkbox"/> Irregular bleeding/spotting <input type="checkbox"/> No change <input type="checkbox"/> OTHER <input type="checkbox"/> Do not know <input type="checkbox"/> No response</p>
<p>FFQ204. How worried are/were you about these changes?</p>	<p><input type="radio"/> Very worried <input type="radio"/> A little worried <input type="radio"/> Not at all worried <input type="radio"/> No response</p>
<p>FFQ205. Are you experiencing any side effects?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ205. Did you experience any side effects?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ206. What are the side effects you are currently experiencing? <i>Do not read option choices aloud</i></p>	<p><input type="checkbox"/> Less bleeding or no bleeding <input type="checkbox"/> Heavier bleeding <input type="checkbox"/> Irregular bleeding/spotting <input type="checkbox"/> Uterine cramping/lower abdominal pain <input type="checkbox"/> Gained weight <input type="checkbox"/> Lost weight <input type="checkbox"/> Facial spotting <input type="checkbox"/> Headaches <input type="checkbox"/> Got infection <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Increased menstrual cramping <input type="checkbox"/> Lowered sex drive <input type="checkbox"/> Decreased sexual pleasure <input type="checkbox"/> Vaginal dryness <input type="checkbox"/> General weakness/pain <input type="checkbox"/> Diarrhea <input type="checkbox"/> Partner feels during sex <input type="checkbox"/> Pain at insertion site <input type="checkbox"/> Mood swings <input type="checkbox"/> Backache <input type="checkbox"/> OTHER <input type="checkbox"/> DO not KNOW <input type="checkbox"/> NO RESPONSE</p>
<p>FFQ206. What were the side effects that you EXPERIENCED while using the method?</p>	<p><input type="checkbox"/> Less bleeding or no bleeding <input type="checkbox"/> Heavier bleeding</p>

<p><i>Do not read option choices aloud</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Irregular bleeding/spotting <input type="checkbox"/> Uterine cramping/lower abdominal pain <input type="checkbox"/> Gained weight <input type="checkbox"/> Lost weight <input type="checkbox"/> Facial spotting <input type="checkbox"/> Headaches <input type="checkbox"/> Got infection <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Increased menstrual cramping <input type="checkbox"/> Lowered sex drive <input type="checkbox"/> Decreased sexual pleasure <input type="checkbox"/> Vaginal dryness <input type="checkbox"/> General weakness/pain <input type="checkbox"/> Diarrhea <input type="checkbox"/> Partner feels during sex <input type="checkbox"/> Pain at insertion site <input type="checkbox"/> Mood swings <input type="checkbox"/> Backache <input type="checkbox"/> OTHER <input type="checkbox"/> DO not KNOW <input type="checkbox"/> NO RESPONSE
<p>FFQ207. Are there any side effects that you are WORRIED ABOUT EXPERIENCING while using this method, but are not actually experiencing?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ207. Were there any side effects that you WERE WORRIED ABOUT EXPERIENCING while using this method, but did not actually experience?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ208. What are the side effects that you ARE WORRIED ABOUT EXPERIENCING while using this method, but are not actually experiencing?</p> <p><i>Do not read option choices aloud</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Less bleeding or no bleeding <input type="checkbox"/> Heavier bleeding <input type="checkbox"/> Irregular bleeding/spotting <input type="checkbox"/> Uterine cramping/lower abdominal pain <input type="checkbox"/> Weight change <input type="checkbox"/> Facial spotting <input type="checkbox"/> Headaches <input type="checkbox"/> General weakness/pain <input type="checkbox"/> Pain at insertion site <input type="checkbox"/> Got infection <input type="checkbox"/> Method gets lost inside body <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Lowered sex drive <input type="checkbox"/> Decreased sexual pleasure <input type="checkbox"/> Vaginal dryness <input type="checkbox"/> Partner feels during sex <input type="checkbox"/> Infertility/sterility <input type="checkbox"/> Delayed return to fertility <input type="checkbox"/> Deformation of babies <input type="checkbox"/> Diarrhea

