

STRENGTHENING EVIDENCE FOR PROGRAMMING ON UNINTENDED PREGNANCY (STEP UP)

DEVELOPING AND VALIDATING A MEASURE OF UNINTENDED PREGNANCY AND REASONS FOR CONTRACEPTIVE NON-USE

[NAME OF COUNTRY]
 [NAME OF SITE]

ROUND : Baseline
 VERSION : 01

IDENTIFICATION (1)														
VILLAGE/CLUSTER CODE _____														
NAME OF HOUSEHOLD HEAD _____														
ID OF ROOM WHERE HOUSEHOLD HEAD SLEEP (for Nairobi only)				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>										
HOUSEHOLD ID				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>										
RESPONDENT'S ID				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>										
NAME OF RESPONDENT _____														
STUDY ID				<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>										
INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY _____										
				MONTH _____										
INTERVIEWER'S CODE	<table border="1" style="width: 20px; height: 20px;"> <tr><td></td><td></td></tr> </table>			<table border="1" style="width: 20px; height: 20px;"> <tr><td></td><td></td></tr> </table>			<table border="1" style="width: 20px; height: 20px;"> <tr><td></td><td></td></tr> </table>			YEAR _____				
RESULT*	_____	_____	_____	INTERVIEWER'S CODE _____										
				RESULT* _____										
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS										
TIME	_____	_____		<table border="1" style="width: 20px; height: 20px;"> <tr><td></td></tr> </table>										
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 INELIGIBLE (2) 2 NOT AT HOME 5 PARTLY COMPLETED 8 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED														
LANGUAGE OF QUESTIONNAIRE** ENGLISH			LANGUAGE OF INTERVIEW** <table border="1" style="width: 20px; height: 20px;"> <tr><td></td><td></td></tr> </table>											
** LANGUAGE CODES: 01 ENGLISH 02 LANGUAGE 03 LANGUAGE														
3 RESPONDENT'S CONTACT DETAILS														
NAME: _____		PHONE NUMBER												
NAME: _____		PHONE NUMBER												
NAME: _____		PHONE NUMBER												
SUPERVISOR		FIELD EDITOR (3)		OFFICE EDITOR										
_____	<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>					_____	<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>					<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>		
NAME	NUMBER	NAME	NUMBER	NUMBER										
KEYED BY														
<table border="1" style="width: 40px; height: 20px;"> <tr><td></td><td></td></tr> </table>														
NUMBER														

(1) This section should be adapted for site-specific survey design.
 (2) Some sites may add extra response categories (e.g. moved away, household destroyed, husband/partner refused).
 (3) Field editor may be replaced by data manager if tablet or netbook is used for data collection.

SECTION 1. SCREENING QUESTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	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	
102	How old were you at your last birthday? COMPARE AND CORRECT 101 AND/OR 102 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
103	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	
104	CHECK : 102 BETWEEN 15 AND 39 YEARS OLD <input type="text"/> ↓	UNDER 15 OR <input type="text"/> 40 OR OVER → END	
105	CHECK : 103 CURRENTLY MARRIED OR <input type="text"/> LIVING WITH A MAN ↓ 201	NOT IN UNION <input type="text"/> → END	

* After Q105, ask for a written consent to eligible women.

