



USAID
FROM THE AMERICAN PEOPLE

BARRIERS TO FAMILY PLANNING USE IN EASTERN NEPAL



English Questionnaire

May 2018

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DHS Qualitative Research Studies No. 21

**Barriers to Family Planning Use in Eastern Nepal:
English Questionnaire**

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ICF

Rockville, Maryland, USA

May 2018

¹ Avenir Health and The DHS Program

Cover photo from Bhojpur District, Nepal ©2016 by Sunita Gurung. Used with permission.

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FINAL - July 1, 2016
 2016 NDHS FOLLOW-ON STUDY / BARRIERS TO FAMILY PLANNING USE IN EASTERN NEPAL
 QUESTIONNAIRE

NEPAL
 MINISTRY OF HEALTH

IDENTIFICATION				
NAME AND CODE OF DISTRICT _____				[] []
NAME OF HOUSEHOLD HEAD _____				
CLUSTER NUMBER				[] [] [] []
HOUSEHOLD NUMBER				[] [] [] []
NAME AND LINE NUMBER OF WOMAN _____				[] []
SELECTED FOR VERBAL AUTOPSY _____				
IMPORTED AGE _____				
IMPORTED CURRENT FP USE _____				
IMPORTED HUSBAND RESIDENCE _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [] [] MONTH [] [] YEAR 2 0 7 [] []
INTERVIEWER'S NAME	_____	_____	_____	INT. NO. [] [] [] []
RESULT*	_____	_____	_____	RESULT* [] []
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS []
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____				
LANGUAGE OF QUESTIONNAIRE** 0 1		LANGUAGE OF INTERVIEW** [] []		NATIVE LANGUAGE OF RESPONDENT** [] [] TRANSLATOR USED (YES = 1, NO = 2) []
LANGUAGE OF QUESTIONNAIRE** ENGLISH		**LANGUAGE CODES: 01 ENGLISH 02 NEPALI		
SUPERVISOR NAME _____			IF INTERVIEW NOT COMPLETED, PLEASE DESCRIBE _____	
NUMBER [] [] [] []				

INTRODUCTION, CONSENT, AND IDENTITY VERIFICATION

Hello, my name is _____. I am working with the Ministry of Health. We are conducting a study in order to find better ways to help couples achieve their family goals. During the recent interview with my colleagues, you stated that you would be willing to have someone from our team follow-up with you. If you still agree to participate, I will ask you questions about pregnancy, having children, and family planning. The questions usually take about 30 to 45 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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 at any time. I am using a tablet to help guide my questions, but please keep in mind that I am interested in hearing and understanding what you have to say about these topics. We would like to record the audio of the interview to help us remember what you said.

SHOW LETTER OF INTRODUCTION; OFFER RESPONDENT A COPY.

Do you have any questions for me?

May I have your permission to interview you today? YES NO

May I have your permission to audio record the interview? YES NO

- SPEAK IDENTIFYING INFORMATION INTO THE MICROPHONE: DATE, CLUSTER NUMBER, HOUSEHOLD NUMBER, WOMAN'S LINE NUMBER, YOUR NAME
- POSITION AUDIO RECORDER NEAR THE INTERVIEWEE.
- TURN AUDIO RECORDER ON; LOOK FOR RED LIGHT

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . 1
↓

2 → END

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
101	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	Just to be certain I am speaking with the same person, can you please tell me in what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
102CHK	CAPI PROGRAM: CHECK AGAINST ORIGINAL DHS RESPONSE.	MATCHES 1 DOES NOT MATCH 2	→ 104
103	From the information I received, I understood that you were born [DHS MONTH/YEAR]. Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN)	CAPI: FLAG INITIAL DISCREPANCY 1	
104	Have you ever attended school?	YES 1 NO 2	
104CHK	CAPI PROGRAM: CHECK AGAINST ORIGINAL DHS RESPONSE.	MATCHES AND YES 1 MATCHES AND NO 2 DOES NOT MATCH 3	→ 106 → 108
105	From the information I received, I understood that you (had/had not) attended school. Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN)	CAPI: FLAG INITIAL DISCREPANCY 1 CHECK 104: YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 108
106	What is the highest grade you have completed? IF COMPLETED LESS THAN ONE GRADE, RECORD '00'.	GRADE <input type="text"/> <input type="text"/>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
106CHK	CAPI PROGRAM: CHECK AGAINST ORIGINAL DHS RESPONSE.	MATCHES 1 DOES NOT MATCH 2	→ 108
107	From the information I received, I understood that your highest level of schooling was <u>_[DHS LEVEL]_</u> . Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN)	CAPI: FLAG INITIAL DISCREPANCY 1	
108	What is your religion?	HINDU 1 BUDDHIST 2 MUSLIM 3 KIRAT 4 CHRISTIAN 5 OTHER 6	
108CHK	CAPI PROGRAM: CHECK AGAINST ORIGINAL DHS RESPONSE.	MATCHES 1 DOES NOT MATCH 2	→ 110
109	From the information I received, I understood that your religion was <u>_[DHS RELIGION]_</u> . Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN)	CAPI: FLAG INITIAL DISCREPANCY 1	
110	What is your caste/ethnicity?	HILL BRAHMIN 1 HILL CHHETRI 2 TERAI BRAHMIN/CHHETRI 3 OTHER TERAJ CASTE 4 HILL DALIT 5 TERAI DALIT 6 NEWAR 7 HILL JANAJATI 8 TERAI JANAJATI 9 MUSLIM 10 OTHER 96	
110CHK	CAPI PROGRAM: CHECK AGAINST ORIGINAL DHS RESPONSE.	MATCHES 1 DOES NOT MATCH 2	→ 112
111	From the information I received, I understood that your caste/ethnicity was <u>_[DHS CASTE/ETHNICITY]_</u> . Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN)	CAPI: FLAG INITIAL DISCREPANCY 1	
112	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 114
113	From the information I received, I understood that you were married or living with a man as if married. Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN - GO BACK IF NEEDED)	CAPI: FLAG INITIAL DISCREPANCY 1	→ END
114	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS .. <input type="text"/> <input type="text"/> DON'T KNOW 98	
114CHK	CAPI PROGRAM: CHECK AGAINST ORIGINAL DHS RESPONSE.	MATCHES 1 DOES NOT MATCH 2	→ 116

