

Female Questionnaire															
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
<b>IDENTIFICATION</b>															
A	<p><b>Are you in the correct household?</b></p> <p><b>This is the picture of the front of the home taken during the Household Questionnaire.</b></p> <p>[ODK will display the photo taken during the Household Questionnaire linked to this Female Questionnaire]</p>	Yes ..... 1 No ..... 0													
B	<p><b>Your name:</b> [ODK will display the interviewer's name from the linked Household Questionnaire]</p> <p><b>Is this your name?</b></p>	Yes ..... 1 No ..... 0													
	<p><b>Enter your name below.</b> <i>Please record your name</i></p>	Interviewer's Name													
C	<p><b>Current date and time.</b> [ODK will display on screen]</p> <p><b>Is this date and time correct?</b></p>	Yes ..... 1 No ..... 0	Skip to F if Yes												
D	<p><b>Record the correct date and time.</b></p>	<table border="1"> <thead> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <th>Hours</th> <th>Min</th> <th>AM/PM</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Day	Month	Year				Hours	Min	AM/PM				
Day	Month	Year													
Hours	Min	AM/PM													
E	<p><b>The following information is from the Household Questionnaire. Please review to make sure you are interviewing the correct respondent.</b></p> <p>[ODK will display the geographic location information, Structure Number, and Household Number from the linked Household Questionnaire.]</p> <p><b>Is the above information correct?</b></p>	Yes ..... 1 No ..... 0													
	<p><b>CHECK: You should be attempting to interview [Respondent's Name]. Is that correct?</b></p> <p><i>If misspelled, select "yes" here and update the name in question "J."</i></p> <p><i>If this is the wrong person, you have two options:</i></p> <p><i>(1) exit and ignore changes to this form. Open the correct form.</i></p> <p><i>Or</i></p> <p><i>(2) find and interview the person whose name appears above.</i></p>	Yes ..... 1 No ..... 0													
F	<p><b>Is the respondent present and available to be interviewed today?</b></p>	Yes ..... 1 No ..... 0	Skip to L if No												

Female Questionnaire			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
G	<b>How well acquainted are you with the respondent?</b>	Very well acquainted ..... 1 Well acquainted ..... 2 Not well acquainted ..... 3 Not acquainted ..... 4	
G2	<b>Has this woman participated in a PMA2020 survey before?</b>	Yes ..... 1 No ..... 0 Don't know ..... -88 No response ..... -99	
<b>INFORMED CONSENT</b>			
<i>Find the woman between the ages of 15-49 associated with this Female Questionnaire. The interview must have auditory privacy. Read the following greeting:</i>			
<p>Hello. My name is _____ and I am working for the International Center for Reproductive Health in Uganda, in collaboration with the Ministry of Health and the Ugandan National Bureau of Statistics. 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>			
H	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: <b>May I begin the interview now?</b>	Yes ..... 1 No ..... 0	Skip to L if No
	<b>Respondent's signature</b> <i>Please ask the respondent to sign or check the box in agreement of their participation.</i>	GATHER SIGNATURE: Check box: <input type="checkbox"/>	
I	<b>Interviewer's name:</b> [Interviewer name from Household Questionnaire] <i>Mark your name as a witness to the consent process.</i>	<input type="text"/>	
J	<b>Respondent's name</b> <i>You may correct the spelling here if it is not correct, but you must be interviewing the person whose name appears below.</i>	<input type="text"/>	
<b>Section 1 – Respondent's Background, Marital Status, HH characteristics</b>			
<i>Now I would like to ask about your background and socioeconomic conditions.</i>			
0	<b>In what month and year were you born?</b> <b>The age in the household roster is [AGE].</b>	Month <input type="text"/> Year <input type="text"/>	