SECTION 2. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
200	START TIME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
RESPONDENT'S BACKGROUND			
201	Have you ever attended school?	YES 1 NO 2	→ 204
202	What is the highest level of school you attended: primary, secondary, or higher?	SOME PRIMARY 1 COMPLETED PRIMARY 2 SOME SECONDARY 3 COMPLETED SECONDARY 4 MORE THAN SECONDARY 5	
203	What is the highest [GRADE/FORM/YEAR] you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] <input type="text"/> <input type="text"/>	
204	(ONLY FOR NAIROBI) Aside from your own housework, have you done any work in the last 4 weeks?	YES 1 NO 2	→ 206
205	Aside from your own housework, have you done any work in the last 6 months?	YES 1 NO 2	→ 207
206	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
207	What is your religion? NOTE: The response category may be adapted for each site. e.g. The 2014 Bangladesh DHS used ISLAM, HINDUISM, BUDDHISM, CHRISTIANITY, OTHER SPECIFY	ROMAN CATHOLIC 1 PROTESTANT/OTHER CHRISTIAN 2 MUSLIM 3 NO RELIGION 4 OTHER, SPECIFY 99	→ 209/ 210
208	How important is religion in your everyday life?	VERY IMPORTANT 1 SOMEWHAT IMPORTANT 2 NOT AT ALL IMPORTANT 3	
209	(KENYA ONLY) What is your ethnicity?		
210	How old were you the first time you started living with your (first) husband/partner as if married?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
211	Have you been married/lived with a man as if married only once or more than once?	ONCE 1 MORE THAN ONCE 2	→ 213
212	How old were you when you started living with the current husband/partner?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
HUSBAND'S/PARTNER'S BACKGROUND			
213	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
214	Did your (husband/partner) ever attend school?	YES 1 NO 2	217/ → 218
215	What was the highest level of school he attended: primary, secondary, or higher?	SOME PRIMARY 1 COMPLETED PRIMARY 2 SOME SECONDARY 3 COMPLETED SECONDARY 4 MORE THAN SECONDARY 5 DON'T KNOW 98	217/ → 218
216	What was the highest [GRADE/FORM/YEAR] he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	[GRADE/FORM/YEAR] <input type="text"/> <input type="text"/> DON'T KNOW 98	

SECTION 2. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
217	(ONLY FOR NAIROBI) Has your (husband/partner) done any work in the last 4 weeks?	YES 1 NO 2 DON'T KNOW 98	→ 219
218	Has your (husband/partner) done any work in the last 6 months?	YES 1 NO 2 DON'T KNOW 98	→ 220
219	What is/was your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	PROF., TECH., MANAG. 1 CLERICAL 2 SALES 3 AGRICULTURE SELF-EMPLOYED 4 AGRICULTURE EMPLOYEE 5 HOUSEHOLD, DOMESTIC 6 SERVICE 7 SKILLED MANUAL 8 UNSKILLED MANUAL 9 OTHER, SPECIFY 99	
220	Is your husband/partner currently away for work, visiting relatives, or some other reasons?	YES, AWAY 1 NO, LIVING WITH ME 2	→ 301
221	For how long has he been away? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.	DAYS 1 WEEKS 2 MONTHS 3 YEARS 4	→ 301
222	CHECK 221: 12 MONTHS (1 YEAR) OR LONGER <input type="checkbox"/> ↓ LESS THAN 12 MONTHS <input type="checkbox"/>		→ 301
223	Did he come home in the last 12 months? If YES, how many times did he come home? IF NO, RECORD 00	

SECTION 3. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
BIRTH HISTORY			
301	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 306
302	How many children have you given birth to in your whole life?	TOTAL BIRTHS <input type="text"/> <input type="text"/> NONE 00	→ 306
303	How many children are still alive?	TOTAL CHILDREN ALIVE <input type="text"/> <input type="text"/> NONE 00	→ 306
304	a) How many sons are alive? b) And how many daughters are alive? IF NONE, RECORD '00'.	a) SONS, ALIVE <input type="text"/> <input type="text"/> b) DAUGHTERS, ALIVE <input type="text"/> <input type="text"/>	
305	How old were you when you gave your first birth?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
CURRENT PREGNANCY (CURRENTLY PREGNANT WOMEN)			
306	Are you pregnant now?	YES 1 NO 2 UNSURE 98	→ 320
307	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
308	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 312
309	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE/NONE 2	→ 311
310	How much longer did you want to wait to get pregnant?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 98	
311	Right before you got pregnant, how important was it to you to avoid/delay the pregnancy? Would you say very important, somewhat important or not at all important?	VERY IMPORTANT 1 SOMEWHAT IMPORTANT 2 NOT AT ALL IMPORTANT 3	
312	Right before you got pregnant, were you doing something to avoid or delay the pregnancy?	YES 1 NO 2	→ 314
313	What were you doing? CIRCLE ALL METHODS RESPONDENT WAS USING.	IUD 1 IMPLANTS 2 INJECTABLES 3 PILL 4 CONDOM 5 FEMALE CONDOM 6 EMERGENCY CONTRACEPTION 7 LACTATIONAL AMENORRHEA METHOD 8 RHYTHM METHOD 9 WITHDRAWAL 10 OTHER MODERN METHOD 11 OTHER TRADITIONAL METHOD 12 DON'T KNOW/UNSURE 98 OTHER, SPECIFY 99	