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
115	From the information I received, I understood that your husband was <u>[DHS HUSBAND AGE]</u> years old. Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN)	CAPI: FLAG INITIAL DISCREPANCY 1	
116	Have you ever given birth?	YES 1 NO 2	
116CHK	CAPI PROGRAM: CHECK AGAINST ORIGINAL DHS RESPONSE.	MATCHES AND YES 1 MATCHES AND NO 2 DOES NOT MATCH 3	→ 118 → 131
117	From the information I received, I understood that you (had/had not) given birth. Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN)	CONFIRM YES 1 CONFIRM NO 2	→ 131
118	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	
118CHK	CAPI PROGRAM: CHECK AGAINST ORIGINAL DHS RESPONSE.	MATCHES AND YES 1 MATCHES AND NO 2 DOES NOT MATCH 3	→ 120 → 124
119	From the information I received, I understood that you (do/do not) have children who live with you. Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN)	CONFIRM YES 1 CONFIRM NO 2	→ 124
120	How many sons live with you?	SONS AT HOME .. <input type="text"/> <input type="text"/>	
120CHK	CAPI PROGRAM: CHECK AGAINST ORIGINAL DHS RESPONSE.	MATCHES 1 DOES NOT MATCH 2	→ 122
121	From the information I received, I understood that you had <u>[DHS RESIDENT SONS]</u> sons living with you. Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN)	CAPI: FLAG INITIAL DISCREPANCY 1	
122	And how many daughters live with you?	DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
122CHK	CAPI PROGRAM: CHECK AGAINST ORIGINAL DHS RESPONSE.	MATCHES 1 DOES NOT MATCH 2	→ 124
123	From the information I received, I understood that you had <u>[DHS RESIDENT DAUGHTERS]</u> daughters living with you. Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN)	CAPI: FLAG INITIAL DISCREPANCY 1	
124	I would like to ask you about your last pregnancy that resulted in a live birth. What name was given to the child?	_____ NAME _____	
125	Is (NAME) a boy or a girl?	BOY 1 GIRL 2	
125CHK	CAPI PROGRAM: CHECK AGAINST ORIGINAL DHS RESPONSE.	MATCHES 1 DOES NOT MATCH 2	→ 127
126	From the information I received, I understood that your most recent live birth was a (boy/girl). Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN)	CAPI: FLAG INITIAL DISCREPANCY 1	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	
127	On what month and year was (NAME) born? PROBE: When is (his/her) birthday? IF DON'T KNOW: FIRST ASK TO ESTIMATE	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR DON'T KNOW 98	
127CHK	CAPI PROGRAM: CHECK AGAINST ORIGINAL DHS RESPONSE.	MATCHES 1 DOES NOT MATCH 2	→ 129
128	From the information I received, I understood that (NAME) was born ___[DHS DATE OF LAST BIRTH]___. Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN)	CAPI: FLAG INITIAL DISCREPANCY 1	
129	Is (NAME) still alive?	YES 1 NO 2	
129CHK	CAPI PROGRAM: CHECK AGAINST ORIGINAL DHS RESPONSE.	MATCHES 1 DOES NOT MATCH 2	→ 131
130	From the information I received, I understood that (NAME) (was/was not) still alive. Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN)	CAPI: FLAG INITIAL DISCREPANCY 1	
131	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 133
132	From the information I received, I understood that you were not pregnant. Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN)	CAPI: FLAG INITIAL DISCREPANCY 1	→ END
133	When did your last menstrual period start?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
133CHK	CAPI: CHECK IF RESPONSE IS 994 or 996	YES <input type="checkbox"/> NO <input type="checkbox"/>	→ 135
134	From the information I received, I understood that you were not in menopause/had not had a hysterectomy. Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN - GO BACK IF NEEDED)	CAPI: FLAG INITIAL DISCREPANCY 1	→ END
135	CAPI: SUM NUMBER OF FLAGS FOR DISCREPANCIES INTO NEW VARIABLE, CHECK IF EVER GIVEN BIRTH IS DISCREPANT (IF Q117 IS NUMERIC)	YES (EITHER ≥5 OR DISCREPANCY IN EVER GIVEN BIRTH) <input type="checkbox"/> NO <input type="checkbox"/>	→ 201
136	Could you please confirm your name for me _[DHS RESPONDENT'S NAME]__	YES 1 NO 2	→ END

SECTION 2. FAMILY PLANNING USE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
201	Thank you. Now, I would like to have a conversation with you. First I would like to talk to you about family planning--ways or methods that a couple can use to delay or avoid a pregnancy. I would like to confirm some information I have received. Are you or your (husband/partner) currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 203												
202	Which method(s) are you using? (NAME ALL) RECORD ALL MENTIONED.	FEMALE STERILIZATION A MALE STERILIZATION B IUCD C INJECTABLES D IMPLANTS E PILL F CONDOM G EMERGENCY CONTRACEPTION I LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X (SPECIFY) OTHER TRADITIONAL Y METHOD (SPECIFY)	→ 203E												
	CAPI PROGRAM: CHECK IF USING BOTH RHYTHM AND WITHDRAWAL	YES, USING BOTH 1 NO 2	→ 203C												
203	I would like you to know that I am also interested in learning about your use of natural or traditional methods.														
203A	IF NO TO 201 OR RHYTHM NOT MENTIONED: Are you currently using the calendar or rhythm method? By that, I mean to avoid pregnancy, women do not have sexual intercourse on the days of the month they might get pregnant.	YES 1 NO 2													
203B	IF NO TO 201 OR WITHDRAWAL NOT MENTIONED: Are you and your (husband/partner) currently using withdrawal? By that, I mean that men can be careful and pull out before climax.	YES 1 NO 2													
203C	IF NO TO 201 OR LAM NOT MENTIONED BUT LAST BIRTH WITHIN 6 MONTHS: Are you currently using the Lactational Amenorrhea Method? By that, I mean that up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2													
	CAPI PROGRAM: CHECK IF USING A METHOD	YES, USING A METHOD 1 NO, NO METHOD 2	→ 203F												
203D	I also just want to confirm that you and your husband have never been sterilized? That is, neither of you have ever had an operation to prevent pregnancy?	YES, STERILIZED 1 NO, NOT STERILIZED 2	→ 204												
203E	My understanding from the previous interview was that neither you nor your (husband/partner) were sterilized. (PROBE ON WHY NOT MENTIONED BEFORE). In what month and year was the sterilization performed? IF DON'T KNOW: FIRST ASK TO ESTIMATE	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> DON'T KNOW 98													→ END

