

**USAID OFFICE OF POPULATION AND REPRODUCTIVE HEALTH
 FLEXIBLE FUND FAMILY PLANNING SURVEY
 WOMAN'S QUESTIONNAIRE (AGE 15-49)**

REVISED VERSION MAY 15, 2007

IDENTIFICATION	
DISTRICT NAME AND CODE _____	_ _ _ _ _ _
VILLAGE NAME AND CODE _____	_ _ _ _ _ _
CLUSTER/ LOT NUMBER.....	_ _ _ _ _ _
HOUSEHOLD NUMBER.....	_ _ _ _ _ _
URBAN/RURAL (URBAN = 1, RURAL = 2)	_
NAME OF HEAD OF HOUSEHOLD _____	
NAME OF WOMAN _____	
INTERVIEW	
INTERVIEWER NAME: _____	
SUPERVISOR NAME: _____	
DATE OF INTERVIEW: _ _ _ _ _ _	
	DAY MONTH YEAR
	CODING CATEGORIES
RESULT OF INTERVIEW:	COMPLETED.....1 NOT AT HOME.....2 POSTPONED.....3 REFUSED.....4 PARTLY COMPLETED.....5 INCAPACITATED.....6
KEYED BY: _____	

SECTION 1: RESPONDENTS BACKGROUND

INTRODUCTION AND INFORMED CONSENT

Hello. My name is _____ and I am working with (NAME OF ORGANIZATION). We are conducting a survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health and family life. This information will help the government Ministry of Health and other organizations to plan local health services. This survey will take about ___ to ___ minutes to complete. Whatever information you provide to (NAME OF ORGANIZATION) will remain confidential. We will not pass on your name or the information you provide to any other parties. We will contact you again only if we have a question (or questions) that need(s) to be clarified.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. 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?

May I begin the interview now?

Signature of interviewer: _____ Date: _____
(day, month, year)

CIRCLE ONE:

RESPONDENT DOES NOT AGREE TO INTERVIEW.....1 → END; DO NOT INTERVIEW WOMAN

RESPONDENT AGREES TO INTERVIEW.....2 → BEGIN INTERVIEW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME	HOUR..... MINUTES.....	
102	How old were you at your last birthday?	AGE IN COMPLETED YEARS.....	
103	Have you ever attended school?	YES.....1 NO.....2	→ 106
104	What is the highest level of school you attended: primary, secondary, or higher?	SOME PRIMARY.....1 COMPLETED PRIMARY 2 SOME SECONDARY.....3 COMPLETED SECONDARY OR HIGHER.....4	
105	CHECK 104: HIGHEST LEVEL OF SCHOOL: SOME PRIMARY OR COMPLETED PRIMARY (CODE 1) <input type="checkbox"/> ↓	SOME SECONDARY OR HIGHER (CODE 2) <input type="checkbox"/> ⇒	→ 107

