

Female Respondent Questionnaire

mADDS – Female Respondent Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKI P								
IDENTIFICATION											
Please record the following identifying information prior to beginning the interview.											
A	<p>Are you in the correct household? This is the picture of the front of the home taken during the household roster.</p> <p><i>ODK will display the photo taken as part of the Household Roster linked to this Female Respondent Questionnaire.</i></p>	<p>Yes 1 No..... 0</p>									
B	How many times have you visited this household to interview this female respondent?	<p>1st time 1 2nd time 2 3rd time 3</p>									
C	<p>Interviewer's name: Is this your name?</p> <p>If not, please record your name:</p> <p><i>ODK will display the name associated with the phone's serial number</i></p>	<p>Yes 1 No..... 0</p>									
D	<p>CURRENT DATE AND TIME DISPLAYED ON SCREEN. Is this date and time correct?</p>	<p>Yes 1 No..... 0</p>	Skip to F if Yes								
E	Record the correct date and time.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Date</td> <td style="width: 25%;">Day</td> <td style="width: 25%;">Month</td> <td style="width: 25%;">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 Roster. Please review to make sure you are interviewing the correct respondent.</p> <p><i>ODK will display the Region, District, Locality, Enumeration Area, Structure Number, and Household Number entered into the Household Roster linked to this Female Respondent Questionnaire.</i></p>										
G	How well acquainted are you with the respondent?	<p>Very well acquainted 1 Well acquainted..... 2 Not well acquainted..... 3 Not acquainted 4</p>									
H	Is the respondent present and available to be interviewed today?	<p>Yes 1 No..... 0</p>	Skip to M IF NO								

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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>Hello. My name is _____ and I am working for Kwame Nkrumah University of Science and Technology, and the Ghana Health Service. We are conducting a local survey that asks women about various reproductive health issues. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. The survey usually takes between 15 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team. Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. At this time, do you want to ask me anything about the survey?</p>			
I	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes 1 No..... 0	Skip to M if No
J	Respondent's signature PLEASE ASK THE RESPONDENT TO SIGN OR CHECK THE BOX IN AGREEMENT OF THEIR PARTICIPATION.	GATHER SIGNATURE: Check box: <input type="checkbox"/>	
K	Interviewer's name PLEASE RECORD YOUR NAME AS A WITNESS TO THE CONSENT PROCESS.		
L	Respondent's name PLEASE RECORD THE FIRST NAME OF THE RESPONDENT.		
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Section 1 – Respondent's Background, Marital Status, HH characteristics			
Now I would like to ask about your background and socioeconomic conditions.			
0	In what month and year were you born?	Month: Year:	If DOB not known, ask Q1
1	How old were you at your last birthday? PLEASE RECORD A NUMBER BETWEEN 15-49. DO NOT INTERVIEW ANYONE OUTSIDE THIS RANGE.	Year:	
2	What is the highest level of school you attended: primary, middle/JSS, secondary/SSS, or higher?	Never Attended0 Primary1 Middle / JSS2 Secondary / SSS3 Higher4	
3	Are you currently married or living together with a man as if married? IF NO, ASK WHETHER THE RESPONDENT IS	No, never in union 5 Yes, currently married 1 Yes, living with a man 2 Not currently in union: Divorced /	Skip to 8 if No, nev

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	DIVORCED, SEPARATED, OR WIDOWED.	separated 3 Not currently in union: Widow 4	er in unio n
4	Have you been married or lived with a man only once or more than once?	Only once 1 More than once 2	Skip to 5a if onc e and 5b if mor e
5a	In what month and year did you start living with your current husband / partner? We need an alert to the RE on the ODK form if this age at first marriage is < 15 years. The RE should confirm.	Month: Year:	
5b	Now I would like to ask about when you started living with your first husband / partner. In what month and year was that? We need an alert to the RE on the ODK form if this age at marriage is < 15 years. The RE should confirm.	Month: Year:	
	CHECK 3: Currently married?	Yes 1 No..... 0	Skip to 8 if No
6	Does your husband / partner have other wives or does he live with other women as if married?	Yes 1 No..... 0 Don't know -88	
7	Is your husband / partner living with you now or is he staying elsewhere?	Living with respondent 1 Staying elsewhere 2	
Section 2 – Reproduction, Pregnancy & Fertility Preferences			
Now I would like to ask about all the births you have had during your life.			
8	How many times have you given birth? 0 IS A POSSIBLE ANSWER.	Number of births	Skip to 13 if 0
	Were all of those live births? IF NO, GO BACK AND CHANGE FQ8 TO RECORD ONLY LIVE BIRTH EVENTS	Yes 1 No..... 0	
8a	When was your first birth? PLEASE RECORD THE DATE OF THE FIRST LIVE BIRTH. DATE SHOULD BE FOUND BY CALCULATING FORWARD OR BACKWARD FROM MEMORABLE EVENTS IF NEEDED.	Month Year	
9	When was your most recent birth? PLEASE RECORD THE DATE OF THE LAST BIRTH. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.	Month Year	Skip to 11 if not in last year and/ or Q8 is 1