SECTION 2. FAMILY PLANNING USE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
207A	CAPI PROGRAM: UPDATE METHOD #1 TO DHS METHOD #1 .								
208	Now I would like to ask you some questions about the method(s) you are using.	CAPI PROGRAM: BASED ON METHOD #1 AND #2 ABOVE, DIRECT TO THE FOLLOWING QUESTIONS AS APPROPRIATE							
209	<p>IF METHOD TYPE #1 OR #2 IS IUCD: You said that you are currently using the IUCD. Since what month and year have you been using it without stopping?</p> <p>IF DON'T KNOW: FIRST ASK TO ESTIMATE</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 98</p>							
209A	<p>I would like to understand more about your use of IUCD.</p> <ul style="list-style-type: none"> • How did you first decide to use the IUCD? For example, was it something you knew about, something your partner suggested, or something that was recommended to you? Please tell me more about that. • What type of IUCD is it? (PROBE: Brand, duration) • Where did you go to get it done most recently? • How long ago was that? (PROBE: if not the first time: did you receive it earlier, later, or exactly when you were supposed to?) • What has the provider discussed with you? (PROBE: What side effects? Did they say what to do you if you experience side effects? What is that?) • Did your provider tell you when to come back to follow up? When is that? 	CAPI PROGRAM: IF THIS WAS METHOD #1 AND THERE IS A METHOD#2, BRANCH TO THAT METHOD. ELSE SKIP TO 218	(see text)						
210	<p>IF METHOD TYPE #1 OR #2 IS INJECTABLE: You said that you are using the injectable. Since what month and year have you been using it without stopping?</p> <p>IF DON'T KNOW: FIRST ASK TO ESTIMATE</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 98</p>							
210A	<p>I would like to understand more about your use of the injectable.</p> <ul style="list-style-type: none"> • How did you first decide to use the injectable? For example, was it something you knew about, something your partner suggested, or something that was recommended to you? Please tell me more about that. • What type of injectable is it? (PROBE: how many months' duration?) • Where did you go to get it done most recently? • How long ago was that? (PROBE: if not the first time: did you receive it earlier, later, or exactly when you were supposed to?) • What has the provider discussed with you? (PROBE: What side effects? Did they say what to do you if you experience side effects? What is that?) • Did your provider tell you when to come back to follow up? When is that? 	CAPI PROGRAM: IF THIS WAS METHOD #1 AND THERE IS A METHOD#2, BRANCH TO THAT METHOD. ELSE SKIP TO 218	(see text)						
211	<p>IF METHOD TYPE #1 OR #2 IS IMPLANTS: You said you are using implants. Since what month and year have you been using them without stopping?</p> <p>IF DON'T KNOW: FIRST ASK TO ESTIMATE</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 98</p>							

SECTION 2. FAMILY PLANNING USE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
211A	<p>I would like to understand more about your use of implants.</p> <ul style="list-style-type: none"> • How did you first decide to use implants? For example, was it something you knew about, something your partner suggested, or something that was recommended to you? Please tell me more about that. • What type of implants are they? • Where did you go to get them inserted most recently? • How long ago was that? (PROBE: if not the first time: did you receive it earlier, later, or exactly when you were supposed to?) • What has the provider discussed with you? (PROBE: What side effects? Did they say what to do you if you experience side effects? What is that?) • Did your provider tell you when to come back to follow up? When is that? 	<p>CAPI PROGRAM: IF THIS WAS METHOD #1 AND THERE IS A METHOD#2, BRANCH TO THAT METHOD. ELSE SKIP TO 218</p>	(see text)						
212	<p>IF METHOD TYPE #1 OR #2 IS PILL: You said that you are using the pill. Since what month and year have you been using it without stopping?</p> <p>IF DON'T KNOW: FIRST ASK TO ESTIMATE</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 98</p>							
212A	<p>I would like to understand more about your use of the pill.</p> <ul style="list-style-type: none"> • How did you first decide to use the pill? For example, was it something you knew about, something your partner suggested, or something that was recommended to you? Please tell me more about that. • Where did you go to obtain it most recently? • How often do you take it? • How many packets do you currently have? • What has the provider discussed with you? (PROBE: What side effects? Did they say what to do you if you experience side effects? What is that?) • Did your provider tell you when to come back to follow up? When is that? 	<p>CAPI PROGRAM: IF THIS WAS METHOD #1 AND THERE IS A METHOD#2, BRANCH TO THAT METHOD. ELSE SKIP TO 218</p>	(see text)						
213	<p>IF METHOD TYPE #1 OR #2 IS CONDOM: You said that you and your (husband/partner) are using condoms. Since what month and year have you been using condoms without stopping?</p> <p>IF DON'T KNOW: FIRST ASK TO ESTIMATE</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 98</p>							
213A	<p>I would like to understand more about your use of condoms.</p> <ul style="list-style-type: none"> • How did you first decide to use the condom? For example, was it something you knew about, something your partner suggested, or something that was recommended to you? Please tell me more about that. • Do you use condoms every time you have intercourse, most of the time, or sometimes? (IF NOT EVERY TIME, PROBE PATTERN OF USE) • Who obtains condoms, you or your partner? • Where did you go to obtain them most recently? • How many do you keep on hand? 	<p>CAPI PROGRAM: IF THIS WAS METHOD #1 AND THERE IS A METHOD#2, BRANCH TO THAT METHOD. ELSE SKIP TO 218</p>	(see text)						
214	<p>IF METHOD TYPE #1 OR #2 IS LAM: You said that you are using the lactational amenorrhea method. Since what month and year have you been using it without stopping?</p> <p>IF DON'T KNOW: FIRST ASK TO ESTIMATE</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 98</p>							

