



Female Respondent Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
IDENTIFICATION											
Please record the following identifying information prior to beginning the interview.											
A	<p>Are you in the correct household?</p> <p>This is the picture of the front of the home taken during the Household Questionnaire.</p> <p>[ODK will display the photo attached to the linked Household Questionnaire]</p>	Yes..... 1 No 0									
B	<p>How many times have you visited this household to interview this female respondent?</p>	1 st time 1 2 nd time..... 2 3 rd time 3									
C	<p>Your name: [ODK will display the interviewer’s name from the linked Household Questionnaire]</p> <p>Is this your name?</p>	Yes..... 1 No 0	Skip to D if Yes								
	<p>Enter your name below. <i>Please record your name</i></p>	Interviewer’s Name									
D	<p>Current date and time: [ODK will display the device’s preset date and time on the screen]</p> <p>Is this date and time correct?</p>	Yes..... 1 No 0	Skip to F if Yes								
E	<p>Record the correct date and time.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Date</td> <td style="width: 15%;">Day</td> <td style="width: 15%;">Month</td> <td style="width: 15%;">Year</td> </tr> <tr> <td>Time</td> <td>Hours</td> <td>Minutes</td> <td>AM/PM</td> </tr> </table>	Date	Day	Month	Year	Time	Hours	Minutes	AM/PM	
Date	Day	Month	Year								
Time	Hours	Minutes	AM/PM								
F	<p>The following information is from the Household Questionnaire. Please review to make sure you are interviewing the correct respondent.</p> <p>[ODK will display the geographic location information, Structure Number, and Household Number from the linked Household Questionnaire.]</p> <p>Is the above information correct? <i>Go to the right household or update the Household Roster if needed.</i></p>	Yes..... 1 No 0									
G	<p>How well acquainted are you with the respondent?</p>	Very well acquainted..... 1 Well acquainted 2 Not well acquainted 3 Not acquainted..... 4									

Female Respondent Questionnaire

H	Is the respondent present and available to be interviewed today?	Yes..... 1 No 0	Skip to L if No
<p>INFORMED CONSENT Find the woman between the age of 15-49 associated with this Female Respondent Questionnaire. The interview must have auditory privacy. Read the following greeting:</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. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. The survey usually takes between 15 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team.</p> <p>Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey?</p>			
I	May I begin the interview now?	Yes..... 1 No 0	Skip to L if No
J	Interviewer's name: [ODK will display the Interviewer's name from linked Household Questionnaire] <i>Mark your name as a witness to the consent process.</i>		
K	Respondent's first name [ODK will display the Respondent's name from linked Household Roster] <i>You may correct the spelling here if it is not correct, but you must be interviewing the person whose name appears below.</i>		
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<p><u>Section 1 – Respondent's Background, Marital Status, HH characteristics</u> <i>Now I would like to ask about your background and socioeconomic conditions.</i></p>			
0	In what month and year were you born? The age in the household roster is [AGE].	Month: _____ Year: _____	
1	How old were you at your last birthday? <i>Must agree with FQ0.</i>	Age	
2	What is the highest level of school you attended?	Never Attended..... 0 Primary..... 1 Secondary..... 2 Technical & vocational..... 3	