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:</p> <p>Can you read any part of the sentence to me?</p> <p>NOTE: EACH CARD SHOULD HAVE FOUR SIMPLE SENTENCES (FOR EXAMPLE, "PARENTS LOVE THEIR CHILDREN", "THE CHILD IS READING A BOOK", ETC)</p>	<p>CANNOT READ AT ALL.....1</p> <p>ABLE TO READ ONLY PARTS.....2</p> <p>ABLE TO READ WHOLE SENTENCES.....3</p> <p>NO CARD WITH REQUIRED LANGUAGE.....4</p> <p>BLIND/VISUALLY IMPAIRED.....5</p>	
107	<p>Now I would like to ask you some questions about your house. What is the main source of drinking water for members of your household?</p>	<p>PIPED WATER</p> <p> PIPED INTO DWELLING..... 01</p> <p> PIPED TO YARD/PLOT..... 02</p> <p> PUBLIC TAP/STANDPIPE..... 03</p> <p>TUBE WELL OR BOREHOLE..... 04</p> <p>DUG WELL</p> <p> PROTECTED WELL..... 05</p> <p> UNPROTECTED WELL..... 06</p> <p>WATER FROM SPRING</p> <p> PROTECTED SPRING..... 07</p> <p> UNPROTECTED SPRING..... 08</p> <p>RAINWATER..... 09</p> <p>TANKER TRUCK..... 10</p> <p>CART WITH SMALL TANK..... 11</p> <p>SURFACE WATER (RIVER /DAM LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL)</p> <p>BOTTLED WATER..... 12</p>	
108	<p>What kind of toilet facility do members of your household usually use?</p>	<p>FLUSH TOILET</p> <p> FLUSH TO PIPED SEWER SYSTEM..... 01</p> <p> FLUSH TO SEPTIC TANK.....02</p> <p> FLUSH TO PIT LATRINE..... 03</p> <p> FLUSH TO SOMEWHERE ELSE. 04</p> <p> FLUSH, DON'T KNOW WHERE... 05</p> <p>PIT LATRINE</p> <p> VENTILATED IMPROVED PIT LATRINE (VIP).....06</p> <p> NON-VIP PIT LATRINE WITH SLAB..... 07</p> <p> NON-VIP PIT LATRINE WITHOUT SLAB.....08</p> <p>COMPOSTING TOILET..... 09</p> <p>BUCKET TOILET..... 10</p> <p>HANGING TOILET LATRINE.....11</p> <p>NO FACILITY /BUSH/FIELD... ..12</p> <p>OTHER,</p>	

		13	
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	MAIN MATERIAL OF FLOOR. RECORD OBSERVATION	NATURAL FLOOR EARTH/SAND.....01 DUNG.....02 RUDIMENTARY FLOOR WOOD PLANKS.....03 PALM/BAMBOO.....04 FINISHED FLOOR PARQUET OR POLISHED WOOD.....05 VINYL OR ASPHALT STRIPS.....06 CERAMIC TILES07 CEMENT08 CARPET09 OTHER, SPECIFY.....10	
110	Does your household have: Electricity? A radio? A television? A refrigerator? A bicycle? A mobile telephone? A non-mobile telephone? A computer? A car? (ADD ADDITIONAL ITEMS. SEE INSTRUCTIONS FOR FLEXIBLE FUND SURVEY IMPLEMENTATION)	YES NO ELECTRICITY.....1.....2 RADIO.....1.....2 TELEVISION.....1.....2 REFRIGERATOR.....1.....2 BICYCLE.....1.....2 MOBILE TELEPHONE.....1.....2 NON-MOBILE TELEPHONE..1.....2 COMPUTER.....1.....2 CAR.....1.....2	
111	COUNTRY-SPECIFIC QUESTION ON RELIGION (OPTIONAL)		
112	COUNTRY-SPECIFIC QUESTION ON ETHNICITY (OPTIONAL)		

PROCEED TO NEXT SECTION →

SECTION 2: REPRODUCTION AND CHILD SPACING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→ 208
202	How many children have you given birth to? Include any children born alive, including those who cried or showed signs of life but did not survive.	TOTAL NUMBER OF CHILDREN EVER BORN ALIVE..... <input style="width: 50px;" type="text"/>	
203	How many children living in this household are under five years of age?	NONE..... 0 ONE CHILD..... 1 TWO CHILDREN..... 2 THREE OR MORE.....3	—→ 208
204	How many of those children are your biological children?	NONE..... 0 ONE CHILD..... 1 TWO CHILDREN.....2 THREE OR MORE.....3	—→208
205	What is the sex and date of birth of your youngest child?	YOUNGEST CHILD SEX MALE1 FEMALE.....2 DATE OF BIRTH DAY <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> MONTH <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> YEAR <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
206	CHECK 204: NUMBER OF BIOLOGICAL CHILDREN: TWO OR MORE (CODE 2) <div style="text-align: center;"> <input style="width: 30px; height: 30px;" type="checkbox"/> ↓ </div>	ONE (CODE 1) <div style="text-align: center;"> <input style="width: 30px; height: 30px;" type="checkbox"/> → </div>	→ 208
207	What is the sex and date of birth of your second youngest child?	SECOND YOUNGEST CHILD SEX MALE1 FEMALE.....2 DATE OF BIRTH DAY <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> MONTH <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> YEAR <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
208	How many persons live in this household, that is, typically sleep and eat here on a daily basis?	ONE..... 1 TWO.....2 THREE.....3 FOUR.....4 FIVE.....5 SIX.....6 SEVEN.....7 EIGHT.....8 NINE.....9 TEN OR MORE.....10	
209	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES..... 1 NO..... 2 DON'T KNOW.....8	→ 211 → 211
210	Is this time just before her period, during her period, right after her period has ended, or halfway between her two periods?	JUST BEFORE HER PERIOD BEGINS.....1 DURING HER PERIOD.....2 RIGHT AFTER HER PERIOD HAS ENDED.....3 HALFWAY BETWEEN TWO PERIODS.....4 OTHER5 (SPECIFY) DON'T KNOW.....8	
211	In the past 12 months, have you experienced a miscarriage or a pregnancy termination?	YES.....1 NO.....2 DON'T KNOW/ REFUSED.....8	