SECTION 2. FAMILY PLANNING USE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
214A	<p>I would like to understand more about your use of lactational amenorrhea.</p> <ul style="list-style-type: none"> • How did you first decide to use lactational amenorrhea? For example, was it something you knew about, something your partner suggested, or something that was recommended to you? Please tell me more about that. • Was there anyone who taught you the method, or have you received any instructions? 	<p>CAPI PROGRAM: IF THIS WAS METHOD #1 AND THERE IS A METHOD#2, BRANCH TO THAT METHOD. ELSE SKIP TO 218</p>	(see text)
215	<p>IF METHOD TYPE #1 OR #2 IS RHYTHM: You said that you are using the calendar or rhythm method. How long have you been using it without stopping?</p> <p>IF DON'T KNOW: FIRST ASK TO ESTIMATE</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
215A	<p>I would like to understand more about your use of the rhythm method.</p> <ul style="list-style-type: none"> • How did you first decide to use the rhythm? For example, was it something you knew about, something your partner suggested, or something that was recommended to you? Please tell me more about that. • Where did you learn about the rhythm method? • How do you keep track of your timing? • Do you and your (husband/partner) ever make exceptions? 	<p>CAPI PROGRAM: IF THIS WAS METHOD #1 AND THERE IS A METHOD#2, BRANCH TO THAT METHOD. ELSE SKIP TO 218</p>	(see text)
216	<p>IF METHOD TYPE #1 OR #2 IS WITHDRAWAL: You said that you and your (husband/partner) are using withdrawal. How long have you been using it without stopping?</p> <p>IF DON'T KNOW: FIRST ASK TO ESTIMATE</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
216A	<p>I would like to understand more about your use of withdrawal.</p> <ul style="list-style-type: none"> • How did you first decide to use withdrawal? For example, was it something you knew about, something your partner suggested, or something that was recommended to you? Please tell me more about that. • Is it something you would say that your (husband/partner) uses always, most of the time, or sometimes? (IF NOT 'ALWAYS', PROBE PATTERN OF USE) 	<p>CAPI PROGRAM: IF THIS WAS METHOD #1 AND THERE IS A METHOD#2, BRANCH TO THAT METHOD. ELSE SKIP TO 218</p>	(see text)
217	<p>IF METHOD TYPE #1 OR #2 IS OTHER: Please tell me more about your method. How long have you been using it without stopping?</p> <p>IF DON'T KNOW: FIRST ASK TO ESTIMATE</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
217A	<p>I would like to learn more about your use of OTHER METHOD.</p> <ul style="list-style-type: none"> • How did you first decide to use OTHER METHOD? For example, was it something you knew about, something your partner suggested, or something that was recommended to you? Please tell me more about that. • DEPENDING ON METHOD TYPE, ASK ABOUT CONSISTENCY OF USE AND WHERE OBTAINED. 	<p>CAPI PROGRAM: IF THIS WAS METHOD #1 AND THERE IS A METHOD#2, BRANCH TO THAT METHOD. ELSE SKIP TO 218</p>	(see text)

SECTION 2. FAMILY PLANNING USE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
218	<p>Now, I would like to ask you a question about your recent sexual activity in order to better understand your circumstances. Let me assure you again that the information is confidential. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <p>OTHER _____ 5 (SPECIFY)</p>	<table border="1" style="width: 100px; height: 100px; margin-left: auto; margin-right: auto;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
CAPI PROGRAM: CHECK IF CURRENT USER		<p>YES</p> <p>NO</p>	→ 220								
219	<p>The time you last had sexual intercourse, were you using _METHOD#1 AND/OR METHOD#2_ to delay or avoid pregnancy?</p> <p>NOTE: IF METHOD IS RHYTHM ASK RESPONDENT WHETHER LAST SEX WAS OUTSIDE OF HER FERTILE PERIOD OR NOT.</p>	<p>YES 1</p> <p>NO 2</p>	→ 301								
219A	<p>Please tell me more about that. What method(s) did you use, if any? (SELECT ALL THAT APPLY)</p> <p>Why did you stop?</p>	<p>IUCD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>CONDOM G</p> <p>EMERGENCY CONTRACEPTION I</p> <p>LACTATIONAL AMENORRHEA METHOD K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD</p> <p>_____ X (SPECIFY)</p> <p>OTHER TRADITIONAL METHOD</p> <p>_____ Y (SPECIFY)</p> <p>NO METHOD Z</p>	→ 301								
220	<p>At that time you last had sexual intercourse, did you use any method to delay or avoid pregnancy?</p>	<p>YES 1</p> <p>NO 2</p>	→ 301								
220A	<p>Please tell me more about that.</p> <p>Which method(s) did you use, if any?</p> <p>Why are you not currently using that method?</p> <p>(PROBE: did she stop using just because she stopped having sex / is she considering complete abstinence as a method?)</p>	<p>IUCD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>CONDOM G</p> <p>EMERGENCY CONTRACEPTION I</p> <p>LACTATIONAL AMENORRHEA METHOD K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD _____ X (SPECIFY)</p> <p>OTHER TRADITIONAL METHOD _____ Y (SPECIFY)</p>									

SECTION 3. POSTPARTUM FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK IF GAVE BIRTH 2068-2073 YES <input type="checkbox"/>	NO <input type="checkbox"/>	→ 401
302	Thank you. Now I would like to ask some questions about your most recent birth to (NAME). First, I would like to understand more about the circumstances where you gave birth. Could you tell me a bit about that? (PROBE: Facility (if any), staffing, how long after delivery did you stay)		
303	Did your husband accompany you for the birth?	YES 1 NO 2	
304	Did anyone who attended to you during your birth talk to you about ways to space births, or ways to avoid pregnancy?	YES 1 NO 2	→ 305
304A	Please tell me about that. Who talked to you? When did they talk to you? Was your husband present? What did they say? What did you think about what they said?		
305	Within the first 6 weeks after your birth, did anyone (else) talk to you about ways to space births or avoid pregnancy?	YES 1 NO 2	→ 306
305A	Please tell me about that. Who talked to you? When did they talk to you? Was your husband present? What did they say? What did you think about what they said?		
306	Within the first six months after you gave birth did you use any method to delay or avoid pregnancy?	YES 1 NO 2	→ 401
306A	What method(s) did you use? (SELECT ALL THAT APPLY)	IUCD C INJECTABLES D IMPLANTS E PILL F CONDOM G EMERGENCY CONTRACEPTION I LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X (SPECIFY) OTHER TRADITIONAL METHOD Y (SPECIFY)	
306B	IF DIFFERENT THAN CURRENT METHOD: Please tell me about your experience with (that method/those methods) (PROBE: were you happy with (it/them)?) How long after birth did you start (it/them)? IF MODERN: How did you obtain (it/them)? IF NO LONGER USING: Why did you stop, and after how long?		

SECTION 4. MARRIAGE AND HUSBAND'S RESIDENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Thank you. Now I would like to understand more about your relationship with your (husband/partner). Tell me, in what month and year did you (marry/start living with) your current (husband/partner)? IF UNCERTAIN: About how many years ago was that? (INTERVIEWER: ESTIMATE BY SUBTRACTING FROM CURRENT YEAR)	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
402	Does your (husband/partner) currently live in your household?	YES 1 NO 2	
402CHK	CAPI PROGRAM: CHECK AGAINST ORIGINAL DHS RESPONSE.	MATCHES, LIVES THERE 1 MATCHES, LIVES AWAY 2 DIFFERENT 3	→ 402B → 403
402A	From the information I received I understood that your (husband/partner) IS/IS NOT currently living in your household. Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN)	CONFIRM LIVES THERE 1 CONFIRM ELSEWHERE 2	→ 403
402B	Does your (husband/partner) usually live with you, or does he migrate/travel sometimes, for example for work or study?	YES, USUALLY LIVES HERE 1 NO, MIGRATES/TRAVELS 2	→ 501
403	I would like to understand more about your husband's travels. Where does he usually go? (PROBE country, city)		
403A	Please tell me more about why he stays there, and for how long. How often does he return? (PROBE on pattern – how long have they had this arrangement? Where does he work?)		
403B	Do you ever visit your (husband/partner) while he is away?	YES 1 NO 2	→ 403C
403B1	How often? How do you plan this?		
403C	Does your (husband/partner) inform you prior to his return?	YES 1 NO 2 DEPENDS 3 DON'T KNOW/OTHER 4	→ 403E → 403E
403D	How far in advance does your (husband/partner) usually let you know about when he is returning/ how do you communicate with your (husband/partner) about his return? (EXAMPLE by cell phone, friend or relative informs you).		→ 403F
403E	Why is that?		