Female Respondent Questionnaire

		Higher 4	
3	<p>Are you currently married or living together with a man as if married?</p> <p><i>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</i></p>	Yes, currently married..... 1 Yes, living with a man 2 Not currently in union: Divorced / separated 3 Not currently in union: Widow 4 No, never in union..... 5	Skip to 8 if No, never in union
4	<p>Have you been married or lived with a man only once or more than once?</p>	Only once..... 1 More than once 2 No response -99	Skip to 5a if once and 5b if more
5a	<p>In what month and year did you start living with your CURRENT or MOST RECENT husband / partner?</p> <p><i>Enter Jan 2020 for no response.</i></p>	Month:	Year:
5b	<p>Now I would like to ask about when you started living with your FIRST husband / partner. In what month and year was that?</p> <p><i>Enter Jan 2020 for no response.</i></p>	Month:	Year:
	<p>CHECK 3: Currently in union?</p>	Yes..... 1 No 0	Skip to 8 if No
6	<p>Does your husband / partner have other wives or does he live with other women as if married?</p>	Yes..... 1 No 0 Don't know -88 No response -99	
7	<p>Is your husband / partner living with you now or is he staying elsewhere?</p>	Living with respondent 1 Staying elsewhere 2 No response -99	
<p><u>Section 2 – Reproduction, Pregnancy & Fertility Preferences</u></p> <p><i>Now I would like to ask about all the births you have had during your life.</i></p>			
8	<p>How many times have you given birth?</p> <p><i>Enter -88 for do not know and -99 for no response. 0 is a possible answer.</i></p>	Number of births	Skip to 13 if 0 Skip to 13 if 1.
	<p>Were all of those live births?</p> <p><i>If no, go back and change FQ8 to record only live birth events.</i></p>	Yes..... 1 No 0	
8a	<p>When was your FIRST birth?</p>	Month	Year

Female Respondent Questionnaire

	<i>Please record the date of the FIRST live birth. Date should be found by calculating forward or backward from memorable events if needed. Enter Jan 2020 for no response.</i>			
9	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. Enter Jan 2020 for no response.</i>	Month	Year	
	CHECK 8: Number of births	_____		Skip to 11 if ≤2
10	When did you give birth before the most recent one? <i>Please record the date of the birth before the last. The date should be found by calculating backwards from memorable events if needed. Enter Jan 2020 for no response.</i>	Month	Year	
11	Is your last baby / child still alive?	Yes..... 1 No 0 Don't know -88		Skip to 13 if Yes
12	When did your last baby / child die? <i>Please record the date of the child's death. The date should be found by calculating backwards from memorable events if needed. Enter Jan 2020 for no response</i>	Month	Year	
13	When did your last menstrual period start? <i>If you select days, weeks, months or years, you will enter a number for x on the next screen. Enter 0 days for today, not 0 weeks/months/years.</i>	Days ago:		
		Weeks ago:		
		Months ago:		
		Years ago:		
		Menopausal / Hysterectomy 5 Before last birth..... 6 Never menstruated 7 No response..... -99		
14	Are you pregnant now?	Yes..... 1 No 0 Don't know -88 No response -99		Skip to 16 if No
15	How many months pregnant are you? <i>Please record the number of completed months.</i>	Number of months		

Female Respondent Questionnaire

	<i>Enter -88 for do not know, -99 for no response.</i> The most recent birth was: [Date of FQ9]			
	CHECK 14: Currently pregnant?	Yes..... 1 No 0 Don't know -88 No response -99		16a if no 16b if yes
16a	Now I have some questions about the future. Would you like to have a/another child or would you prefer not to have any / any more children?	Have a/another child..... 1 No more/prefer no children 2 Says she can't get pregnant 3 Undecided / Don't know -88		Skip to 17a if 1 and 18a for all other
16b	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	Have a/another child..... 1 No more/prefer no children 2 Says she can't get pregnant 3 Undecided / Don't know -88		Skip to 17b if 1 and 18b for all other
17a	How long would you like to wait from now before the birth of a/another child? <i>If you select months or years, you will enter a number for x on the next screen.</i>	Months: <input type="text"/> Years: <input type="text"/> Soon / now 3 Says she can't get pregnant 4 Other 5 Don't know -88 No response -99		
17b	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? <i>If you select months or years, you will enter a number for x on the next screen.</i>	Months: <input type="text"/> Years: <input type="text"/> Soon / now 3 Says she can't get pregnant 4 Other 5 Don't know -88 No response -99		
	CHECK 8: Number of births CHECK 14: Currently pregnant?	Number of births <input type="text"/> Yes..... 1 No 0		Skip to 19 if 0 births and 14: No. Skip to 18a if 14: no and 18b if 14: yes
18a	Now I would like to ask a question about your last live birth.			