**Female Questionnaire**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1	<b>How old were you at your last birthday?</b>	Age <input type="text"/>	
2	<b>What is the highest level of school you attended?</b>	Never Attended/preschool ..... 0 Primary 1-4 ..... 1 Primary 5-7 ..... 2 Secondary 1-4 ..... 3 Secondary 5-6 ..... 4 Technical/Vocational..... 5 University/Technical ..... 6 No response ..... -99	
3	<b>Are you currently married or living together with a man as if married?</b> <i>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</i>	Yes, currently married ..... 1 Yes, living with a man..... 2 Not currently in union: Divorced / separated ..... 3 Not currently in union: Widowed..... 4 No, never in union ..... 5 No response ..... -99	Skip to 8 if No, never in union
4	<b>Have you been married or lived with a man only once or more than once?</b>	Only once ..... 1 More than once ..... 2 No response ..... -99	Skip to 5b if once
5a	<b>In what month and year did you start living with your FIRST husband / partner?</b> <i>Enter Jan 2020 for no response.</i>	Month <input type="text"/> Year <input type="text"/>	
	[If ≤15 years old at marriage date ODK will display:] <b>CHECK: Based on the response you entered in FQ5a, the respondent was possibly 15 years old or younger at the time of her first marriage. Did you enter FQ5a correctly?</b>	Yes ..... 1 No ..... 0	
5b	<b>Now I would like to ask about when you started living with your CURRENT or MOST RECENT husband / partner. In what month and year was that?</b> <i>Enter Jan 2020 for no response.</i>	Month <input type="text"/> Year <input type="text"/>	
	[If ≤15 years old at marriage date ODK will display:] <b>CHECK: Based on the response you entered in FQ5b, the respondent was possibly 15 years old or younger at the time of her first marriage. Did you enter FQ5b correctly?</b>	Yes ..... 1 No ..... 0	
	<b>CHECK 3: Currently married/cohabitating?</b>	Yes ..... 1 No ..... 0	Skip to 8 if No
6	<b>Does your husband / partner have other wives or</b>	Yes ..... 1	

Female Questionnaire			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<b>does he live with other women as if married?</b>	No ..... 0 Don't know ..... -88 No Response ..... -99	
7	<b>Is your husband / partner living with you now or is he staying elsewhere?</b>	Living with respondent ..... 1 Staying elsewhere ..... 2 No response ..... -99	
<b>Section 2 – Reproduction, Pregnancy &amp; Fertility Preferences</b>			
<i>Now I would like to ask about all the births you have had during your life.</i>			
8a	<b>How many times have you given birth?</b> <i>Enter -99 for no response. 0 is a possible answer.</i>	Number <input type="text"/>	Skip to 13 if 0, skip to 9 if 1.
	<b>Were all of those live births?</b> <i>If no, go back and change FQ8 to record only live birth events.</i>	Yes ..... 1 No ..... 0	
8b	<b>How many sons and daughters have you given birth to and who were born alive?</b>	Number <input type="text"/>	
8c	<b>Have you ever given birth to a boy or girl who was born alive but later died?</b>  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	Yes ..... 1 No ..... 0	Skip to 8e if No
8d	<b>How many have died?</b>	Number <input type="text"/>	
	READ THIS CHECK OUT LOUD: Just to make sure I have this right: you had a total of ___ birth(s) during your life, resulting in ___ son(s) or daughter(s) born alive.  Is that correct?	Yes ..... 1 No ..... 0	If no, go back and probe to correct 8a-c.
8e	<b>When was your first birth?</b> <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>	Month <input type="text"/> Year <input type="text"/>	
9	<b>When was your MOST RECENT live birth?</b> <i>Please record the date of the MOST RECENT birth. The date should be found by calculating backwards from memorable events if needed.</i>	Month <input type="text"/>	Skip to 11 if not in last year and/or

**Female Questionnaire**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<i>Enter Jan 2020 for no response.</i>	Year <input type="text"/>	Q8 is 1
10	<b>When did you give birth before the most recent one?</b> <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 <input type="text"/> Year <input type="text"/>	
11	<b>Is your last baby / child still alive?</b>	Yes ..... 1 No ..... 0 Don't know ..... -88 No Response ..... -99	Skip to 13 if Yes
12	<b>When did your last baby / child die?</b> <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 <input type="text"/> Year <input type="text"/>	
13	<b>When did your last menstrual period start?</b> <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 <input type="text"/> Weeks Ago <input type="text"/> Months Ago <input type="text"/> Years Ago <input type="text"/>  Menopausal / Hysterectomy ..... 5 Before last birth ..... 6 Never menstruated ..... 7 No response ..... -99	
14	<b>Are you pregnant now?</b>	Yes ..... 1 No ..... 0 Unsure ..... 2 No response ..... -99	Skip to 16 if No or Unsure
15	<b>How many months pregnant are you?</b> <b>The most recent birth was: [Date of most recent birth]</b> <i>Please record the number of completed months. Enter -88 for do not know, -99 for no response.</i>	Number of months <input type="text"/>	
	<b>CHECK 14:</b> Currently pregnant?	Yes ..... 1 No ..... 0	16a if no 16b if yes
16a	<b>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?</b>	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