	<input type="checkbox"/> Cancer/fibroids <input type="checkbox"/> Blood build up/impurities <input type="checkbox"/> Pills accumulate in body <input type="checkbox"/> Increased hair growth <input type="checkbox"/> Mood swings <input type="checkbox"/> OTHER <input type="checkbox"/> DO not KNOW <input type="checkbox"/> NO RESPONSE
<p>FFQ208. What were the side effects that you WERE WORRIED ABOUT EXPERIENCING while using this method, but did not actually experience? <i>Do not read option choices aloud</i></p>	<input type="checkbox"/> Less bleeding or no bleeding <input type="checkbox"/> Heavier bleeding <input type="checkbox"/> Irregular bleeding/spotting <input type="checkbox"/> Uterine cramping/lower abdominal pain <input type="checkbox"/> Weight change <input type="checkbox"/> Facial spotting <input type="checkbox"/> Headaches <input type="checkbox"/> General weakness/pain <input type="checkbox"/> Pain at insertion site <input type="checkbox"/> Got infection <input type="checkbox"/> Method gets lost inside body <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Lowered sex drive <input type="checkbox"/> Decreased sexual pleasure <input type="checkbox"/> Vaginal dryness <input type="checkbox"/> Partner feels during sex <input type="checkbox"/> Infertility/sterility <input type="checkbox"/> Delayed return to fertility <input type="checkbox"/> Deformation of babies <input type="checkbox"/> Diarrhea <input type="checkbox"/> Cancer/fibroids <input type="checkbox"/> Blood build up/impurities <input type="checkbox"/> Pills accumulate in body <input type="checkbox"/> Increased hair growth <input type="checkbox"/> Mood swings <input type="checkbox"/> OTHER <input type="checkbox"/> DO not KNOW <input type="checkbox"/> NO RESPONSE
<p>FFQ209. The last time you received your $\{current_recent_method_lab\}$, did you have to pay out of pocket for:</p>	
<p>A. Medical Card?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>B. Supplies (like gloves or syringes)</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

C. The method itself?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
D. Transportation?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ210. Do you want to have your implant removed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ211a. In the past 12 months, did you try to have your current implant removed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ211b. Where did you go to try to have your implant removed?	<input type="radio"/> GOVT HOSPITAL <input type="radio"/> GOVT HEALTH CENTER <input type="radio"/> GOVT. HEALTH POST/HEW <input type="radio"/> Health development army <input type="radio"/> Public Pharmacy <input type="radio"/> OTHER PUBLIC <input type="radio"/> NGO HEALTH FACILITY <input type="radio"/> OTHER NGO <input type="radio"/> PRIVATE HOSPITAL <input type="radio"/> PRIVATE CLINIC <input type="radio"/> Private PHARMACY <input type="radio"/> OTHER PRIVATE MEDICAL <input type="radio"/> DRUG VENDORS/STORE <input type="radio"/> Shop <input type="radio"/> OTHER <input type="radio"/> DO not KNOW <input type="radio"/> NO RESPONSE
FFQ211c. Who tried to remove the implant?	<input type="radio"/> Self <input type="radio"/> Friend/Relative <input type="radio"/> Partner <input type="radio"/> HEW <input type="radio"/> Other professional healthcare provider, can't distinguish <input type="radio"/> No one tried <input type="radio"/> No response
FFQ212. Why were you not able to have your implant removed? <i>Select all that apply</i>	<input type="radio"/> Facility not open <input type="radio"/> Qualified provider not available <input type="radio"/> Provider attempted but could not remove the implant <input type="radio"/> Provider refused <input type="radio"/> Cost of removal services <input type="radio"/> Travel cost