PROCEED TO NEXT SECTION →

SECTION 3: KNOWLEDGE AND EVER USE OF CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
<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>ASK THE QUESTION 301 (FIRST COLUMN):</p> <p>Which ways have you heard about?</p> <p>FOR EACH METHOD LISTED MENTIONED SPONTANEOUSLY, CIRCLE “1” (YES) IN THE COLUMN 301 TO INDICATE THAT WOMAN HAS HEARD OF METHOD. THEN PROCEED DOWN THE LIST OF METHODS, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE “1” IN COLUMN 301 IF THE METHOD IS RECOGNIZED, AND CODE “2” IF NOT RECOGNIZED.</p> <p>THEN, FOR EACH METHOD WITH CODE “1” (“YES”) IN COLUMN 301, ASK BOTH QUESTIONS 302 AND 303 “DO YOU KNOW OF A PLACE YOU COULD OBTAIN (THE METHOD) OR FIND OUT HOW TO USE THE METHOD (FOR LAM, STANDARD DAYS, WITHDRAWAL AND RHYTHM?),” <u>AND</u> “HAVE YOU EVER USED (METHOD)?” FOR BOTH THESE QUESTIONS, CODE “1” IF THE ANSWER IS “YES” AND CODE “2” IF THE ANSWER IS “NO”.</p>					
	METHOD	301	302	303	
	Which ways have you heard about? PROBE: Have you heard of (METHOD)?		Do you know where to obtain (METHOD)?	Have you ever used (METHOD)?	
A	FEMALE STERILIZATION Women can have an operation to avoid having any more children	YES.....1 → NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	
B	MALE STERILIZATION Men can have an operation to avoid having any more children	YES.....1 → NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	
C	PILL Women can take a pill every day to avoid becoming pregnant	YES.....1 → NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	
D	IUD Women can have a loop or coil placed inside them by a doctor or nurse	YES.....1 → NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	
E	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months	YES.....1 → NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	
F	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent	YES.....1 → NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	

	pregnancy for one or more years			
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	METHOD	301	302	303
	Which ways have you heard about? PROBE: Have you heard of (METHOD)?		Do you know where to obtain (METHOD)?	Have you ever used (METHOD)?
G	CONDOM Men can put a rubber sheath on their penis before sexual intercourse	YES.....1 → NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
H	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse	YES.....1 → NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
I	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse	YES.....1 → NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
J	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse	YES.....1 → NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
K	LACTATIONAL AMENORRHEA (LAM) LAM is the lactational amenorrhea method which is a method of using breastfeeding to delay menstruation in order to plan the family	YES.....1 → NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
L	RHYTHM Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.....1 → NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
M	STANDARD DAYS METHOD A woman or couple abstains and/or uses condoms on Days 8-19 of the menstrual cycle. Typically, the woman or couple uses <u>CycleBeads™</u> (or a paper version of them) to identify the fertile days.	YES.....1 → NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
N	WITHDRAWAL Men can be careful and pull out before ejaculation	YES.....1 → NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
O	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant	YES.....1 → NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
P	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES.....1 →(SPECIFY)..... NO.....2	YES.....1 NO.....2	YES.....1 NO.....2