Female Respondent Questionnaire

	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / any more children at all?	Then..... 1 Later..... 2 Not at all..... 3 No response-99	
18b	Now I would like to ask a question about your current pregnancy. At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / any more children at all?	Then..... 1 Later..... 2 Not at all..... 3 No response-99	
<u>Section 3 – Contraception</u>			
<i>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</i>			
	OBSERVE: CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING MAKE EVER EFFORT TO ENSURE PRIVACY.		
19	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	Yes..... 1 No 0 No response -99	Skip to 25 if No
20	How old were you when you first used a method to delay or avoid getting pregnant? The respondent said she was [age from FQ1] 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. Cannot have been younger than 9.</i>	Age	
20a	How many living children did you have at that time, if any? Note: the respondent said that she gave birth [number of live births] times in FQ8. <i>Enter -99 for no response</i>	Number	
21	Which method did you first use to delay or avoid getting pregnant? <i>Do not read the method choices. Scroll to bottom to see all choices.</i>	<u>Modern methods</u> Female sterilization..... 1 Male sterilization..... 2 Implants 3 IUD..... 4 Injectables..... 5 Pill 7 Emergency Contraception.....8 Male condom 9 Female condom 10 Standard Days/Cycle Beads.....13 Lactational Amen. Method (LAM).. 14 Other modern method.....19	

Female Respondent Questionnaire

		<u>Non-modern methods</u> Rhythm method30 Withdrawal31 Other traditional method.....39 No response.....-99																																																				
	CHECK 14: Currently pregnant?	Yes..... 1 No 0 Don't know -88 No response -99	Skip to 25 if yes																																																			
22	Are you/your partner currently doing something or using any method to delay or avoid getting pregnant?	Yes..... 1 No 0	Skip to 25 if No																																																			
23	Which method or methods are you using? Probe: Anything else? <i>Select all methods mentioned. Be sure to SCROLL TO THE BOTTOM to see all choices.</i>	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>Female sterilization.....</td><td>1</td><td>0</td></tr> <tr><td>Male sterilization.....</td><td>1</td><td>0</td></tr> <tr><td>Implants.....</td><td>1</td><td>0</td></tr> <tr><td>IUD.....</td><td>1</td><td>0</td></tr> <tr><td>Injectables.....</td><td>1</td><td>0</td></tr> <tr><td>Pill.....</td><td>1</td><td>0</td></tr> <tr><td>Emergency Contraception.....</td><td>1</td><td>0</td></tr> <tr><td>Male condom.....</td><td>1</td><td>0</td></tr> <tr><td>Female condom.....</td><td>1</td><td>0</td></tr> <tr><td>Standard Days/Cycle Beads.....</td><td>1</td><td>0</td></tr> <tr><td>Lactational Amen. Method (LAM).....</td><td>1</td><td>0</td></tr> <tr><td>Other modern method.....</td><td>1</td><td>0</td></tr> <tr><td>Rhythm method.....</td><td>1</td><td>0</td></tr> <tr><td>Withdrawal.....</td><td>1</td><td>0</td></tr> <tr><td>Other traditional method.....</td><td>1</td><td>0</td></tr> <tr><td>No response.....</td><td>-99</td><td></td></tr> </tbody> </table>		Y	N	Female sterilization.....	1	0	Male sterilization.....	1	0	Implants.....	1	0	IUD.....	1	0	Injectables.....	1	0	Pill.....	1	0	Emergency Contraception.....	1	0	Male condom.....	1	0	Female condom.....	1	0	Standard Days/Cycle Beads.....	1	0	Lactational Amen. Method (LAM).....	1	0	Other modern method.....	1	0	Rhythm method.....	1	0	Withdrawal.....	1	0	Other traditional method.....	1	0	No response.....	-99		Skip based on most effective method only Skip to 29 if main method is 3-17
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24	Did the provider tell you / your partner that this method was permanent?	Yes..... 1 No 0	Skip to 29																																																			
25	Do you know of a place where you can obtain a method of family planning?	Yes..... 1 No 0 No response -99																																																				
	CHECK 14: Currently pregnant?	Yes..... 1 No 0 Don't know -88 No response -99	26a if no 26b if yes																																																			
26a	You said that you are not currently using a contraceptive method. Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?	Yes..... 1 No 0 No response -99																																																				
26b	Do you think you will use a contraceptive method to delay or avoid getting pregnant at	Yes..... 1 No 0																																																				