	<input type="radio"/> Provider counseled against removal <input type="radio"/> Told to return on another day <input type="radio"/> Referred elsewhere <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response				
<p>FFQ213. When you stopped using the implant, where did you go to have your implant removed? <i>Scroll to bottom to see all choices.</i></p>	<input type="radio"/> GOVT HOSPITAL <input type="radio"/> GOVT HEALTH CENTER <input type="radio"/> GOVT. HEALTH POST/HEW <input type="radio"/> Health development army <input type="radio"/> Public Pharmacy <input type="radio"/> OTHER PUBLIC <input type="radio"/> NGO HEALTH FACILITY <input type="radio"/> OTHER NGO <input type="radio"/> PRIVATE HOSPITAL <input type="radio"/> PRIVATE CLINIC <input type="radio"/> Private PHARMACY <input type="radio"/> OTHER PRIVATE MEDICAL <input type="radio"/> DRUG VENDORS/STORE <input type="radio"/> Shop <input type="radio"/> OTHER <input type="radio"/> DO not KNOW <input type="radio"/> NO RESPONSE				
<p>FFQ214. Who removed the implant?</p>	<input type="radio"/> Self <input type="radio"/> Friend/Relative <input type="radio"/> Partner <input type="radio"/> HEW <input type="radio"/> Other professional healthcare provider, can't distinguish <input type="radio"/> No one tried <input type="radio"/> No response				
<p>Now I would like to ask you some questions about why you stopped using your recent family planning methods. We still start with the one that you used most recently. RE: Use visual aid to show different methods and dates. Start with the most recently used method and work backwards. FFQ215 is repeated for all previous methods listed in CS2</p>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> ERROR: Too many groups added. <i>Remove this group by pressing your finger down on the small circle below and selecting 'remove group' from the menu that appears.</i> </td> <td style="width: 100px;"></td> </tr> <tr> <td style="padding: 5px;">#####</td> <td style="text-align: center; vertical-align: middle;"><input type="radio"/></td> </tr> </table>		ERROR: Too many groups added. <i>Remove this group by pressing your finger down on the small circle below and selecting 'remove group' from the menu that appears.</i>		#####	<input type="radio"/>
ERROR: Too many groups added. <i>Remove this group by pressing your finger down on the small circle below and selecting 'remove group' from the menu that appears.</i>					
#####	<input type="radio"/>				
<p>FFQ215. Did you stop using \${cs2_method_name} because of any of the following reasons?</p>	<input type="checkbox"/> Became pregnant while using <input type="checkbox"/> Infrequent sex/husband away				

<p>RECORD ALL REASONS MENTIONED. Cannot select "Do Not Know" or "No response" with other options.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Wanted to become pregnant <input type="checkbox"/> Side effects you experienced <input type="checkbox"/> Side effects you were worried about but did not experience <input type="checkbox"/> Husband did not approve <input type="checkbox"/> Other person did not approve <input type="checkbox"/> Wanted more effective method <input type="checkbox"/> No method available <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"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>RE: For contraceptive use history, this method (number \${MSR_pos} entered) was marked as 'No response'. Therefore FFQ215 will be skipped for this method. <i>Please proceed to the next screen.</i></p>	

CURRENT NON-USERS

<p>FFQ217. Have you ever done anything or tried in any way to delay or avoid getting pregnant?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>FFQ218. You said that you do not want any / anymore children and that you are not using a method to avoid pregnancy. Can you tell me the reason why you are not using a method to prevent pregnancy? <i>PROBE: Any other reason? RECORD ALL REASONS MENTIONED. Cannot select "Do Not Know" or "No response" with other options. Cannot select "Not married" if 104 is "Yes, currently married". Scroll to the bottom to see all choices.</i></p>	<ul style="list-style-type: none"> <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/partner away <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 reasons <input type="checkbox"/> Does not know of a method <input type="checkbox"/> Does not know where to get method <input type="checkbox"/> Fear of side effects <input type="checkbox"/> Health concerns <input type="checkbox"/> Too far to get method <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"/> Do not know <input type="checkbox"/> No response
FFQ219. Would you say that NOT using contraception is mainly your decision, mainly your husband/partner's decision or do you both decide together?	<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
FFQ220. Do you think you will use a contraceptive method to delay or avoid getting pregnant in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ221. When do you think you will start using a method?	<input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> Soon / Now <input type="radio"/> After the birth of this child <input type="radio"/> Do not know <input type="radio"/> No response
Enter in \${when_willuse_lab} <i>Enter the age in \${when_willuse_lab}.</i>	
FFQ222. 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 last birthday. <i>Enter the age in years. Enter -88 if respondent does not know. Enter -99 if there is no response.</i>	
FFQ223. How many living children did you have at that time, if any? Note: the respondent said that she gave birth \${total_births} times in FFQ019. <i>Enter -99 for no response</i>	
FFQ224. Have you used emergency contraception at any time in the last 12 months? <i>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.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ225. In the last 12 months, were you visited by a health extension worker who talked to you about family planning?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ226. In the last 12 months, have you attended a group family planning counseling session with a provider?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