PROCEED TO NEXT SECTION →

SECTION 4: ACCESS TO FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<p>Now I would like to ask you about family planning services in your community.</p> <p>Do you know of a place where you could obtain a method of family planning?</p> <p>IF NO, CIRCLE "Z" [DON'T KNOW]</p> <p>IF YES, ASK "Where is that?" ¹</p> <p>PROBE: "Are there any other places where you could obtain a method?"</p> <p>RECORD ALL MENTIONED.</p> <p>IF A SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR:</p> <p>GOVT. HOSPITAL.....A</p> <p>GOVT. HEALTH CENTER.....B</p> <p>FAMILY PLANNING CLINIC.....C</p> <p>MOBILE CLINIC..... D</p> <p>FIELDWORKER..... E</p> <p>OTHER PUBLIC.....F</p> <p>PRIVATE MEDICAL SECTOR:</p> <p>PRIVATE HOSP./CLINIC.....G</p> <p>PHARMACY..... H</p> <p>PRIVATE DOCTOR.....I</p> <p>MOBILE CLINIC.....J</p> <p>FIELDWORKER.....K</p> <p>OTHER PRIVATE MEDICAL.....L</p> <p>OTHER SOURCE:</p> <p>SHOP.....M</p> <p>CHURCH..... N</p> <p>FRIEND/RELATIVE.....O</p> <p>DON'T KNOW.....Z</p>	→ 501
402	<p>How far away from your home is the place you can obtain a method of family planning: 5 kms or less or more than 5 kms?</p>	<p>5 KMS OR LESS1</p> <p>MORE THAN 5 KMS.....2</p> <p>DON'T KNOW..... 8</p>	
403	<p>How long does it take you to get to the place where you can obtain a method of family planning?</p>	<p>LESS THAN 1 HOUR..... 1</p> <p>1 HOUR UP TO TWO HOURS.....2</p> <p>2 HOURS UP TO 4 HOURS.....3</p> <p>MORE THAN 4 HOURS.....4</p>	

PROCEED TO NEXT SECTION →

SECTION 5: DESIRE FOR FUTURE CHILDREN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK QUESTION 303A: WOMAN NOT STERILIZED <input type="checkbox"/> ↓ (CODE 2)	WOMAN STERILIZED <input type="checkbox"/> ⇒ (CODE 1)	→ 602
502	CHECK QUESTION 303B: MAN NOT STERILIZED <input type="checkbox"/> ↓ (CODE 2)	MAN STERILIZED <input type="checkbox"/> ⇒ (CODE 1)	→ 602
503	Are you currently pregnant?	YES.....1 NO.....2 UNSURE8	→ 801
504	Do you want to have a/another child?	YES.....1 NO.....2 DK/ UNSURE.....8	→ 601 → 601
505	When do you want to have your next child?	WITHIN 2 YEARS.....1 MORE THAN 2 YEARS FROM NOW.....2 UNSURE WHEN..... 8	

PROCEED TO NEXT SECTION →

SECTION 6: CURRENT USE OF FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO..... 2	→ 610
602	Which method are you (or your husband/ partner) using? DO NOT READ RESPONSES. CODE ONLY ONE RESPONSE. IF MORE THAN ONE METHOD IS MENTIONED, ASK, What is your MAIN method that you (or your husband/ partner) use to delay or avoid getting pregnant?" IF REpondent MENTIONS BOTH CONDOMS AND STANDARD DAYS METHOD, CODE "12" FOR STANDARD DAYS METHOD CHECK RESPONSE PROVIDED IN 602 AGAINST 303: EVER USE OF METHOD. IF A METHOD IS CURRENTLY USED, THAT METHOD SHOULD ALSO BE CODED AS 'EVER USED' IN 303.	FEMALE STERILIZATION.....1 MALE STERILIZATION.....2 PILL.....3 IUD.....4 INJECTABLES.....5 IMPLANTS.....6 CONDOM.....7 FEMALE CONDOM.....8 DIAPHRAGM.....9 FOAM/JELLY.....10 LACTATIONAL AMEN. METHOD....11 STANDARD DAYS METHOD.....12 RHYTHM METHOD (OTHER THAN STANDARD DAYS).....13 WITHDRAWAL.....14 OTHER.....15 (SPECIFY)	
603	CHECK 602: IS WOMAN USING STANDARD DAYS METHOD OR THE RHYTHM METHOD? YES, USING STANDARD DAYS OR RHYTHM <div style="text-align: center;"> <input type="checkbox"/> ↓ (CODE 1) </div>	NO, NOT USING STANDARD DAYS OR RHYTHM <div style="text-align: center;"> <input type="checkbox"/> ⇒ (CODE 2) </div>	→ 607