**Female Questionnaire**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		No response ..... -99	
16b	<p><b>Now I have some questions about the future.</b>  <b>After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</b></p>	Have a/another child ..... 1 No more/prefer no children..... 2 Says she can't get pregnant..... 3 Undecided / Don't know ..... -88 No response ..... -99	Skip to 17b if 1 and 18 for all other
17a	<p><b>How long would you like to wait from now before the birth of a/another child?</b></p> <p><i>If you select months or years, you will enter a number for x on the next screen.</i></p>	<p>Months <input type="text"/></p> <p>Years <input type="text"/></p> Soon / now ..... 3 Other ..... 4 Says she can't get pregnant..... 5 Don't know..... -88 No response ..... -99	
17b	<p><b>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</b></p> <p><i>If you select months or years, you will enter a number for x on the next screen.</i></p>	<p>Months <input type="text"/></p> <p>Years <input type="text"/></p> Soon / now ..... 3 Says she can't get pregnant..... 4 Other ..... 5 Don't know..... -88 No response ..... -99	
	<p><b>CHECK 8:</b> Number of births</p> <p><b>CHECK 14:</b> Currently pregnant?</p>	<p>Number of births <input type="text"/></p> 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	<p><b>Now I would like to ask a question about your last live birth.</b></p> <p><b>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?</b></p>	Then ..... 1 Later ..... 2 Not at all ..... 3 No response ..... -99	
18b	<p><b>Now I would like to ask a question about your current pregnancy.</b></p> <p><b>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?</b></p>	Then ..... 1 Later ..... 2 Not at all ..... 3 No response ..... -99	

Female Questionnaire			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<b>Section 3 – Contraception</b>			
<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>			
<i>An image will appear on the screen for some methods. If the respondent says that she has not heard of the method or if she hesitates to answer, read the probe aloud and show her the image, if available.</i>			
19	<p><b>Have you ever heard of female sterilization?</b></p> <p>PROBE: Women can have an operation to avoid having any more children.</p> <p>[NO IMAGE]</p>	Yes..... 1 No ..... 0 No Response..... -99	
19	<p><b>Have you ever heard of male sterilization?</b></p> <p>PROBE: Men can have an operation to avoid having any more children.</p> <p>[NO IMAGE]</p>	Yes..... 1 No ..... 0 No Response..... -99	
19	<p><b>Have you ever heard of the contraceptive implant?</b></p> <p>PROBE: Women can have one or several small rods placed in their upper arm by a doctor or nurse, which can prevent pregnancy for one or more years.</p> <p>&lt;IMAGE OF METHOD WILL APPEAR ON SCREEN&gt;</p>	Yes..... 1 No ..... 0 No Response..... -99	
19	<p><b>Have you ever heard of the IUD?</b></p> <p>PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.</p> <p>&lt;IMAGE OF METHOD WILL APPEAR ON SCREEN&gt;</p>	Yes..... 1 No ..... 0 No Response..... -99	
19	<p><b>Have you ever heard of injectables?</b></p> <p>PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p> <p>&lt;IMAGE OF METHOD WILL APPEAR ON SCREEN&gt;</p>	Yes..... 1 No ..... 0 No Response..... -99	
19	<p><b>Have you ever heard of the (birth control) pill?</b></p> <p>PROBE: Women can take a pill every day to avoid becoming pregnant.</p> <p>&lt;IMAGE OF METHOD WILL APPEAR ON SCREEN&gt;</p>	Yes..... 1 No ..... 0 No Response..... -99	