SECTION 4. MARRIAGE AND HUSBAND'S RESIDENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
403F	Now please describe for me how you and your (husband/partner) have typically arranged for family planning use upon his return, if at all. (PROBE: Method type, pattern, how far in advance do you obtain or start it - particularly for pill, is there a temporary method, have there been times when you were unable to obtain a method in time)		
	CAPI PROGRAM: CHECK IF HUSBAND CURRENTLY IN HOUSEHOLD (Q402)	YES, IN HOUSEHOLD 1 NO, AWAY 2	→ 501
404	CAPI PROGRAM: CHECK IF SHE IS USING A METHOD	YES 1 NO 2	→ 501
404a	Do you expect to use a method of family planning when your (husband/partner) returns?	YES 1 NO 2	→ 404C
404b	Where will you obtain it? How will you know when the time is right?		→ 501
404c	Why is that? Please tell me more		→ 501

SECTION 5. FERTILITY PREFERENCES, PREGNANCY RISK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Thank you. I would like to understand more about your family. I understand that you (have/have not) given birth already. What do you think would be some positive aspects about becoming pregnant and having (a/another) child, if any, in the next few months? (PROBE)		
502	What would be some of the negative aspects about becoming pregnant and having (a/another) child, if any, in the next few months? (PROBE)		
503	How happy or unhappy would you be if you became pregnant in the next few months? IF NEEDED: Would you say happy, very happy, neutral, unhappy, or very unhappy?	VERY HAPPY 1 HAPPY 2 NEUTRAL 3 UNHAPPY 4 VERY UNHAPPY 5 OTHER _____ 9 (SPECIFY)	
504	What about your (husband/partner), how happy or unhappy do you think he would be if you became pregnant in the next few months? IF NEEDED: Would you say happy, very happy, neutral, unhappy, or very unhappy?	VERY HAPPY 1 HAPPY 2 NEUTRAL 3 UNHAPPY 4 VERY UNHAPPY 5 OTHER _____ 9 (SPECIFY)	
504A	Please tell me more about that. What are some of the reasons you think he feels that way? Is a/another pregnancy something you have discussed?	YES 1 NO 2	→ 504C
504B	Please tell me about the last time you talked about this. What did he say...what did you say?		→ 505
504C	What do you think would happen if you tried to discuss this issue?		
505	Now I would like to understand more about your current situation. CAPI: BASED ON 402 (CURRENT RESIDENCE): HUSBAND RESIDENT <input type="checkbox"/> HUSBAND NOT RESIDENT <input type="checkbox"/>		→ 505B
505A	How likely do you think it is that you could become pregnant in the next few months? (WAIT for response, if needed read options).	VERY LIKELY 1 LIKELY 2 UNCERTAIN/EVEN 3 UNLIKELY 4 VERY UNLIKELY 5 IMPOSSIBLE (DESCRIBE) 6 OTHER _____ 9 (SPECIFY)	
505A1	Why is that? (PROBE meaning of what is mentioned, abstinence, infecundity, how effective the method is)		→ 506

SECTION 5. FERTILITY PREFERENCES, PREGNANCY RISK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
505B	How likely do you think it is that you could become pregnant the next time your (husband/partner) returns? (WAIT for response, if needed read options).	VERY LIKELY 1 LIKELY 2 UNCERTAIN/EVEN 3 UNLIKELY 4 VERY UNLIKELY 5 IMPOSSIBLE _____ 6 (DESCRIBE) OTHER _____ 9 (SPECIFY)									
505B1	Why is that? (PROBE meaning of what is mentioned, abstinence, infecundity, how effective the method is)										
506	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8									
506CHK	CAPI PROGRAM: CHECK AGAINST DHS RESPONSE.	MATCHES AND HAVE A/ANOTHER 1 MATCHES AND NO MORE/NONE 2 MATCHES AND CANNOT GET PREGNANT 3 MATCHES AND UNDECIDED/ DK 4 DOES NOT MATCH 5	→ 508 → 512 → 513 → 514								
507	From the information I received, I understood you (wanted to/said) ___DHS RESPONSE___. Did I receive incorrect information? (GO BACK IF NEEDED, ELSE PROCEED)	CAPI: FLAG INITIAL DISCREPANCY 1 CAPI: IF INTERVIEWER PROCEEDS, BRANCH BASED ON ABOVE CATEGORIES									
508	How long would you like to wait from now before the birth of (a/another) child? ASK RESPONDENT TO GIVE A RANGE, IF APPROPRIATE.	RESPONDENT GIVES FIXED TIME 1 RESPONDENT GIVES RANGE 2 SOON/NOW 3 SAYS SHE CAN'T GET PREGNANT 4 AFTER MARRIAGE 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ 508B → 508D → 513 → 508D								
508A	MARK THE AMOUNT OF TIME THE RESPONDENT WANTS TO WAIT	MONTHS 1 <table border="1" data-bbox="1214 1346 1333 1388"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> YEARS 2 <table border="1" data-bbox="1214 1398 1333 1440"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									→ 508D
508B	MARK THE EARLIEST (MINIMUM) TIME IN THE RANGE, THE SOONEST RESPONDENT WANTS TO GIVE BIRTH	MONTHS 1 <table border="1" data-bbox="1214 1472 1333 1514"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> YEARS 2 <table border="1" data-bbox="1214 1524 1333 1566"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
508C	MARK THE LATEST (MAXIMUM) TIME IN THE RANGE THAT THE RESPONDENT WANTS TO GIVE BIRTH	MONTHS 1 <table border="1" data-bbox="1214 1598 1333 1640"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> YEARS 2 <table border="1" data-bbox="1214 1650 1333 1692"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
508D	Could you tell me more about what you mean by that. (WAIT). Are there factors that would affect your decision?										
508CHK1	CAPI PROGRAM: CHECK WHETHER THE RESPONDENT ALSO WANTED TO HAVE A/ANOTHER IN DHS.	YES 1 NO 2	→ 510								