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
604	What do you do to keep track of the fertile days? CIRCLE ALL THAT APPLY; DO NOT READ CHOICES	CYCLEBEADS OR A PAPER VERSION OF CYCLEBEADS.....A CALENDARB OTHER, SPECIFY.....C DON'T KNOW..... D	
605	What do you and your partner/ husband do to avoid pregnancy during the fertile days: abstain, use condoms, use a combination of abstinence and condoms, or do something else? CODE ONE RESPONSE	ABSTAIN ONLY.....1 CONDOMS ONLY.....2 COMBINATION OF ABSTINENCE AND CONDOMS..... 3 OTHER, SPECIFY.....4 DON'T KNOW/ REFUSED.....5	
606	What days of the cycle are the fertile days, according to your method? DO NOT READ CHOICES	DAYS 8-19.....1 OTHER, SPECIFY.....2 DON'T KNOW.....3	
607	In what month and year did you start using (CURRENT METHOD) continuously? IF STERILIZED, ASK: In what month and year was the sterilization performed?	MONTH..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> YEAR..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
608	Where did you obtain (CURRENT METHOD) when you STARTED using it? CODE ONE RESPONSE IF THE WOMAN OR HER HUSBAND/PARTNER WAS STERILIZED, ASK: Where were you (your partner) sterilized? IF THE WOMAN IS USING LAM OR THE STANDARD DAYS METHOD, ASK: Where did you learn to use your method?	PUBLIC SECTOR: GOVT. HOSPITAL.....1 GOVT. HEALTH CENTER.....2 FAMILY PLANNING CLINIC.....3 MOBILE CLINIC..... 4 FIELDWORKER..... 5 OTHER PUBLIC.....6 _____ (SPECIFY) PRIVATE MEDICAL SECTOR: PRIVATE HOSP./CLINIC.....7 PHARMACY..... 8 PRIVATE DOCTOR.....9	

		MOBILE CLINIC.....10 FIELDWORKER.....11 OTHER PRIVATE MEDICAL.....12 _____ (SPECIFY) OTHER SOURCE: SHOP.....13 CHURCH..... 14 FRIEND/RELATIVE.....15 OTHER _____16 (SPECIFY) DON'T KNOW.....17	
609	Before using (CURRENT METHOD), did you ever use another method of family planning?	YES.....1 NO..... 2	→ 701 → 701
610	Did you start using a method within the past 12 months but now have discontinued using that method?	YES.....1 NO..... 2	
611	CHECK 503: NOT PREGNANT OR UNSURE <div style="text-align: center;"> <input type="checkbox"/> ↓ (CODE 2) </div>	PREGNANT <div style="text-align: center;"> <input type="checkbox"/> ⇒ (CODE 1) </div>	→ 801

612	<p>You have indicated that you are not using a method of family planning. Can you please tell me the reason you are not using a method?</p> <p>RECORD ALL MENTIONED</p>	<p>NOT MARRIED.....A WANTS TO BECOME PREGNANT....B</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX.....C INFREQUENT SEXD MENOPAUSAL/HYSTERECTOMY...E SUBFECUND/INFECUND.....F POSTPARTUM AMENORRHEIC.....G BREASTFEEDING.....H FATALISTIC.....I</p> <p>OPPOSED TO USE</p> <p>RESPONDENT OPPOSED.....J HUSBAND/PARTNER OPPOSED...K OTHERS OPPOSED.....L RELIGIOUS PROHIBITION.....M</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD.....N KNOWS NO SOURCE.....O</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....P FEAR OF SIDE EFFECTS.....Q LACK OF ACCESS/TOO FAR.....R COSTS TOO MUCH.....S INCONVENIENT TO USE.....T INTERFERES WITH BODY'S NORMAL PROCESSES.....U</p> <p>OTHER _____X (SPECIFY) _____</p>	<p>→801</p>
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PROCEED TO NEXT SECTION→