**Female Questionnaire**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
19	<p><b>Have you ever heard of emergency contraception?</b></p> <p>PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within five days to prevent pregnancy.</p> <p>[NO IMAGE]</p>	<p>Yes..... 1</p> <p>No ..... 0</p> <p>No Response..... -99</p>	
19	<p><b>Have you ever heard of male condoms?</b></p> <p>PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p> <p>&lt;IMAGE OF METHOD WILL APPEAR ON SCREEN&gt;</p>	<p>Yes..... 1</p> <p>No ..... 0</p> <p>No Response..... -99</p>	
19	<p><b>Have you ever heard of female condoms?</b></p> <p>PROBE: Women can put a sheath in their vagina before sexual intercourse.</p> <p>&lt;IMAGE OF METHOD WILL APPEAR ON SCREEN&gt;</p>	<p>Yes..... 1</p> <p>No ..... 0</p> <p>No Response..... -99</p>	
19	<p><b>Have you ever heard of the diaphragm?</b></p> <p>PROBE: Women can place a thin flexible disk in their vagina before sexual intercourse.</p> <p>[IMAGE OF METHOD WILL APPEAR ON SCREEN]</p>	<p>Yes ..... 1</p> <p>No ..... 0</p> <p>No response.....-99</p>	
19	<p><b>Have you ever heard of foam or jelly as a contraceptive method?</b></p> <p>PROBE: Women can place a suppository, jelly, or cream in their vagina before sexual intercourse to prevent pregnancy.</p> <p>[IMAGE OF METHOD WILL APPEAR ON SCREEN]</p>	<p>Yes ..... 1</p> <p>No ..... 0</p> <p>No response.....-99</p>	
19	<p><b>Have you ever heard of the standard days method or Cycle Beads?</b></p> <p>PROBE: A Woman can use a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she and her partner use a condom or do not have sexual intercourse</p> <p>&lt;IMAGE OF METHOD WILL APPEAR ON SCREEN&gt;</p>	<p>Yes..... 1</p> <p>No ..... 0</p> <p>No Response..... -99</p>	
19	<p><b>Have you ever heard of the Lactational Amenorrhea Method or LAM?</b></p> <p>&lt;NO DESCRIPTION; NO IMAGE&gt;</p>	<p>Yes..... 1</p> <p>No ..... 0</p> <p>No Response..... -99</p>	



**Female Questionnaire**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
19	<p><b>Have you ever heard of the rhythm method?</b></p> <p>PROBE: Women can avoid pregnancy by not having sexual intercourse on the days of the month they think they can get pregnant.</p> <p>[NO IMAGE]</p>	Yes..... 1 No ..... 0 No Response..... -99	
19	<p><b>Have you ever heard of the withdrawal method?</b></p> <p>PROBE: Men can be careful and pull out before climax.</p> <p>[NO IMAGE]</p>	Yes..... 1 No ..... 0 No Response..... -99	
19	<p><b>Have you ever heard of any other ways or methods that women or men can use to avoid pregnancy?</b></p>	Yes..... 1 No ..... 0 No Response..... -99	
	<p><b>CHECK 14:</b> Currently pregnant?</p>	Yes ..... 1 No ..... 0	Skip to 23 if yes
20	<p><b>Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?</b></p>	Yes ..... 1 No ..... 0 No Response..... -99	Skip to 23 if not Yes
21	<p><b>Which method or methods are you using?</b></p> <p><b>Probe: Anything else?</b></p> <p><i>Select all methods mentioned. Be sure to scroll to bottom to see all choices.</i></p>	Female Sterilization ..... 1 Male Sterilization ..... 2 Implants ..... 3 IUD ..... 4 Injectables ..... 5 Pill ..... 7 Emergency Contraception ..... 8 Male Condom ..... 9 Female Condom ..... 10 Diaphragm ..... 11 Foam/Jelly ..... 12 Std. Days/Cycle beads ..... 13 LAM ..... 14 Rhythm method ..... 30 Withdrawal ..... 31 Other traditional Method ..... 39 No response ..... -99	Skip based on most effective method only  Skip to 27 if main method is not Male Sterilization or Female sterilization  If LAM selected go to 21b
21b	<p><b>Are you breastfeeding to delay or avoid becoming pregnant?</b></p>	Yes ..... 1 No ..... 0 No Response..... -99	Skip to 27 for all responses
22	<p><b>Did the provider tell you or your partner that this</b></p>	Yes ..... 1	Skip to