SECTION 5. FERTILITY PREFERENCES, PREGNANCY RISK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508CHK2	CAPI PROGRAM: IF WAIT TIME IS A SPECIAL CONDITION (3, 4, 5, 6, 8), CHECK AGAINST DHS QUESTION 805 (993, 994, 995, 996, 998). ELSE IF WAIT TIME EXISTS IN MONTHS/YEARS, CHECK EITHER THE FIXED TIME (1__ 2__) AGAINST DHS, OR THE MINIMUM TIME (1__ 2__) AGAINST DHS.	MATCHES 1 DOES NOT MATCH 2	→ 510
509	From the information I received, I understood you said ___DHS TIME OR CONDITION IN Q805___ (wait ___/soon now/cannot get pregnant/after marriage/other/don't know). Did I receive incorrect information? (PROBE. Go back and correct if necessary).	CAPI: FLAG INITIAL DISCREPANCY 1 GO BACK IF NEEDED	
510	CAPI PROGRAM: CREATE A VARIABLE CALLED "WANTS SOON" TO INDICATE IF NEW RANGE IS 2 YEARS OR LESS (MAXIMUM OR FIXED)		
511	Tell me about your decision to wait to have a child. What are some of the reasons you feel this way?		
	CAPI PROGRAM: CHECK IF Q508 IS 8 (DON'T KNOW WHEN WANTS TO GET PREGNANT) NO <input type="checkbox"/> YES, DK WHEN <input type="checkbox"/>		→ 601
	CAPI PROGRAM: CHECK IF Q508 IS 5 OR 6 (AFTER MARRIAGE, OTHER) NO <input type="checkbox"/> YES, AFTER MARRIAGE OR OTHER <input type="checkbox"/>		→ 511B
511A	CAPI: DISPLAY WAIT TIME FROM ABOVE Now, please tell me how strongly you feel about (HAVING A CHILD NOW/soon, WAITING _MINIMUM WAIT TIME_ TO HAVE A/ANOTHER CHILD)	VERY STRONGLY 1 STRONGLY 2 WEAKLY 3 VERY WEAKLY (FATALISTIC) 4 DON'T KNOW (ASK: COULD YOU PLEASE TELL ME WHAT YOU MEAN BY THAT) 8	
511B	Did you come to this decision alone or through discussing with others?	ALONE 1 WITH OTHERS 2	→ 601
511B1	Please tell me about the discussions that led to this decision.		→ 601
512	Tell me about your decision to not have any more children. What are some of the reasons you feel this way?		
512A	Now, please tell me how strongly you feel about not having any more children.	VERY STRONGLY 1 STRONGLY 2 WEAKLY 3 VERY WEAKLY (FATALISTIC) 4 DON'T KNOW (ASK: COULD YOU PLEASE TELL ME WHAT YOU MEAN BY THAT) 8	→ 601
512B	Did you come to this decision alone or through discussing with others?	ALONE 1 WITH OTHERS 2	→ 601
512B1	Please tell me about the discussions that led to this decision.		→ 601
513	I heard you say that you cannot get pregnant. Could you please tell me more about what you mean by that?	GO BACK IF NEEDED.	→ 601
514	I heard you say that you don't know if you want another child or not. Could you please tell me more. What are some factors that would affect your decision?	GO BACK IF NEEDED.	

SECTION 6. EMERGENCY CONTRACEPTION AND POST-ABORTION FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CAPI PROGRAM: CHECK IF RESPONDENT SAID ABOVE THAT SHE IS USING EMERGENCY CONTRACEPTION NO <input type="checkbox"/>	YES <input type="checkbox"/> → 604	
602	As an emergency measure, within 5 days after unprotected sexual intercourse, women can take special pills to prevent pregnancy. This is called emergency contraception. Have you ever used it?	YES 1 NO 2	
602CHK	CAPI PROGRAM: CHECK AGAINST DHS ANSWER.	MATCHES AND YES 1 MATCHES AND NO 2 DOES NOT MATCH 3	→ 604 → 605
603	From the information I received, I understood that you (HAD/HAD NOT) used emergency contraception before. Did I receive incorrect information? (POLITELY ASK HER TO EXPLAIN BEFORE CHOOSING ANSWER).	CONFIRM HAVE USED 1 CONFIRM HAVE NOT USED 2	→ 605
604	How many times in your life have you used emergency contraception? NUMBER. IF DON'T KNOW, ATTEMPT TO ESTIMATE BEFORE CHOOSING DK.	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 98	
604A	When and where did you obtain it most recently?		
604B	When you obtained it the most recent time, what was your experience like? Did you encounter any difficulties?		
604C	The last time you obtained it, did you receive any counseling?	YES 1 NO 2	→ 605
604D	What information was given to you? (PROBE: what did they say / what did you say? In addition to discussing emergency contraception, did they discuss ways to prevent pregnancies in the future?)		
605	Sometimes it happens that women decide to end an unwanted pregnancy. Has this ever happened to you?	YES 1 NO 2	→ 701
605A	Thinking back to the most recent time this happened, what month and year was that?	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	
605B	Now, I have some questions about the most recent time this happened. What did you do to end the pregnancy?	MEDICAL ABORTION 1 MVA AND CAC 2 D & E 3 EVA (ELECTRIC VACUUM ASPIRATION) 4 D&C 5 DRANK HOME REMEDIES 6 HERBAL ENEMA 7 INSERTED HERBS IN VAGINA 8 CATHETER 9 OTHER _____ 96 (SPECIFY)	
605C	Where did you go? (facility type, how far away)		

SECTION 6. EMERGENCY CONTRACEPTION AND POST-ABORTION FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
605D	Did you succeed in terminating the pregnancy? IF SO: How many weeks did this pregnancy last? IF DON'T KNOW NUMBER OF WEEKS, ATTEMPT TO ESTIMATE BEFORE CHOOSING DK.	NUMBER <input type="text"/> <input type="text"/> DID NOT SUCCEED 95 DON'T KNOW NUMBER 98	→ 605K
605E	Now, I just want to ask whether you think that your (husband/partner) at that time was aware that you ended your pregnancy?	YES 1 NO 2 DON'T KNOW 8	→ 605E1 → 605E2
605E1	Please tell me about those discussions. What did you say / what did he say?		→ 605F
605E2	What did it mean to you to not discuss? (PROBE)		
605F	Did you have a post-abortion visit?	YES 1 NO 2	
605G	IF WOMAN REPORTED THAT EVERYTHING HAPPENED AT HOME OR BY HERSELF, CHOOSE NOT APPLICABLE WITHOUT READING QUESTION. Did anyone talk to you about family planning methods during any of your visit(s)?	YES 1 NO 2 NOT APPLICABLE 3	→ 605I
605H	Tell me more. Which visit(s)? What did they say / what did you say?		
605I	Did you use any method within a month after ending the pregnancy?	YES 1 NO 2	→ 701
605J	Which method(s)? How long after the pregnancy ended did you start that? How did you obtain it, how did you like it? Was it something you discussed with your (husband/partner)?		→ 701
605K	Please tell me more about your experience		→ 701