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10	When did you give birth before the most recent one? PLEASE RECORD THE DATE OF THE BIRTH BEFORE THE LAST. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.	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? PLEASE RECORD THE DATE OF THE CHILD'S DEATH. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.	Month	Year	
13	When did your last menstrual period start? IF YOU SELECT DAYS, WEEKS, MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.	Days ago: _____ Weeks ago: _____ Months ago: _____ Years ago: _____ Menopausal / Hysterectomy 5 Before last birth 6 Never menstruated 7		
14	Are you pregnant now?	Yes 1 No 0 Unsure 2		Skip to 16 if No
15	How many months pregnant are you? PLEASE RECORD THE NUMBER OF COMPLETED MONTHS. ENTER -88 FOR DO NOT KNOW.	Number of months		
	CHECK 14: Currently pregnant?	Yes 1 No 0		16a if no 16b if yes
16 a	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 18 for all other
16 b	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 18 for all other
17 a	How long would you like to wait from now before the birth of a/another child? IF YOU SELECT MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN PLEASE CHECK THAT YOU CORRECTLY ENTERED THE VALUE FOR MONTHS/YEARS.	Months: _____ Years: _____ Soon / now 3 Other 4 Says she can't get pregnant 5 Don't know -88		

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17 b	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? IF YOU SELECT MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN PLEASE CHECK THAT YOU CORRECTLY ENTERED THE VALUE FOR MONTHS/YEARS.	Months:	
		Years:	
		Soon / now	1
		Other	2
		Says she can't get pregnant.....	3
		Don't know	-88

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	<p>CHECK 8: Number of births</p> <p>CHECK 14: Currently pregnant?</p>	<p>Number of births</p>		<p>Skip to 19 if 0 births and 14: No. Skip to 18a if 14: no and 18b if 14: yes</p>
		<p>Yes..... 1</p> <p>No..... 0</p>		
18 a	<p>Now I would like to ask a question about your last birth.</p> <p>At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / any more children at all?</p>	<p>Then</p> <p>Later</p> <p>Not at all</p>		
18 b	<p>Now I would like to ask a question about your current pregnancy.</p> <p>At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / any more children at all?</p>	<p>Then</p> <p>Later</p> <p>Not at all</p>		
<p>Section 3 – Contraception</p>				
<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p>				
19	<p>Have you ever used anything or tried in any way to delay or avoid getting pregnant?</p>	<p>Yes 1</p> <p>No..... 0</p>		<p>Skip to 25 if No</p>
20	<p>How old were you when you first used a method to delay or avoid getting pregnant?</p> <p>ENTER THE AGE IN YEARS. ENTER 0 IF SHE NEVER USED A METHOD. ENTER -88 IF RESPONDENT DOES NOT KNOW.</p>	<p>Age</p>		
20a	<p>How many living children did you have at that time, if any?</p>	<p>Number</p>		
21	<p>Which method did you first use to delay or avoid getting pregnant?</p> <p>DO NOT READ THE METHOD CHOICES. BE SURE TO SCROLL TO BOTTOM TO SEE ALL CHOICES.</p>	<p>Female sterilization 1</p> <p>Male sterilization 2</p> <p>IUD 3</p> <p>Injectables 4</p> <p>Implants..... 5</p> <p>Pill 6</p> <p>Condom..... 7</p> <p>Female condom 8</p> <p>Emergency Contraception.....9</p> <p>Diaphragm..... 10</p> <p>Foam/Jelly 11</p> <p>Standard Days/Cycle Beads..... 12</p> <p>Lactational Amen. Method 13</p> <p>Other modern method 14</p> <p>Rhythm method..... 30</p> <p>Withdrawal 31</p> <p>Other traditional method..... 39</p>		