Female Respondent Questionnaire

	any time in the future?	No response -99		
	CHECK 19: ever used contraceptives?	Yes..... 1 No 0 No response -99		Skip to 43 if No
27	In the last 12 months, have you ever done something or used a method to delay or avoid getting pregnant?	Yes..... 1 No 0 No response -99		Skip to 43 if No
28	Which method did you use most recently? Probe: Anything else? <i>Select most effective method (highest method on list). Scroll to bottom to see all choices.</i>	Implants 3 IUD..... 4 Injectables..... 5 Pill 7 Emergency Contraception 8 Male condom 9 Female Condom 10 Std Days/Cycle Beads 13 LAM 14 Other modern method..... 19 Rhythm method 30 Withdrawal 31 Other traditional method 39 No response -99		
29	When did you begin using your [MOST RECENT / CURRENT METHOD]? Calculate backwards from memorable events if needed Age at first use: [Age from FQ20] Most Recent Birth: [mm-yyyy] Current Marriage: [mm-yyyy] <i>Must be at least the age she started using a contraceptive method.</i> <i>Must be before today. Respondent must have been at least 10 years old.</i> <i>Enter Jan 2020 for no response</i>	Month	Year	
	CHECK 22: Currently using contraceptives?	Yes..... 1 No 0		Skip to 32 if Yes
30	When did you stop using your [MOST RECENT METHOD]? <i>Please record the date.</i> <i>The date should be found by calculating backwards from memorable events if needed.</i>	Month	Year	

Female Respondent Questionnaire

	<p><i>Must be after FQ29.</i></p> <p><i>Enter Jan 2020 for no response.</i></p>		
31	<p>Why did you stop using your (MOST RECENT METHOD)?</p>	<p>Infrequent sex / husband away 1</p> <p>Became pregnant while using 2</p> <p>Wanted to become pregnant 3</p> <p>Husband / partner disapproved 4</p> <p>Want to use better method 5</p> <p>No method available 6</p> <p>Health concerns..... 7</p> <p>Fear of side effects 8</p> <p>Lack of access / too far..... 9</p> <p>Costs too much..... 10</p> <p>Inconvenient to use 11</p> <p>Fatalistic..... 12</p> <p>Difficult to get pregnant / menopausal13</p> <p>Interferes with body's natural processes 14</p> <p>Other..... 15</p> <p>Don't know -88</p> <p>No response.....-99</p>	
32	<p>Where did you obtain your [MOST RECENT / CURRENT METHOD] when you started using it?</p> <p><i>Scroll to bottom to see all choices.</i></p>	<p><u>Public sector</u></p> <p>Govt. Hospital.....11</p> <p>Govt. Health Center.....12</p> <p>Govt. Health Post/HEW 14</p> <p>NGO20</p> <p>Community volunteer22</p> <p>Family planning clinic25</p> <p><u>Private medical sector</u></p> <p>Private hospital/clinic31</p> <p>Pharmacy33</p> <p><u>Other source</u></p> <p>Shop/market.....42</p> <p>Friend / relative.....43</p> <p>Mobile clinic.....44</p> <p>Other96</p> <p>Don't know..... -88</p> <p>No response.....-99</p>	
33	<p>In the last 12 months, have you paid any fees for family planning services (including the most recent/current method)?</p>	<p>Yes..... 1</p> <p>No 0</p> <p>No response.....-99</p>	<p>Skip to 35 if No</p>
34	<p>How much did you pay?</p> <p><i>Enter all prices in Ethiopian Birr. Enter -88 if respondent does not know, -99 for no response.</i></p>	<p>Fee: _____</p>	
35	<p>When you obtained your [MOST RECENT / CURRENT METHOD], were you told by the provider about side effects or problems you might have with a method to delay or avoid getting pregnant?</p>	<p>Yes..... 1</p> <p>No 0</p> <p>No response.....-99</p>	<p>Skip to 37 if No</p>