**Female Questionnaire**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<b>method was permanent?</b>	No ..... 0 No Response..... -99	27
23	<b>Do you know of a place where you can obtain a method of family planning?</b>	Yes ..... 1 No ..... 0 No Response..... -99	
	<b>CHECK 14:</b> Currently pregnant?	Yes ..... 1 No ..... 0	24a if no 24b if yes
24a	<b>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?</b>	Yes ..... 1 No ..... 0 No Response..... -99	
24b	<b>Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?</b>	Yes ..... 1 No ..... 0 No Response..... -99	
25	<b>In the last 12 months, have you ever done something or used a method to delay or avoid getting pregnant?</b>	Yes ..... 1 No ..... 0 No Response..... -99	Skip to 43 if No
26	<b>Which method did you use most recently?</b> <b>Probe: Anything else?</b> <i>Select most effective method (highest method on list). Scroll to bottom to see all choices.</i>	Implant ..... 3 IUD ..... 4 Injectables ..... 5 Pill..... 7 Emergency Contraception ..... 8 Male Condom ..... 9 Female Condom ..... 10 Diaphragm ..... 11 Foam/Jelly ..... 12 Std. Days/Cycle beads ..... 13 LAM ..... 14 Rhythm method ..... 30 Other traditional .....31	
27	<b>When did you begin using your [MOST RECENT / CURRENT METHOD]?</b> <i>Calculate backwards from memorable events if needed.</i> <b>Most Recent Birth: [mm-yyyy]</b> <b>Current Marriage: [mm-yyyy]</b>  <i>Must be at least the ages she started using a contraceptive method (FQ20).</i> <i>Must be before today. Respondent must be at least 10 years old.</i> <i>Enter Jan 2020 for no response.</i>	Month <input type="text"/> Year <input type="text"/>	
	<b>CHECK 22:</b> Currently using contraceptives?	Yes ..... 1 No ..... 0	Skip to 30 if Yes
28	<b>When did you stop using your [MOST RECENT METHOD]?</b>		

**Female Questionnaire**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p><i>Please record the date.</i></p> <p><i>The date should be found by calculating backwards from memorable events if needed. Must be after FQ29.</i></p> <p><i>Enter Jan 2020 for no response.</i></p>	<p align="right">Month <input type="text"/></p> <p align="right">Year <input type="text"/></p>	
29	<p><b>Why did you stop using your (MOST RECENT METHOD)?</b></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>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 / Menopausal ..... 13</p> <p>Interferes with body's processes ... 14</p> <p>Other ..... 15</p> <p>Don't know ..... -88</p> <p>No response ..... -99</p>	
30	<p><b>You first started using [CURRENT/MOST RECENT METHOD] in [DATE FROM FQ27]. Where did you get it at that time?</b></p> <p><i>Scroll to bottom to see all choices.</i></p>	<p><b>PUBLIC SECTOR:</b></p> <p>GOVT HOSPITAL ..... 11</p> <p>GOVT HEALTH CENTER ..... 12</p> <p>FAMILY PLANNING CLINIC ..... 13</p> <p>OUTREACH ..... 14</p> <p>FIELDWORK/VHT ..... 15</p> <p>OTHER PUBLIC ..... 16</p> <p><b>PRIVATE MEDICAL SECTOR:</b></p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>PHARMACY ..... 22</p> <p>PRIVATE DOCTOR ..... 23</p> <p>OUTREACH ..... 24</p> <p>FIELD WORKER/VHT ..... 25</p> <p>OTHER PRIVATE ..... 26</p> <p><b>OTHER SOURCE:</b></p> <p>SHOP ..... 31</p> <p>CHURCH ..... 32</p> <p>FRIEND/RELATIVE ..... 33</p> <p>OTHER ..... 96</p> <p>DON'T KNOW ..... -88</p> <p>NO RESPONSE ..... -99</p>	
31	<p><b>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?</b></p>	<p>Yes ..... 1</p> <p>No ..... 0</p> <p>No Response ..... -99</p>	Skip to 33 if No