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	CHECK 14: Currently pregnant?	Yes 1 No..... 0	Skip to 25 if yes																																																						
22	Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes 1 No..... 0	Skip to 25 if No																																																						
23	<p>What are you doing to delay or avoid a pregnancy?</p> <p>PROBE: ANYTHING ELSE?</p> <p>DO NOT PROMPT. SELECT ALL METHODS MENTIONED. BE SURE TO SCROLL TO BOTTOM TO SEE ALL CHOICES.</p>	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>1. Female sterilization</td><td>1</td><td>0</td></tr> <tr><td>2. Male sterilization</td><td>1</td><td>0</td></tr> <tr><td>3. IUD</td><td>1</td><td>0</td></tr> <tr><td>4. Injectables</td><td>1</td><td>0</td></tr> <tr><td>5. Implants.....</td><td>1</td><td>0</td></tr> <tr><td>6. Pill</td><td>1</td><td>0</td></tr> <tr><td>7. Male Condom.....</td><td>1</td><td>0</td></tr> <tr><td>8. Female condom</td><td>1</td><td>0</td></tr> <tr><td>9. Emergency Contraception.....</td><td>1</td><td>0</td></tr> <tr><td>10. Diaphragm.....</td><td>1</td><td>0</td></tr> <tr><td>11. Foam/Jelly.....</td><td>1</td><td>0</td></tr> <tr><td>12. Std Days/Cycle Beads</td><td>1</td><td>0</td></tr> <tr><td>13. LAM.....</td><td>1</td><td>0</td></tr> <tr><td>14. Other modern method</td><td>1</td><td>0</td></tr> <tr><td>30. Rhythm method.....</td><td>1</td><td>0</td></tr> <tr><td>31. Withdrawal</td><td>1</td><td>0</td></tr> <tr><td>39. Other traditional method..</td><td>1</td><td>0</td></tr> </tbody> </table>		Y	N	1. Female sterilization	1	0	2. Male sterilization	1	0	3. IUD	1	0	4. Injectables	1	0	5. Implants.....	1	0	6. Pill	1	0	7. Male Condom.....	1	0	8. Female condom	1	0	9. Emergency Contraception.....	1	0	10. Diaphragm.....	1	0	11. Foam/Jelly.....	1	0	12. Std Days/Cycle Beads	1	0	13. LAM.....	1	0	14. Other modern method	1	0	30. Rhythm method.....	1	0	31. Withdrawal	1	0	39. Other traditional method..	1	0	<p>Skip based on most effective method only</p> <p>Skip to 29 if main method is 3-17</p>
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24	Did the provider tell you or 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																																																							
	CHECK 14: Currently pregnant?	Yes 1 No..... 0	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																																																							
26b	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																																																							
	CHECK 19: ever used contraceptives?	Yes 1 No..... 0	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	Skip to 43 if No																																																						

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28	<p>Which method did you use most recently?</p> <p>PROBE: ANYTHING ELSE?</p> <p>BE SURE TO SCROLL TO BOTTOM TO SEE ALL CHOICES</p>	<p>IUD 3</p> <p>Injectables 4</p> <p>Implants..... 5</p> <p>Pill 6</p> <p>Condom..... 7</p> <p>Female condom 8</p> <p>Emergency Contraception..... 9</p> <p>Diaphragm..... 10</p> <p>Foam/Jelly 11</p> <p>Std Days/Cycle Beads 12</p> <p>LAM..... 13</p> <p>Other modern method.....14</p> <p>Rhythm method..... 30</p> <p>Withdrawal 31</p> <p>Other traditional method..... 39</p>		
29	<p>When did you begin using your (MOST RECENT / CURRENT METHOD)?</p> <p>PLEASE RECORD THE DATE. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.</p>	Month	Year	
	<p>CHECK 22: Currently using contraceptives?</p>	<p>Yes 1</p> <p>No..... 0</p>	<p>Skip to 32 if Yes</p>	
30	<p>When did you stop using your (MOST RECENT METHOD)?</p> <p>PLEASE RECORD THE DATE. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.</p>	Month	Year	
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>Wanted more effective method 5</p> <p>No method available 6</p> <p>Health concerns 7</p> <p>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 / menopausal 13</p> <p>Interferes with body's processes... 14</p> <p>Other 15</p> <p>Don't know -88</p>		

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32	<p>Where did you obtain your (MOST RECENT / CURRENT METHOD) when you started using it?</p> <p>SCROLL TO BOTTOM TO SEE ALL CHOICES</p>	<p>Public sector Govt. Hospital/polyclinic 11 Govt. Health center.....12 Govt. Health post.....13 Family planning clinic 14 Mobile clinic15 Fieldworker/outreach/peer educator.....16 CHPS.....10 Private medical sector Private hospital/clinic21 Private doctor22 Pharmacy23 Chemical/drug store24 FP/PPAG clinic.....25 Maternity home.....26 Other source Shop/market31 Church32 Community volunteer.....33 Friend / relative.....34 NGO35 Other.....96 Don't know -88</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 No..... 0</p>	<p>Skip to 35 if No</p>
34	<p>How much did you pay?</p> <p>ENTER THE AMOUNT USING THE LOCAL CURRENCY UNIT. ENTER ALL PRICES IN NEW CURRENCY AND CEDIS (NO PESEWAS). ENTER -88 IF RESPONDENT DOES NOT KNOW.</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 No..... 0</p>	<p>Skip to 37 if No</p>
36	<p>Were you told what to do if you experienced side effects or problems?</p>	<p>Yes 1 No..... 0</p>	
37	<p>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?</p>	<p>Yes 1 No..... 0</p>	
38	<p>During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?</p>	<p>Yes 1 No 0</p>	<p>Skip to 40 if yes</p>
39	<p>If not, why not? (Why didn't you obtain the method you wanted?)</p>	<p>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</p>	