SECTION 3. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
RECENT BIRTH (WOMEN WITH AT LEAST ONE LIVE BIRTH)			
320	CHECK 302: NUMBER OF TOTAL BIRTHS ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		→ 338
321	In what month and year did you last give birth?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
322	How old is the child at her/his last birthday? IF THE CHILD IS LESS THAN 1, RECODE 00. IF THE CHILD DIED, RECODE 99.	AGE IN COMPLETED YEAR <input type="text"/> <input type="text"/>	
323	When you got pregnant with the child, did you want to get pregnant at that time?	YES 1 NO 2	→ 327
324	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1 NO MORE/NONE 2	→ 326
325	How much longer did you want to wait until the next birth?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 98	
326	Right before you got pregnant with the last child, how important was it to you to avoid/delay the pregnancy? Would you say very important, somewhat important or not at all important?	VERY IMPORTANT 1 SOMEWHAT IMPORTANT 2 NOT AT ALL IMPORTANT 3	
327	Right before you got pregnant with the child, were you doing something to avoid or delay the pregnancy?	YES 1 NO 2	→ 329
328	What were you doing? CIRCLE ALL METHODS RESPONDENT WAS USING.	IUD 1 IMPLANTS 2 INJECTABLES 3 PILL 4 CONDOM 5 FEMALE CONDOM 6 EMERGENCY CONTRACEPTION 7 LACTATIONAL AMENORRHEA METHOD 8 RHYTHM METHOD 9 WITHDRAWAL 10 OTHER MODERN METHOD 11 OTHER TRADITIONAL METHOD 12 DON'T KNOW/UNSURE 98 OTHER, SPECIFY _____ 99	
329	When you found out you were pregnant, were you worried or not worried about telling your husband/partner?	WORRIED 1 NOT WORRIED 2 UNSURE 3	
330	When your parents were told about the pregnancy, were they pleased or not pleased?	PLEASED 1 NOT PLEASED 2 UNSURE 3 NO PARENT/NO CONTACT WITH PARENT(S) 4	

SECTION 3. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	When you found out you were pregnant, were you worried or not worried about how you could afford to raise your children properly with an extra child?	WORRIED 1 NOT WORRIED 2 UNSURE .. . 3 THIS IS THE FIRST CHILD 4	
332	When you found out you were pregnant, were you concerned or not concerned about the effect on your own health?	CONCERNED 1 NOT CONCERNED 2 UNSURE .. . 3	
333	CHECK 323: NOT WANTED AT THAT TIME <input type="checkbox"/> WANTED AT THAT TIME <input type="checkbox"/>		→ 334
334	When you found out you were pregnant, did you consider or not consider terminating the pregnancy?	CONSIDERED 1 NOT CONSIDERED 2	
POSTPARTUM SUSCEPTIBILITY			
335	CHECK 306: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓ PREGNANT <input type="checkbox"/>		→ 338
336	Has your menstrual period returned since the last birth?	YES 1 NO 2	
337	Have you had sexual intercourse since the last birth?	YES 1 NO 2	→ 340