<p>FFQ227. In the last 12 months, have you visited a health facility for care for yourself or your children? <i>For any health services</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ228. Did any staff member at the health facility speak to you about family planning methods?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ229. In the last few months have you:</p>	
<p>A. Heard about family planning on the radio?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>B. Seen anything about family planning on the television?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>C. Read about family planning in a newspaper or magazine?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>D. Received text message about family planning on a mobile phone</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>E. Seen anything on social media about family planning (Facebook, Viber, Twitter, WhatsApp etc)</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ230. Do you know if there is a law on abortion in Ethiopia?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FFQ231. Under which circumstances it is legal to have an abortion in Ethiopia? <i>Read out the responses</i></p>	<p><input type="checkbox"/> In instances of rape <input type="checkbox"/> When pregnancy is a risk to the life of the mother and/or fetus <input type="checkbox"/> When fetus has been diagnosed with an incurable disease or serious deformity <input type="checkbox"/> When pregnant woman is incapacitated/physically or mentally unfit to be a mother <input type="checkbox"/> No circumstances <input type="checkbox"/> Do not know <input type="checkbox"/> No response</p>
<p>FFQ232. Do you know where a woman can access facility-based abortion services in the community where you live?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>

Section 5 – Partner	
<i>Now I would like to ask you some questions about your husband/partner.</i>	
FFQ250. Before you started using \${current_recent_method_lab}, had you discussed the decision to delay or avoid pregnancy with your husband/partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ251. How does your husband/partner feel about family planning?	<input type="radio"/> He disapproves of it <input type="radio"/> He does not care <input type="radio"/> He is ok with it <input type="radio"/> Do not know <input type="radio"/> No response
FFQ252. Does/did your husband/partner know that you are/were using \${current_recent_method_lab}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ253. Did you talk with your partner about using your \${current_recent_method_lab} before you started using, after you started using, or you have not talked about it?	<input type="radio"/> Before <input type="radio"/> After <input type="radio"/> No discussion <input type="radio"/> No response
FFQ254. Why have you not discussed your family planning use with your husband/partner? <i>Select all that apply—do not read options aloud</i>	<input type="checkbox"/> It does not concern him <input type="checkbox"/> There might be negative consequences <input type="checkbox"/> He does not know about FP <input type="checkbox"/> Other <input type="checkbox"/> No response
FFQ255. In the past 12 months, has your husband/partner:	
A. Told you not to use any family planning	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
B. Said he would leave you if you didn't get pregnant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
C. Told you he would have a baby with someone else if you didn't get pregnant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
D. Took away your family planning or kept you from going to the clinic to get family planning	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

E. Hurt you physically because you did not agree to get pregnant	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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Section 6 - Empowerment/Norms

Now I'm going to ask you a series of statements about family planning. For each, please tell me how strongly you agree or disagree with the statement. Some will seem similar but we would like you to consider each one as different.

We can pause at any time. If you do not feel comfortable answering any of the statements, let me know and I will move onto the next statement.

FFQ256. If I use family planning, my husband/partner may seek another sexual partner.	<input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
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FFQ257. If I use family planning, I may have trouble getting pregnant the next time I want to.	<input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
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FFQ258. There could be/will be conflict in my relationship/marriage if I use family planning.	<input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
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FFQ259. If I use family planning, my children may not be born normal.	<input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
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FFQ260. If I use family planning, my body may experience side effects that will disrupt my relations with my husband/partner.	<input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
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FFQ261. It is acceptable for a woman to use family planning before she has children	<input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree
---	--