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32	Were you told what to do if you experienced side effects or problems?	Yes ..... 1 No ..... 0 No Response..... -99	
33	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	
34	During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?	Yes ..... 1 No ..... 0 No Response..... -99	Skip to 36 if yes
35	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	
36	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	
	<b>CHECK 30:</b> Where did you obtain your [MOST RECENT / CURRENT METHOD]?	<b>PUBLIC SECTOR:</b> GOVT HOSPITAL ..... 11 GOVT HEALTH CENTER ..... 12 FAMILY PLANNING CLINIC ..... 13 OUTREACH ..... 14 FIELDWORK/VHT ..... 15 OTHER PUBLIC ..... 16  <b>PRIVATE MEDICAL SECTOR:</b> PRIVATE HOSPITAL/CLINIC ..... 21 PHARMACY ..... 22 PRIVATE DOCTOR ..... 23 OUTREACH ..... 24 FIELD WORKER/VHT ..... 25  <b>OTHER SOURCE:</b> SHOP ..... 31 CHURCH ..... 32 FRIEND/RELATIVE ..... 33 OTHER ..... 96 DON'T KNOW ..... -88 NO RESPONSE..... -99	Skip to 39B if 30 is 61 or 96
37	Would you return to this provider?  Provider: [Type of Provider from FQ30]	Yes ..... 1 No ..... 0 No Response..... -99	

**Female Questionnaire**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
38	<b>Would you refer your relative or friend to this provider / facility?</b>	Yes ..... 1 No ..... 0 No Response..... -99	
39	<b>Have you ever done anything or tried in any way to delay or avoid getting pregnant?</b>	Yes ..... 1 No ..... 0 No response ..... -99	Skip to 43 if No
39b	<b>How old were you when you first used a method to delay or avoid getting pregnant?</b>  <b>The respondent said she was [age from FQ1] years old at her last birthday.</b>  <i>Enter the age in years. Enter -88 if respondent does not know. Enter -99 if there is no response. Cannot be younger than 9.</i>	Age <input style="width: 100px; height: 20px;" type="text"/>	
39c	<b>How many living children did you have at that time, if any?</b>  <b>Note: the respondent said that she gave birth [number of live births] times in FQ8.</b>  <i>Enter -99 for no response</i>	Number <input style="width: 100px; height: 20px;" type="text"/>	
40	<b>Which method did you first use to delay or avoid getting pregnant?</b>  <i>Do not read the method choices. Be sure to scroll to bottom to see all choices.</i>	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 Diaphragm ..... 1 0 Foam/Jelly ..... 1 0 Std. Days/Cycle beads ... 1 0 LAM ..... 1 0 Rhythm method ..... 1 0 Withdrawal ..... -99 Other traditional Method	
41	<b>In the last 12 months, have you paid any fees for family planning services (including the most recent/current method)?</b>	Yes ..... 1 No ..... 0	Skip to 43 if No
42	<b>How much did you pay?</b>  <i>Enter all prices in Ugandan Shillings. Enter -88 if respondent does not know, -99 for no response.</i>	Fee: .....	
	<b>CHECK 16:</b> Desire for future child?  <b>CHECK 17:</b> 2 or more years before next child?	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	Ask 43 to non users (current) who do not want a /another child or

**Female Questionnaire**

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
	<b>CHECK 22:</b> Currently using contraceptive method?	Yes, using contraceptive .....	1		not before 2 yrs.
		No, not using contraceptive .....	0		
43	<p><b>You said that you do not want any / anymore children and that you are not using a method to avoid pregnancy.</b></p> <p><b>Can you tell me the reason why you are not using a method to prevent pregnancy?</b></p> <p><b>PROBE: Any other reason?</b></p> <p><i>RECORD ALL REASONS MENTIONED.</i></p> <p><i>Cannot select "Do Not Know" or "No response" with other options.</i></p> <p><i>Cannot select "Not married" if FQ3 is "Yes, currently married".</i></p> <p><i>Scroll to the bottom to see all choices.</i></p>	Not married.....	1		
		Infrequent sex / husband away .....	2		
		Menopausal/Hysterectomy .....	3		
		Subfecund / infecund.....	4		
		Not menstruated since last birth .....	5		
		Breastfeeding .....	6		
		Up to God / fatalistic .....	7		
		Respondent opposed .....	8		
		Husband / partner opposed .....	9		
		Others opposed .....	10		
		Religious prohibition .....	11		
		Knows no method.....	12		
		Knows no source .....	13		
		Fear of side effects .....	14		
		Health concerns .....	15		
		Lack of access / too far .....	16		
		Costs too much .....	17		
		Preferred method not available .....	18		
		No method available.....	19		
		Inconvenient to use .....	20		
		Interferes with body's processes ...	21		
		Other .....	22		
		Don't know.....	-88		
		No response .....	-99		
44	<b>In the last 12 months, were you visited by a community health worker who talked to you about family planning?</b>	Yes .....	1		Skip to 47 if no
		No.....	0		
45	<b>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</b> <i>For any health services</i>	Yes .....	1		Skip to 47 if no
		No.....	0		
		No response.....	-99		
46	<b>Did any staff member at the health facility speak to you about family planning methods?</b>	Yes .....	1		
		No.....	0		
47	<b>In the last few months have you:</b>				
	<b>Heard about family planning on the radio? .....</b>		<u>Yes</u>	<u>No</u>	
	<b>Seen anything about family planning on the television? .....</b>	.....	1	0	
	<b>Read about family planning in a newspaper or magazine? .....</b>	.....	1	0	
		.....	1	0	
	<b>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</b>				
48	<p><b>How old were you when you first had sexual intercourse?</b></p> <p><i>The respondent said she was [age from FQ1] years old at her last birthday.</i></p> <p><i>[She has had x live births.]</i></p> <p><i>Enter the age in years.</i></p> <p><i>Enter -77 if she never had sex.</i></p>	Age	<input type="text"/>		Skip to 50 if -77