Female Respondent Questionnaire

36	Were you told what to do if you experienced side effects or problems?	Yes..... 1 No 0 No response.....-99	
37	At that time, were you told by the family planning provider about methods of family planning other than the [MOST RECENT/CURRENT METHOD] that you could use?	Yes..... 1 No 0 No response.....-99	
38	During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?	Yes..... 1 No 0	Skip to 40 if yes
39	If not, why not? (Why didn't you obtain the method you wanted?)	Method out of stock that day 1 Method not available at all..... 2 Provider not trained to provide the method..... 3 Provider recommended a different method..... 4 Not eligible for method..... 5 Decided not to adopt a method 6 Too costly 7 Other..... 8 No response.....-99	
40	During that visit, who made the final decision about what method you got?	You alone..... 1 Provider 2 Partner 3 You and provider 4 You and partner 5 Other..... 6 No response.....-99	
	CHECK 32: Where did you obtain your [MOST RECENT / CURRENT METHOD]?	<u>Public sector</u> Govt. Hospital.....11 Govt. Health Center.....12 Govt. Health Post/HEW14 NGO20 Community volunteer22 Family planning clinic25 <u>Private medical sector</u> Private hospital/clinic31 Pharmacy33 <u>Other source</u> Shop/market42 Friend / relative.....43 Mobile clinic.....44 Other96 Don't know.....-88 No response.....-99	Skip to 44 if 32 is friend/relative
41	Would you return to this provider?	Yes..... 1 No 0	

Female Respondent Questionnaire

	Provider: [Type of Provider from FQ32]	No response.....-99																																																																															
42	Would you refer your relative or friend to this provider / facility? Provider: [Type of Provider from FQ32]	Yes..... 1 No 0 No response.....-99																																																																															
	CHECK 16: Desire for future child? CHECK 17: 2 or more years before next child? CHECK 22: Currently using contraceptive method?	Have a/another child..... 1 No more/none..... 2 Says she can't get pregnant..... 3 Undecided / Don't know..... -88 No more/none 1 Less than 2 years 2 2 or more years 3 Yes, using contraceptive 1 No, not using contraceptive 0	Ask 43 to non users (current or ever) who do not want a/another child or not before 2 years																																																																														
43	You have said that you do not want [(a/another) child soon]/[any (more) children], but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Probe: Any other reason? Hint: RECORD ALL REASONS MENTIONED <i>Cannot select "Do Not Know" or "No response" with other options.</i> <i>Cannot select "Not married" if FQ3 is "Yes, currently married".</i> <i>Scroll to the bottom to see all choices. Check to acknowledge you considered all options.</i>	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>Not married</td><td>1</td><td>0</td></tr> <tr><td>Infrequent sex/not having sex.....</td><td>1</td><td>0</td></tr> <tr><td>Menopausal/Hysterectomy</td><td>1</td><td>0</td></tr> <tr><td>Subfecund / infecund</td><td>1</td><td>0</td></tr> <tr><td>Not menstruated since last birth ...</td><td>1</td><td>0</td></tr> <tr><td>Breastfeeding.....</td><td>1</td><td>0</td></tr> <tr><td>Husband away for multiple days....</td><td>1</td><td>0</td></tr> <tr><td>Up to God / fatalistic</td><td>1</td><td>0</td></tr> <tr><td>Respondent opposed</td><td>1</td><td>0</td></tr> <tr><td>Husband / partner opposed</td><td>1</td><td>0</td></tr> <tr><td>Others opposed</td><td>1</td><td>0</td></tr> <tr><td>Religious prohibition</td><td>1</td><td>0</td></tr> <tr><td>Knows no method</td><td>1</td><td>0</td></tr> <tr><td>Knows no source</td><td>1</td><td>0</td></tr> <tr><td>Fear of side effects</td><td>1</td><td>0</td></tr> <tr><td>Health concerns.....</td><td>1</td><td>0</td></tr> <tr><td>Lack of access / too far.....</td><td>1</td><td>0</td></tr> <tr><td>Costs too much.....</td><td>1</td><td>0</td></tr> <tr><td>Preferred method not available</td><td>1</td><td>0</td></tr> <tr><td>No method available</td><td>1</td><td>0</td></tr> <tr><td>Inconvenient to use</td><td>1</td><td>0</td></tr> <tr><td>Interferes with body's processes ...</td><td>1</td><td>0</td></tr> <tr><td>Other</td><td>1</td><td>0</td></tr> <tr><td>Don't know</td><td>-88</td><td></td></tr> <tr><td>No response</td><td>-99</td><td></td></tr> </tbody> </table>			Y	N	Not married	1	0	Infrequent sex/not having sex.....	1	0	Menopausal/Hysterectomy	1	0	Subfecund / infecund	1	0	Not menstruated since last birth ...	1	0	Breastfeeding.....	1	0	Husband away for multiple days....	1	0	Up to God / fatalistic	1	0	Respondent opposed	1	0	Husband / partner opposed	1	0	Others opposed	1	0	Religious prohibition	1	0	Knows no method	1	0	Knows no source	1	0	Fear of side effects	1	0	Health concerns.....	1	0	Lack of access / too far.....	1	0	Costs too much.....	1	0	Preferred method not available	1	0	No method available	1	0	Inconvenient to use	1	0	Interferes with body's processes ...	1	0	Other	1	0	Don't know	-88		No response	-99	
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44	In the last 12 months, were you visited by a health worker who talked to you about family planning?	Yes..... 1 No 0 No response.....-99																																																																															
45	In the last 12 months, have you visited a	Yes..... 1	Skip to 47																																																																														