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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	
	CHECK 32: Where did you obtain your (MOST RECENT / CURRENT METHOD)?	Public sector Govt. Hospital/polyclinic11 Govt. Health center.....12 Govt. Health post.....13 Family planning clinic14 Mobile clinic15 Fieldworker/outreach/peer educator16 CHPS.....10 Private medical sector Private hospital/clinic21 Private doctor22 Pharmacy23 Chemical/drug store24 FP/PPAG clinic.....25 Maternity home.....26 Other source Shop/market31 Church32 Community volunteer.....33 Friend / relative.....34 NGO35 Other.....96 Don't know-88	Skip to 44 if 32 is 14-17
41	Would you return to this provider?	Yes 1 No 0	
42	Would you refer your relative or friend to this provider / facility?	Yes 1 No 0	
	CHECK 16: Desire for future child? CHECK 17: 2 or more years before next child? CHECK 22: Currently using contraceptive method? CHECK 19: Ever use a 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 Yes 1 No 0	Ask 43 to non users (current or ever) who do not want a/another child or not before 2 years

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43	<p>You said that you do not want any / anymore children and that you are not using a method to avoid pregnancy.</p> <p>Can you tell me the main reason why you are not using a method to prevent pregnancy?</p>	<p>Infrequent sex / husband away 1 Menopausal/Hysterectomy..... 2 Subfecund / infecund 3 Not menstruated since last birth..... 4 Breastfeeding 5 Up to God / fatalistic..... 6 Respondent opposed..... 7 Husband / partner opposed..... 8 Others opposed..... 9 Religious prohibition..... 10 Knows no method 11 Knows no source..... 12 Fear of side effects..... 13 Health concerns 14 Lack of access / too far 15 Costs too much 16 Preferred method not available 17 No method available 18 Inconvenient to use 19 Interferes with body's processes... 20 Other 21 Don't know -88</p>													
44	In the last 12 months, were you visited by a health worker who talked to you about family planning?	Yes 1 No..... 0													
45	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	Yes 1 No..... 0	Skip to 47 if no												
46	Did any staff member at the health facility speak to you about family planning methods?	Yes 1 No..... 0													
47	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine?.....	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> </tbody> </table>		Yes	No	1	0	1	0	1	0	
	Yes	No													
.....	1	0													
.....	1	0													
.....	1	0													
	Do you have any health insurance or are you a member of a mutual health organization?	Yes 1 No..... 0	Skip to FQ 48 if NO												
	What type of health insurance do you have? RECORD ALL MENTIONED	National/District Health Insurance (NHIS) 1 Health insurance through employer 2 Mutual health organization/Community-based health insurance..... 3 Other privately purchased commercial health insurance..... 4 Other 5	Skip to FQ 48 if 2-5												
	Do you hold a valid National Health Insurance Scheme (NHIS) card? IF ANSWER IS 'YES', REQUEST TO SEE THE CARD	Yes, card seen 1 Yes, card not seen/lost..... 2 No..... 3													

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48	<p>How old were you when you first had sexual intercourse?</p> <p>ENTER THE AGE IN YEARS. ENTER 0 IF SHE NEVER HAD SEX. ENTER -88 IF RESPONDENT DOES NOT KNOW.</p>	Age				Skip to 50 if 0
<p>If age at first sex <10 years:</p> <p>CHECK: You have entered that the respondent was X years old when she first had sexual intercourse. Is this what she said?</p> <p>IF NO, GO BACK AND CORRECT FQ48</p>		<p>Yes 1</p> <p>No 0</p>				
49	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE AGO, ANSWER MUST BE RECORDED IN MONTHS, WEEKS, OR DAYS.</p> <p>IF LESS THAN 12 MONTHS AGO, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. ENTER 0 DAYS FOR TODAY.</p> <p>YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN</p>	DAYS AGO	WEEKS AGO	MONTHS AGO	YEARS AGO	
<p>Thank the respondent for her time</p> <p>THE RESPONDENT IS FINISHED, BUT THERE ARE STILL 2 MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE HOME</p>						
LOCATION						
M	<p>TAKE A GPS POINT NEAR THE ENTRANCE TO THE HOUSEHOLD.</p> <p>RECORD LOCATION WHEN THE ACCURACY IS SMALLER THAN 6 M.</p>	<p><i>Instructions are given directly by the ODK software</i></p> <p>RECORD LOCATION</p>				
QUESTIONNAIRE RESULT						
N	<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>				