SECTION 7. FAMILY PLANNING SATISFACTION AND NON-USE/BARRIERS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Thank you. I would like to ask you some more questions about family planning and contraception. First, just some general questions. CAPI PROGRAM: CHECK IF CURRENTLY USES FAMILY PLANNING YES <input type="checkbox"/>	NO <input type="checkbox"/> → 701B	
701A	I know you said you are using family planning. Even so, I just want to ask you, in general, do you support or oppose the use by married couples of methods or ways to avoid becoming pregnant?	SUPPORTS 1 OPPOSES 2 DON'T KNOW 8	→ 702 → 701C
701B	In general, do you support or oppose the use by married couples of methods or ways to avoid becoming pregnant?	SUPPORTS 1 OPPOSES 2 DON'T KNOW 8	
701C	Please tell me a bit more about what you mean by that.		
702	How about your (husband/partner). In general, do you think your (husband/partner) supports or opposes the use by married couples of methods or ways to avoid becoming pregnant?	SUPPORTS 1 OPPOSES 2 DON'T KNOW 8	→ 702B
702A	How did you find out that your (husband/partner) feels that way? [WAIT for an answer] Is it something you have discussed?	YES, DISCUSSED 1 NO, HAVE NEVER DISCUSSED 2	→ 702A2
702A1	What did he say / what did you say?		→ 703
702A2	What do you think would happen if you tried to discuss it?		→ 703
702B	Have you ever discussed it?	YES 1 NO 2	→ 702B2
702B1	What did he say / what did you say?		→ 703
702B2	What do you think would happen if you tried to discuss it?		
703	CAPI PROGRAM: CHECK IF A CURRENT CONDOM USER NO <input type="checkbox"/>		YES <input type="checkbox"/> → 705
704	Can you ask your (husband/partner) to use a condom to prevent pregnancy if you wanted him to?	YES 1 NO 2 NOT SURE 3	→ 705
704A	What are the reasons why you (could not/are not sure if you could) ask your (husband/partner) to use a condom to prevent pregnancy?		
705	CAPI PROGRAM: CHECK CURRENT USE OF MODERN METHODS NO <input type="checkbox"/>		YES <input type="checkbox"/> → 705B
705A	Have you ever tried to obtain contraception from a provider, pharmacy, or clinic? By that I mean condom, pills, injectables, implants, IUCD, emergency contraception, or other method?	YES 1 NO 2	→ 706

SECTION 7. FAMILY PLANNING SATISFACTION AND NON-USE/BARRIERS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709D	<p>Now I would like to ask you, in terms of your decision to use family planning, how important of an influence was your (husband/partner)? (IF NEEDED REMIND HER YOU ARE NOT ASKING HOW IMPORTANT HER HUSBAND IS IN GENERAL, JUST ON THIS DECISION).</p> <p>BEFORE CONTINUING: Why is that?</p>	<p>IMPORTANT 1 SOMEWHAT IMPORTANT 2 NEITHER 3 SOMEWHAT UNIMPORTANT 4 UNIMPORTANT 5</p> <p>OTHER _____ 9 (SPECIFY)</p>	
709E	<p>Have you discussed your current method with anyone besides your (husband/partner), such as a friend or relative?</p>	<p>YES 1 NO 2</p>	→ 709G
709F	<p>Please tell me who / please tell me about those discussions.</p>		
709G	<p>What about the role of other family members? How important of an influence are they on your decision to use family planning? BEFORE CONTINUING: Why is that?</p>	<p>IMPORTANT 1 SOMEWHAT IMPORTANT 2 NEITHER 3 SOMEWHAT UNIMPORTANT 4 UNIMPORTANT 5</p> <p>OTHER _____ 9 (SPECIFY)</p>	
709H	<p>You mentioned before that your religion is ___[RELIGION]___. Could you please tell me a little bit about your religion's views on family planning? (WAIT for an answer).</p> <p>IF RELIGION HAS VIEWS: Do these views influence your decision to use family planning? (WAIT).</p> <p>In terms of your decision to use family planning, would you say your religion is important, somewhat important, somewhat unimportant, or unimportant?</p> <p>BEFORE CONTINUING: Why is that?</p>	<p>IMPORTANT 1 SOMEWHAT IMPORTANT 2 NEITHER 3 SOMEWHAT UNIMPORTANT 4 UNIMPORTANT 5</p> <p>OTHER _____ 9 (SPECIFY)</p>	
710	<p>Now, I would like to learn more about your method(s). CAPI PROGRAM: REPEAT 710A-710K FOR METHOD#1 AND METHOD#2</p>		
710A	<p>How satisfied are you with _METHOD_ ? (IF NEEDED, READ RESPONSES OUT LOUD)</p>	<p>VERY SATISFIED 1 SATISFIED 2 NEITHER 3 UNSATISFIED 4 VERY UNSATISFIED 5</p> <p>OTHER _____ 9 (SPECIFY)</p>	
710B	<p>What do you like about ___METHOD___ and what do you dislike about _METHOD_? Please tell me the reasons why you feel this way.</p>		
710C	<p>IF SIDE EFFECTS NOT MENTIONED, READ FOLLOWING QUESTION OUT LOUD, OTHERWISE CHECK YES: Have you experienced any side effects or health concerns with _METHOD_?</p>	<p>YES 1 NO 2</p>	→ 710E