	<input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
FFQ262. Women who use family planning are considered promiscuous	<input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
FFQ263. Couples who use family planning are financially responsible	<input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
FFQ264. Women should be the ones to decide about family planning	<input type="radio"/> Strongly agree <input type="radio"/> Somewhat agree <input type="radio"/> Neither agree nor disagree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree <input type="radio"/> No response
Now, I'd like to ask a few questions about your community.	
FFQ270. Do most, some, few, or no people in your community encourage women to deliver at a facility?	<input type="radio"/> Most people <input type="radio"/> Some people <input type="radio"/> Few people <input type="radio"/> No people <input type="radio"/> Do not Know <input type="radio"/> No response
FFQ271. Do most, some, few, or no people in your community think it is acceptable to deliver with a traditional birth attendant?	<input type="radio"/> Most people <input type="radio"/> Some people <input type="radio"/> Few people <input type="radio"/> No people <input type="radio"/> Do not Know <input type="radio"/> No response
FFQ272. Do most, some, few, or no people in your community encourage going to antenatal care?	<input type="radio"/> Most people <input type="radio"/> Some people <input type="radio"/> Few people <input type="radio"/> No people <input type="radio"/> Do not Know <input type="radio"/> No response
FFQ273. Do most, some, few, or no people in your community encourage women to seek postnatal care?	<input type="radio"/> Most people <input type="radio"/> Some people <input type="radio"/> Few people <input type="radio"/> No people

	<input type="radio"/> Do not Know <input type="radio"/> No response
<h3>Section 7. Sexual Activity</h3> <p><i>Now I'm going to ask you a few sensitive questions about sexual activity. You do not have to answer these questions if you do not want to. We can pause at any time. If you do not feel comfortable answering any of the questions, let me know and I will either move onto the next statement or skip this section entirely.</i></p> <p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p>	
FFQ277. You stated that you were not currently married or living with a man, but are you currently in a relationship?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
FFQ278. How long have you been in a relationship with your current partner?	<input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> No response
Enter in \${inreship_duration_lab}	
FFQ279a. How old were you when you first had sexual intercourse? <i>The respondent said she was \${age} years old at her last birthday. She has had \${total_births} live births. Enter the age in years. Enter -77 if she never had sex. Enter -88 if respondent does not know. Enter -99 for no response.</i>	
FFQ279b. You have entered that the respondent was \${first_intercourse_age} years old when she first had sexual intercourse. Is this what she said? <i>Go back and correct FFQ279a if it is not correct.</i>	<input type="radio"/> Yes <input type="radio"/> No
FFQ280. Have you resumed sexual activity since the birth of your most recent child?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FFQ281. 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. Enter -99 for no response</i>	<input type="radio"/> Days ago <input type="radio"/> Weeks ago <input type="radio"/> Months ago <input type="radio"/> Years ago <input type="radio"/> No response
Enter in \${last_intercourse_lab}	
We understand that this interview may have raised some difficult issues. How are you feeling after we've asked these questions? Would you like to speak with a trained care provider further? We can connect you to the local health center for follow-up care.	

<p>END OF SURVEY Thank the respondent for her time <i>The respondent is finished, but there are still 3 more questions for you to complete outside the home</i></p>	
<p>U. Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m. GPS coordinates can only be collected when outside.</i></p>	
<p>V. Did you have to step away from the respondent's home to take the GPS reading?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>QUESTIONNAIRE RESULT</p>	
<p>W. How many times have you visited this household to interview this female respondent?</p>	<p><input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time</p>
<p>X. What language was this interview conducted in?</p>	<p><input type="radio"/> English <input type="radio"/> Amharic <input type="radio"/> Afan Oromo <input type="radio"/> Tigrigna <input type="radio"/> Sidamigna <input type="radio"/> Wolayitigna <input type="radio"/> Afar <input type="radio"/> Somali <input type="radio"/> Kefigna <input type="radio"/> Other</p>
<p>Y. Was a translator used for this interview?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Z. Questionnaire result <i>Record the result of the Female Questionnaire</i></p>	<p><input type="radio"/> Completed <input type="radio"/> Not at home <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Incapacitated <input type="radio"/> Respondent death <input type="radio"/> Respondent moved <input type="radio"/> Household moved</p>