SECTION 3. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
FREQUENCY OF SEX			
338	I would like to ask you about your recent sexual activity. How long ago did you last have sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.	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"/>	→ 340
339	How many times did you have sexual intercourse in the last 4 weeks? IF REFUSED, CODE 97	TOTAL <input type="text"/> <input type="text"/>	
KNOWLEDGE OF SAFE PERIOD (ALL WOMEN)			
340	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 98	→ 342
341	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 DON'T KNOW 98 OTHER _____ 99 (SPECIFY)	
342	After the birth of a child, what is the risk that a woman can become pregnant before her menstrual period has returned? Would you say no chance, low chance or high chance of becoming pregnant?	NO CHANCE 1 LOW CHANCE 2 HIGH CHANCE 3 DON'T KNOW 98	
IDEAL NUMBER OF CHILDREN (ALL WOMEN)			
343	CHECK 303: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? b) If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER _____ 99 (SPECIFY)	

SECTION 4. CONTRACEPTION

KNOWLEDGE, EVER USE AND CURRENT USE OF CONTRACEPTION

401	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about?</p> <p>CIRCLE CODE 1 IN 401a FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 401a, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED.</p> <p>THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 401a, ASK 401b. CIRCLE CODE 1 IF METHOD HAS EVER BEEN USED.</p> <p>THEN FOR EACH METHOD WITH CODE 1 CIRCLED IN 401b, ASK 401c</p>			
		401a Have you ever heard of (METHOD)?	401b Have you ever used (METHOD)?	401c Are you currently using (METHOD)?
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 → NO 2 ↓	YES 1 → NO 2 ↓ PREGNANT 3 ↓ NEXT METHOD ←	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 → NO 2 ↓	YES 1 → NO 2 ↓ NEXT METHOD ←	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for several years.	YES 1 → NO 2 ↓	YES 1 → NO 2 ↓ NEXT METHOD ←	YES 1] NO 2] PREGNANT 3] STERILIZED 4] NEXT METHOD ←
04	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 → NO 2 ↓	YES 1 → NO 2 ↓ NEXT METHOD ←	YES 1] NO 2] PREGNANT 3] STERILIZED 4] NEXT METHOD ←
05	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 → NO 2 ↓	YES 1 → NO 2 ↓ NEXT METHOD ←	YES 1] NO 2] PREGNANT 3] STERILIZED 4] NEXT METHOD ←
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 → NO 2 ↓	YES 1 → NO 2 ↓ NEXT METHOD ←	YES 1] NO 2] PREGNANT 3] STERILIZED 4] NEXT METHOD ←
07	Lactational Amenorrhea Method (LAM). PROBE: 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 ↓	YES 1 → NO 2 ↓ NEXT METHOD ←	YES 1] NO 2] PREGNANT 3] STERILIZED 4] NEXT METHOD ←

SECTION 4. CONTRACEPTION

		401a Have you ever heard of (METHOD)?	401b Haveyou ever used (METHOD)?	401c_1 Did you or your husband/partner use (METHOD) in the past 4 weeks?
08	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 → NO 2 ↘	YES 1 → NO 2 ↘ NEXT METHOD ←	YES 1 NO 2 PREGNANT 3 STERILIZED 4 NEXT METHOD ←
09	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 → NO 2 ↘	YES 1 → NO 2 ↘ NEXT METHOD ←	YES 1 NO 2 PREGNANT 3 STERILIZED 4 NEXT METHOD ←
10	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2 ↘	YES 1 → NO 2 ↘ NEXT METHOD ←	YES 1 NO 2 PREGNANT 3 STERILIZED 4 NEXT METHOD ←
11	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 → NO 2 ↘	YES 1 → NO 2 ↘ NEXT METHOD ←	YES 1 NO 2 PREGNANT 3 STERILIZED 4 NEXT METHOD ←
12	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 → NO 2 ↘	YES 1 → NO 2 ↘ NEXT METHOD ←	YES 1 NO 2 PREGNANT 3 STERILIZED 4 NEXT METHOD ←
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, SPECIFY 1 → _____ NO 2 ↘ (MOVE TO 402) ←	YES 1 → NO 2 ↘ (MOVE TO 402)	YES 1 NO 2 PREGNANT 3 STERILIZED 4 (MOVE TO 402) ←