SECTION 7. FAMILY PLANNING SATISFACTION AND NON-USE/BARRIERS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
710D	What kinds of side effects or health concerns have you experienced? (WAIT and ask her more about the nature of these side effects). How (did you handle/are you handling) these?	CAPI: IF NEEDED, REPEAT SEQUENCE ABOVE FOR METHOD #2									
710E	Is there another method you think you might prefer to _METHOD_?	YES 1 NO 2	→ 710G								
710F	Please tell me more about that. Which method (OR: WHAT PROPERTIES? For example: easy to access, discreet, few health concerns, effective)? Why are you not using that method now?										
710G	Do you think you will continue to use _METHOD_ in the future? (IF NO OR NOT SURE: Why not?)	YES 1 NO 2 NOT SURE 3	→ 710I → 710J								
710H	For about how much longer do you intend to use _METHOD_? IF DON'T KNOW: FIRST ASK TO ESTIMATE NOTE: 0 MONTHS IS A VALID ANSWER, RESPONDENT WILL TERMINATE WITHIN THE NEXT MONTH	MONTHS 1 <table border="1" data-bbox="1198 659 1321 716"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" data-bbox="1198 716 1321 772"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> UNTIL ANOTHER CHILD WANTED 993 UNTIL NO NEED 994 UNTIL HUSBAND LEAVES 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998									} 710JCHK
710I	When you stop using _METHOD_ do you intend to switch straightaway to another method? BEFORE CONTINUING, IF PROBABLY YES/NO OR UNSURE: Please tell me more about that. What factors would affect your decision?	YES 1 PROBABLY 2 UNSURE 3 PROBABLY NOT 4 NO 5	} 710JCHK								
710J	What other method(s), if any, are you considering? Could you tell me some of your reasons for considering that method/those methods. Why are you not using them now? IF MODERN METHODS: Do you know how you would obtain that method/those methods?										
710JCHK	CAPI: CHECK IF _METHOD_ IS MODERN AND IF THIS IS METHOD #1 OR #2 MODERN <input type="checkbox"/> ↓	CAPI: NOT MODERN, THIS IS METHOD #1 AND THERE EXISTS A METHOD #2 CAPI: NOT MODERN AND: THIS WAS METHOD #2 OR THERE IS NO METHOD #2	→ 710A → 715								
710K	If _METHOD_ was not available to you, what other methods would you consider using, and why? (PROBE about method properties, such as: easy to access, discreet, few health concerns, effective). IF CONSIDERING MODERN METHODS: Do you know where you would obtain that method/those methods?	CAPI: CHECK IF THIS WAS METHOD #1 AND THERE EXISTS A METHOD #2 CAPI: IF THIS WAS METHOD #2, OR THERE IS NO METHOD #2	→ 710A → 715								

SECTION 7. FAMILY PLANNING SATISFACTION AND NON-USE/BARRIERS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	CAPI PROGRAM: CHECK IF WANTS SOON NO <input type="checkbox"/>	YES <input type="checkbox"/>	715
712	You said that you are not currently using a method to prevent pregnancy. I want to ask about the role of your (husband/partner), if any, on your decision to discontinue or to not use a method to prevent pregnancy. How important of an influence was your (husband/partner)? (IF NEEDED REMIND HER YOU ARE NOT ASKING HOW IMPORTANT HER HUSBAND IS IN GENERAL, JUST ON THIS DECISION). BEFORE CONTINUING: Why is that?	IMPORTANT 1 SOMEWHAT IMPORTANT 2 NEITHER 3 SOMEWHAT UNIMPORTANT 4 UNIMPORTANT 5 OTHER _____ 9 (SPECIFY)	
712A	What about the role of other family members? How important of an influence are they on your decision not to use family planning? BEFORE CONTINUING: Why is that?	IMPORTANT 1 SOMEWHAT IMPORTANT 2 NEITHER 3 SOMEWHAT UNIMPORTANT 4 UNIMPORTANT 5 OTHER _____ 9 (SPECIFY)	
712B	You mentioned before that your religion is ___[RELIGION]___. Could you please tell me a little bit about your religion's views on family planning? (WAIT for an answer). IF RELIGION HAS VIEWS: Do these views influence your decision not to use family planning? (WAIT). In terms of your decision not to use family planning, would you say your religion is important, somewhat important, somewhat unimportant, or not important?	IMPORTANT 1 SOMEWHAT IMPORTANT 2 NEITHER 3 SOMEWHAT UNIMPORTANT 4 UNIMPORTANT 5 OTHER _____ 9 (SPECIFY)	

SECTION 7. FAMILY PLANNING SATISFACTION AND NON-USE/BARRIERS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	<p>You have said that you do not want (a/another) child soon. Could you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason? (CHECK ALL THAT APPLY)</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>HUSBAND AWAY D</p> <p>MENOPAUSAL/HYSTERECTOMY..... E</p> <p>CAN'T GET PREGNANT F</p> <p>NOT MENSTRUATED SINCE LAST BIRTH G</p> <p>BREASTFEEDING H</p> <p>UP TO GOD/FATALISTIC I</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED J</p> <p>HUSBAND/PARTNER OPPOSED K</p> <p>OTHERS OPPOSED L</p> <p>RELIGIOUS PROHIBITION M</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD N</p> <p>KNOWS NO SOURCE O</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>PREFERRED METHOD NOT AVAILABLE S</p> <p>NO METHOD AVAILABLE T</p> <p>INCONVENIENT TO USE U</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES V</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW - ASK MEANING Z</p>	<p>→ 713B</p>
713A	<p>CAPI: REPEAT FOR EACH REASON GIVEN. You said that you are not using family planning because ___REASON___. Please tell me more about what you mean by that.</p> <p>EXAMPLE ADDITIONAL QUESTIONS</p> <p>IF HEALTH/SIDE EFFECTS: What kind of health concerns/side effects are you concerned about? How did you come to believe that it causes side effects?</p> <p>IF PERSONAL/HUSBAND OPPOSITION: Tell me more about how you and/or your (husband/partner) came to believe that contraception is not a good choice for your family.</p> <p>IF ABSTINENT: Please tell me a little bit more about what you mean by that.</p> <p>IF INFECUND: How did you come to believe that you cannot have any more children?</p>	<p>REPEAT AS NEEDED; ELSE CONTINUE</p>	<p>(see text)</p>
713B	<p>CAPI PROGRAM CHECK IF DHS REASONS(S) MENTIONED.</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 714</p>
713C	<p>CAPI PROGRAM: REPEAT FOR EACH DHS REASON NOT MENTIONED: I had also understood you are not using a method because ___DHS REASON___. Is that still correct? PROBE AND ASK ABOUT DISCREPANCY.</p>	<p>YES, STILL A REASON 1</p> <p>NO, NO LONGER A REASON 2</p> <p>(ASK ABOUT DISCREPANCY BEFORE CONTINUING)</p>	

SECTION 7. FAMILY PLANNING SATISFACTION AND NON-USE/BARRIERS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	→ 714B → 714C
714A	Please tell me more. What method would you use, where would you obtain it? How will you know when the time is right?		→ 715
714B	How certain are you that you will not use a method? Could you tell me some of your reasons. Are there other factors that would influence your decision?		→ 715
714C	Are there other factors that would influence your decision?		
715	In your opinion, how can contraceptive services in Nepal be improved?		
716	I have asked you a lot of questions today about childbearing and pregnancy prevention. Do you have additional thoughts on these matters that you would like to share with me? Thank you for your time.		