Female Respondent Questionnaire

	<p>health facility for care for yourself (or your children)?</p> <p><i>For any health services</i></p>	No 0 No response.....-99				if no								
46	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	Yes..... 1 No 0 No response.....-99												
47	<p>In the last few months have you:</p> <p>Heard about family planning on the radio?</p> <p>Seen anything about family planning on the television?</p> <p>Read about family planning in a newspaper or magazine?</p>		<table border="1"> <tr> <td>Y</td> <td>N</td> </tr> <tr> <td>1</td> <td>0</td> </tr> <tr> <td>1</td> <td>0</td> </tr> <tr> <td>1</td> <td>0</td> </tr> </table>	Y	N	1	0	1	0	1	0			
Y	N													
1	0													
1	0													
1	0													
<p>OBSERVE: CHECK FOR THE PRESENCE OF OTHERS.</p> <p>BEFORE CONTINUING MAKE EVER EFFORT TO ENSURE PRIVACY.</p> <p><i>Verbally prepare the respondent for sexual activity questions.</i></p>														
48	<p>How old were you when you first had sexual intercourse?</p> <p>The respondent said she was [age from FQ1] years old at her last birthday.</p> <p>[If pregnant: The respondent is pregnant]</p> <p>[If FQ8>0: She has had X live births]</p> <p><i>Enter the age in years.</i> <i>Enter 0 if she never had sex.</i> <i>Enter -88 if respondent does not know.</i> <i>Enter -99 for no response.</i></p>	Age				Skip to 50 if 0								
49	<p>When was the last time you had sexual intercourse?</p> <p>[If pregnant: Respondent is X months pregnant. If FQ15=0, answer must be in days or weeks up to 4 weeks or 30 days]</p> <p><i>If 12 months (one year) or more ago, answer must be recorded in years. If less than 12 months ago, answer must be recorded in days, weeks or months.</i></p> <p><i>Enter 0 days for today.</i></p> <p><i>You will enter a number for X on the next screen.</i></p>	DAYS AGO	WEEKS AGO	MONTHS AGO	YEARS AGO									
<p>Thank the respondent for her time</p> <p><i>The respondent is finished, but there are still 2 more questions for you to complete outside the home.</i></p>														

Female Respondent Questionnaire

LOCATION			
L	<p>Location</p> <p><i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.</i></p> <p><i>GPS coordinates can only be collected when outside.</i></p>	RECORD LOCATION	
QUESTIONNAIRE RESULT			
M	<p>RECORD THE RESULT OF THE FEMALE RESPONDENT SURVEY</p>	<p>Completed..... 1</p> <p>Not at home 2</p> <p>Postponed..... 3</p> <p>Refused..... 4</p> <p>Partly completed 5</p> <p>Incapacitated 6</p>	