SECTION 4. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
414	What would be your second preferred method?	FEMALE STERILIZATION 1 MALE STERILIZATION 2 IUD 3 IMPLANTS 4 INJECTABLES 5 PILL 6 CONDOM 7 FEMALE CONDOM 8 EMERGENCY CONTRACEPTION 9 LACTATIONAL AMENORRHEA METHOD 10 RHYTHM METHOD 11 WITHDRAWAL 12 OTHER MODERN METHOD 13 OTHER TRADITIONAL METHOD 14 DON'T KNOW/UNSURE 98	

SECTION 5. REASONS FOR NON-USE (GENERAL)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Do you oppose or support the use of methods or ways to avoid getting pregnant?	OPPOSE 1 SUPPORT 2 DON'T KNOW/UNSURE 98	
502	Does your husband/partner oppose or support the use by married couples of methods or ways to avoid getting pregnant?	OPPOSE 1 SUPPORT 2 DON'T KNOW/UNSURE 98	
503	Have you ever discussed methods or ways to avoid getting pregnant with your friends, neighbours or relatives?	YES 1 NO 2	
504	In your opinion, how many of your friends, neighbours or relatives oppose the use of methods or ways to avoid getting pregnant by married couples? Would you say most, about half, few or none?	MOST 1 ABOUT HALF 2 FEW 3 NONE 4 DON'T KNOW 98	
505 (1)	In your opinion, how many of your friends, neighbours or relatives have used methods or ways to avoid getting pregnant? Would you say most, about half, few or none?	MOST 1 ABOUT HALF 2 FEW 3 NONE 4 DON'T KNOW 98	
506	In your opinion, does your religion oppose or support that married couples use methods or ways to avoid getting pregnant?	OPPOSE 1 SUPPORT 2 NO RELIGION 3 DON'T KNOW/UNSURE 98	
507	<p>In choosing a method to use which of these features would be important to you?</p> <p>READ OUT EACH AND ASK,</p> <p>Would you say very important, somewhat important, or not at all important?</p>		
508	Very effective at preventing pregnancy	VERY IMPORTANT 3 SOMEWHAT IMPORTANT 2 NOT AT ALL IMPORTANT 1	
509	No risk of harming health	VERY IMPORTANT 3 SOMEWHAT IMPORTANT 2 NOT AT ALL IMPORTANT 1	
510	No effect on regular monthly bleeding	VERY IMPORTANT 3 SOMEWHAT IMPORTANT 2 NOT AT ALL IMPORTANT 1	
511	No unpleasant side effects	VERY IMPORTANT 3 SOMEWHAT IMPORTANT 2 NOT AT ALL IMPORTANT 1	
512	Easy to use	VERY IMPORTANT 3 SOMEWHAT IMPORTANT 2 NOT AT ALL IMPORTANT 1	
513	Can be used without anyone else knowing	VERY IMPORTANT 3 SOMEWHAT IMPORTANT 2 NOT AT ALL IMPORTANT 1	
514	Easy to obtain	VERY IMPORTANT 3 SOMEWHAT IMPORTANT 2 NOT AT ALL IMPORTANT 1	
515	Can be used for a long time without need for re-supply or re-visit to a clinic	VERY IMPORTANT 3 SOMEWHAT IMPORTANT 2 NOT AT ALL IMPORTANT 1	

SECTION 6. REASONS FOR NON-USE(METHOD SPECIFIC)