SECTION 7: QUALITY OF COUNSELING FOR CURRENT USERS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 602 (CURRENT METHOD). CIRCLE METHOD CODE (SAME CODE AS IN 602). IF MORE THAN ONE METHOD USED, CIRCLE CODE FOR HIGHEST ON LIST. IF NO METHOD CURRENTLY USED, CIRCLE 16	FEMALE STERILIZATION.....1 MALE STERILIZATION.....2 PILL.....3 IUD.....4 INJECTABLES.....5 IMPLANTS.....6 CONDOM.....7 FEMALE CONDOM.....8 DIAPHRAGM.....9 FOAM/JELLY.....10 LACTATIONAL AMEN. METHOD.....11 STANDARD DAYS METHOD.....12 PERIODIC ABSTINENCE (OTHER THAN STANDARD DAYS).....13 WITHDRAWAL.....14 OTHER.....15 (SPECIFY) NO METHOD.....16	→ 702 → 703 → 704 → 704 → 704 → 704 → 708 → 708 → 708 → 708 → 708 → 708 → 801 → 801 → 801 → 801
702	Before your sterilization, were you told that you would not have any (more) children because of your operation?	YES.....1 NO.....2 DON'T KNOW.....8	→ 704 → 704
703	Before the sterilization operation, was your husband (or partner) told that he would not be able to have any (more) children because of the operation?	YES.....1 NO.....2 DON'T KNOW.....8	→ 801 → 801 → 801
704	At the time you first started to use (CURRENT METHOD), were you told about side effects or problems you might have with the method? IF STERILIZED, ASK: At the time you were sterilized, were you told about side effects or problems you might have with the operation?	YES.....1 NO.....2 DON'T KNOW.....8	→ 706
705	Were you <u>ever</u> told by a health or family planning worker about side effects or problems you might have with the method?	YES.....1 NO.....2 DON'T KNOW.....8	→ 707 → 707
706	Were you told what to do if you experienced side effects or problems?	YES.....1 NO.....2 DON'T KNOW.....3	
707	Were you told when you should return for follow-up (or when someone should be back to see you?)	YES.....1 NO.....2 DON'T KNOW.....3	

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
708	<p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD) were you told about other methods of family planning that you could use?</p> <p>IF USING LAM OR STANDARD DAYS METHOD, ASK: "When you first learned (METHOD) were you told about other methods of family planning that you could use?"</p>	YES.....1 NO.....2 DON'T KNOW.....8	→ 801
709	<p>Were you <u>ever</u> told by a health or family planning worker about other methods of family planning that you could use?</p>	YES..... 1 NO..... 2 DON'T KNOW.....8	

PROCEED TO NEXT SECTION →

SECTION 8: DIFFUSION OF FAMILY PLANNING MESSAGES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP										
801	In the past 12 months, have you discussed family planning with your husband or partner, friends, neighbors, or relatives?	YES.....1 NO.....2	→ 803										
802	With whom? Anyone else? RECORD ALL PERSONS MENTIONED	HUSBAND/ PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F SON.....G MOTHER-IN-LAW.....H FRIENDS/NEIGHBORS.....I OTHER.....J											
803	In the past 12 months, have you discussed the number of children that you want with your husband or partner?	YES.....1 NO.....2 DOES NOT HAVE HUSAND/PART...3											
804	In the past 12 months, were you visited by a community health worker or promoter who talked to you about family planning?	YES.....1 NO.....2											
805	In the past 12 months, have you visited a health facility for care for yourself (or your child?)	YES.....1 NO.....2	→ 807										
806	Did any staff member at the health facility speak to you about family planning methods?	YES.....1 NO.....2											
807	In the past month, have you seen or heard any messages about family planning from the following?	<table style="margin: auto; border: none;"> <tr> <td style="text-align: left;"><u>YES</u></td> <td style="text-align: right;"><u>NO</u></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	<u>YES</u>	<u>NO</u>	1	2	1	2	1	2	1	2	
<u>YES</u>	<u>NO</u>												
1	2												
1	2												
1	2												
1	2												