Female Questionnaire				
NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
	<i>Enter -88 if respondent does not know. Enter -99 for no response.</i>			
	[If age at first sex <10 years:] <b>You have entered that the respondent was X years old when she first had sexual intercourse. Is this what she said?</b> <i>Go back and correct FQ48 if it is not correct.</i>	Yes ..... 1 No ..... 0		
49	<b>When was the last time you had sexual intercourse?</b> <i>If less than 12 months ago, answer must be recorded in months, weeks, or days. Enter 0 days for today. You will enter a number for X on the next screen.</i>	Days Ago <input type="text"/> Weeks Ago <input type="text"/> Months Ago <input type="text"/> Years Ago <input type="text"/>		
<b>Section 4 – Diarrheal Disease Among Children</b> <i>Now I would like to ask about your water practices.</i>				
50	<b>How many children under age 5, if any, live in this household for which you are the primary caregiver?</b>	Number <input type="text"/>		
	Starting with the youngest child, I'd like to ask you some questions. <b>ODK Will repeat the FQ51-FQ53 each child under age 5.</b>			
51	In what month and year was this child born? <b>ENTER JAN 2020 FOR NO RESPONSE.</b>	Month <input type="text"/> Year <input type="text"/>		
52	The last time this child passed stools, what was done to dispose of the stools? <b>FOR ALL FECES, NORMAL OR DIARRHEA.</b> Children use a latrine / toilet ..... Leave waste where it is ..... Bury waste in field / yard ..... Dispose of waste in latrine / toilet ..... Dispose of waste with rubbish / garbage ..... Dispose of waste with waste water ..... Use it as manure ..... Burn it ..... No response .....	<u>Yes</u> 1 1 1 1 1 1 1 1 -99	<u>No</u> 0 0 0 0 0 0 0	

Female Questionnaire			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
53	In the past 7 days, has this child had diarrhea?  <i>Diarrhea is determined as perceived by mother/ caretaker. If the respondent is not sure what we mean by diarrhea, tell her it means "three or more runny stools per day."</i>	Yes ..... 1 No ..... 0 No Response ..... -99	
<b>Thank the respondent for her time</b> <i>The respondent is finished, but there are still 2 more questions for you to complete outside the home.</i>			
<b>LOCATION</b>			
L	<b>Location</b> <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.</i>  <i>GPS coordinates can only be collected when outside.</i>	RECORD LOCATION	
<b>QUESTIONNAIRE RESULT</b>			
M	<b>How many times have you visited this household to interview this female respondent?</b>	1 <sup>st</sup> time ..... 1 2 <sup>nd</sup> time ..... 2 3 <sup>rd</sup> time ..... 3	
N	<b>Questionnaire result</b> <i>Record the result of the Female Questionnaire</i>	Completed ..... 1 Not at home ..... 2 Postponed ..... 3 Refused ..... 4 Partly completed ..... 5 Incapacitated ..... 6	