NO.	QUESTIONS AND FILTERS								
		a.Pills	b.Injectables	c.IUDs	d.Implants	e.Condoms	f.Female sterilization	g.Withdrawal	h.Rhythm method
Now I would like to ask you your opinion and experiences about different ways that a couple can use to delay or avoid getting pregnant.									
601	SEE 401a, 401b, 401c NOT HEARD OF (SKIP TO NEXT METHOD) ← 1 HEARD OF BUT NEVER USED 2 EVER USED BUT NOT CURRENTLY USING 3 CURRENTLY USING 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
602	Now I have some questions about method (METHOD). Do you know a place or person where you could get (METHOD), if you wanted to use it? YES..... 1 NO..... 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
603	All things considered, would it be easy or hard to get (METHOD), if you wished to use it? EASY 1 HARD 2 NOT SURE/DON'T KNOW 98	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
604	Have any of your friends, relatives neighbours tried (METHOD)? If YES, most about half or few? MOST 1 ABOUT HALF 2 FEW 3 NONE 4 DON'T KNOW 98 (SKIP TO 606) ←	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
605	In general, did she/they find (METHOD) satisfactory or unsatisfactory to use? SATISFACTORY 1 UNSATISFACTORY 2 MIXED 3 DON'T KNOW 98	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
606	In your opinion, is use of (METHOD) very effective at preventing pregnancy? YES 1 NO 2 DON'T KNOW 98	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
607	In your opinion is (METHOD) easy or hard to use? EASY 1 HARD 2 DON'T KNOW 98	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6. REASONS FOR NON-USE(METHOD SPECIFIC)

NO.	QUESTIONS AND FILTERS								
	a.Pills	b.Injectables	c.IUDs	d.Implants	e.Condoms	f.Female sterilization	g.Withdrawal	h.Rhythm method	
608	<p>In your opinion, is use of (METHOD) likely to cause health problems? IF YES, serious or not serious?</p> <p>YES, SERIOUS 1 YES, NOT SERIOUS 2 NO 3 DON'T KNOW 98</p>								
609	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
610	<p>In your opinion is use of (METHOD) likely to cause unpleasant side effects?</p> <p>YES 1 NO 2 DON'T KNOW 98</p>								
611	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
612	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
613	<p>If your husband/partner wanted to avoid pregnancy, would he approve or disapprove of using (METHOD)?</p> <p>APPROVE 1 DISAPPROVE 2 DISAPPROVE ALL METHODS 3 DON'T KNOW 98</p> <p>IF "DISAPPROVE ALL METHODS" WAS SELECTED FOR THE FIRST METHOD, SKIP THIS QUESTION FOR THE REST OF THE METHODS.</p>								

SECTION 6. REASONS FOR NON-USE(METHOD SPECIFIC)