PROCEED TO THE NEXT SECTION →

SECTION 9: POSTPARTUM FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP										
901	<p>CHECK 204: DOES WOMAN HAVE A LIVING (BIOLOGICAL) CHILD?</p> <p style="text-align: center;">YES (CODE 1)</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">↓</p>	<p style="text-align: center;">NO (CODE 2)</p> <p style="text-align: center;"><input type="checkbox"/> ⇒</p>	→ 1001										
902	<p>CHECK 205: AGE OF YOUNGEST LIVING CHILD:</p> <p style="text-align: center;">LESS THAN 12 MONTHS:</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p style="text-align: center;">(CODE 1)</p>	<p style="text-align: center;">12 MONTHS OR OLDER:</p> <p style="text-align: center;"><input type="checkbox"/> ⇒</p> <p style="text-align: center;">(CODE 2)</p>	→ 1001										
903	<p>Now I would like to ask a few questions about the time while you were pregnant with your youngest child.</p> <p>Did you see anyone for prenatal care while you were pregnant with (NAME)?</p> <p>IF YES, Whom did you see?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND CIRCLE ALL PERSONS MENTIONED.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>NURSE/MIDWIFE.....B</p> <p>AUXILIARY NURSE.....C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT.....D</p> <p>COMMUNITY HEALTH WORKER.....E</p> <p>OTHER _____ F (SPECIFY)</p> <p>NO ONE..... Z</p>	→ 905										
904	<p>During your prenatal check, were you counseled on the following?</p> <p>a) Breastfeeding?</p> <p>b) Lactational Amenorrhea Method? (up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned)</p> <p>c-) Family planning?</p> <p>d) Use an effective family planning method for at least two years before trying to become pregnant again?</p>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: left;"><u>YES</u></td> <td style="text-align: right;"><u>NO</u></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	<u>YES</u>	<u>NO</u>	1	2	1	2	1	2	1	2	
<u>YES</u>	<u>NO</u>												
1	2												
1	2												
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1	2												
905	<p>After the birth of (NAME) did anyone check on your health?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>NURSE/MIDWIFE.....B</p> <p>AUXILIARY NURSE.....C</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT.....D</p>											

		COMMUNITY HEALTH WORKER...E OTHER _____ F (SPECIFY) NO ONE..... Z											
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP										
			→ 907										
906	During your postpartum check, were you counseled on the following? a) Breastfeeding? b) Lactational Amenorrhea Method? (up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned) c) Family planning? d) Use an effective family planning method for at least two years before trying to become pregnant again?	<table style="width: 100%; border: none;"> <tr> <td style="text-align: left;"><u>YES</u></td> <td style="text-align: right;"><u>NO</u></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	<u>YES</u>	<u>NO</u>	1	2	1	2	1	2	1	2	
<u>YES</u>	<u>NO</u>												
1	2												
1	2												
1	2												
1	2												
907	After (NAME) was born, did you start to use a method of family planning?	YES.....1 NO.....2	→ 909										
908	Did you start to use the method within the first 6 weeks following (NAME's) birth?	6 WEEKS OR EARLIER.....1 7 WEEKS OR LATER.....2 DON'T KNOW.....8											
909	CHECK AGE OF YOUNGEST CHILD (SEE 205) CHILD LESS THAN 6 MONTHS <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> ↓ YES (CODE 1) </div>	CHILD 6 MONTHS OR MORE <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> ⇒ NO (CODE 2) </div>	→ 1001										
910	Did you ever breastfeed (NAME?)	YES.....1 NO.....2	→ 1001										
911	Are you still breastfeeding (NAME?)	YES.....1 NO.....2	→ 1001										
912	Did (NAME) receive any liquids yesterday during the day or at night besides breastmilk?	YES.....1 NO.....2	→ 1001										
913	Did (NAME) eat solid, semi-solid or soft foods yesterday during the day or at night?	YES.....1 NO.....2	→ 1001										
914	When did your last menstrual period start? DO NOT COUNT BLEEDING WITHIN THE FIRST 6 WEEKS POSTPARTUM PLEASE NOTE RANGES FOR DAYS AND WEEKS IF BLEEDING OCCURRED BEFORE THE BIRTH OF (NAME) CODE 4	DAYS AGO.....1_ <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 6) (0- WEEKS AGO2 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> 3) (1- MONTHS AGO.....3 <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>											

		5) BEFORE BIRTH OF (NAME)...4 HAS HAD HYSTERECTOMY..5	(1-	
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PROCEED TO NEXT SECTION →

SECTION 10: SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	<p>I have a few more questions that I would like to ask you. Some of them ask about personal and sensitive subjects, so I want to remind you that you do not have to answer any question that you do not want to.</p> <p>Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>Are you currently married or living with a man?</p>	<p>YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A MAN.....2 NO, NOT IN UNION.....3</p>	
1002	<p>When was the last time you had sexual intercourse?</p> <p>IF WOMAN NEVER HAD SEXUAL INTERCOURSE, CODE 3</p>	<p>LESS THAN ONE YEAR AGO.....1 ONE YEAR OR MORE.....2 NEVER HAD SEX.....3 REFUSED TO ANSWER.....4</p>	<p>→ 1101 → 1101</p>
1003	<p>What is your relationship to the man with whom you last had sex?</p>	<p>SPOUSE/COHABITATING PARTNER.....1 REGULAR PARTNER (NON-COHABITATING).....2 OTHER FRIEND.....3 CASUAL AQUAINTANCE.....4 RELATIVE.....5 OTHER.....6 REFUSED TO ANSWER.....9</p>	
1004	<p>The last time you had sex, was a condom used?</p>	<p>YES.....1 NO2 REFUSED TO ANSWER.....9</p>	<p>→ 1101 → 1101</p>
1005	<p>What was the MAIN reason a condom was used on that occasion?</p>	<p>TO PREVENT STIs/HIV..... 1</p>	

		TO PREVENT PREGNANCY.....2 TO PREVENT BOTH STIs/HIV AND PREGNANCY.....3 DOESN'T TRUST PARTNER/ PARTNER HAS OTHER PARTNERS..4 PARTNER INSISTED.....5 OTHER 6 DON'T KNOW.....7 REFUSED TO ANSWER.....9	
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PROCEED TO NEXT SECTION →

SECTION 11: HIV/AIDS*

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Have you ever heard of an illness called AIDS <i>(or the local term for AIDS)</i> ?	YES 1 NO 2	→ 1114
1102	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
1103	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
1104	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
1105	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
1106	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
1107	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
1108	Is it possible for a healthy looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
1109	Is it possible that a healthy looking person who has the AIDS virus could transmit it to his/her sexual partner?	YES 1 NO 2 DON'T KNOW 8	
1110	Can the virus that causes AIDS be transmitted from a mother to a child? During pregnancy? During delivery?	<u>YES NO DK</u> DURING PREGNANCY..... 1 2 8 DURING DELIVERY 1 2 8 DURING	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	During breastfeeding?	BREASTFEEDING1 2 8	
1111	If a mother is infected with the AIDS virus, is there any way to avoid transmission to her unborn baby?	YES1 NO2 DON'T KNOW8	→ 1113 → 1113
1112	Are there any special medicines that a doctor or nurse can give to a pregnant woman infected with the AIDS virus to reduce the risk of transmission to her unborn baby?	YES1 NO2 DON'T KNOW8	
1113	Can a person who has AIDS be cured?	YES1 NO2 DON'T KNOW8	
1114	RECORD THE TIME	HOUR [][] MINUTES [][]	

*More questions about HIV/AIDS are available on the revised KPC HIV/AIDS Module (to be published late 2004). See Child Survival Technical Support website at www.childsurvival.com.

END OF SURVEY