NO.	QUESTIONS AND FILTERS	QUESTIONS AND FILTERS								
		a.Pills	b.Injectables	c.IUDs	d.Implants	e.Condoms	f.Female sterilization	g.Withdrawal	h.Rhythm method	
614	CHECK 601: EVER USED BUT NOT CURRENTLY USING 1 <input type="checkbox"/> (SKIP TO 615) ← CURRENTLY USING 2 <input type="checkbox"/> (SKIP TO 616) ← NEVER USED 3 <input type="checkbox"/> (SKIP TO NEXT METHOD) ←	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAST USE										
615	When did you last use the method - within the last 3 years or longer ago? WITHIN LAST 3 YEARS 1 <input type="checkbox"/> MORE THAN 3 YEARS AGO 2 <input type="checkbox"/> DON'T KNOW 98 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CURRENT AND PAST USE										
616	Does/did your husband/partner find (METHOD) an easy or difficult method to use? EASY 1 <input type="checkbox"/> DIFFICULT 2 <input type="checkbox"/> DON'T KNOW 98 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
617	Does/did your husband/partner know that you are/were using (METHOD)? YES 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> NO HUSBAND/PARTNER AT THAT TIME 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
618	All things considered, are/were you satisfied or unsatisfied with using (METHOD)? SATISFIED 1 <input type="checkbox"/> (SKIP TO NEXT METHOD) ← UNSATISFIED 2 <input type="checkbox"/> (MOVE TO 619) ← MIXED/NEITHER 3 <input type="checkbox"/> (SKIP TO NEXT METHOD) ←	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
619	Why are/were you unsatisfied? EXPERIENCED SIDE EFFECTS 1 <input type="checkbox"/> 1 <input type="checkbox"/> IRREGULAR MENSTRUAL CYCLE 2 <input type="checkbox"/> 2 <input type="checkbox"/> CONCERNED ABOUT HEALTH PROBLEMS 3 <input type="checkbox"/> 3 <input type="checkbox"/> GOT PREGNANT WHILE USING 4 <input type="checkbox"/> 4 <input type="checkbox"/> RESPONDENT OPPOSED 5 <input type="checkbox"/> 5 <input type="checkbox"/> HUSBAND DISLIKE 6 <input type="checkbox"/> 6 <input type="checkbox"/> OTHER OPPOSED 7 <input type="checkbox"/> 7 <input type="checkbox"/> LACK OF ACCESS/TOO FAR 8 <input type="checkbox"/> 8 <input type="checkbox"/> COST TOO MUCH 9 <input type="checkbox"/> 9 <input type="checkbox"/> STOCK-OUT 10 <input type="checkbox"/> 10 <input type="checkbox"/> NOT EASY TO USE 11 <input type="checkbox"/> 11 <input type="checkbox"/> OTHER, SPECIFY 99 <input type="checkbox"/> 99 <input type="checkbox"/> CIRCLE ALL THE REASONS MENTIONED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 7. FERTILITY INTENTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
701	CHECK 403: NEITHER <input type="checkbox"/> STERILIZED ↓	HE OR SHE <input type="checkbox"/> STERILIZED → 736					
702	CHECK 306: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> → 723					
FUTURE FERTILITY PREFERENCE (NON PREGNANT WOMEN)							
703	How important is it to you to avoid becoming pregnant now? Would you say very important, somewhat important, or not at all important?	VERY IMPORTANT 1 SOMEWHAT IMPORTANT 2 NOT AT ALL IMPORTANT 3					
704	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 CANNOT GET PREGNANT 3 UNDECIDED/DON'T KNOW 98	→ 736 → 710				
705	How certain are you about whether or not you want a child in the future?	VERY CERTAIN 1 SOMEWHAT CERTAIN 2 UNCERTAIN/UNSURE 98					
706	How likely is it that you might change your mind regarding whether you want another child or not?	VERY LIKELY 1 SOMEWHAT LIKELY 2 VERY UNLIKELY 3 DON'T KNOW/UNSURE 98					
707	CHECK 704: WANT <input type="checkbox"/> A/ANOTHER CHILD ↓	WANT <input type="checkbox"/> NO MORE CHILD → 710					
708	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 <table border="1" data-bbox="1169 1160 1294 1256"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> YEARS 2 SOON/NOW 93 OTHER 96 (SPECIFY) _____ DON'T KNOW 98					→ 710
709	How likely is it that you might change your mind regarding timing of having another child?	VERY LIKELY 1 SOMEWHAT LIKELY 2 VERY UNLIKELY 3 DON'T KNOW/UNSURE 98					

SECTION 7. FERTILITY INTENTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
710	If you became pregnant in the next few weeks, would you be worried or not worried about telling your husband/partner?	WORRIED 1 NOT WORRIED 2 UNSURE 3	
711	If you became pregnant in the next few weeks, would your parents be pleased or not pleased?	PLEASED 1 NOT PLEASED 2 UNSURE 3 NO PARENT/NO CONTACT WITH PARENT(S) .. 4	
712	If you became pregnant in the next few weeks, would you be worried or not worried about how you could afford to raise your children properly with an extra child.	WORRIED 1 NOT WORRIED 2 UNSURE 3 THIS WOULD BE THE FIRST CHILD 4	
713	If you became pregnant in the next few weeks, would you be concerned or not concerned about the effect on your own health?	CONCERNED 1 NOT CONCERNED 2 UNSURE 3	
714	CHECK 707: WANT A(NOTHER) CHILD <input type="checkbox"/> WANT NO MORE CHILD <input type="checkbox"/>		→ 716
715	CHECK 708: ALL OTHER RESPONSES <input type="checkbox"/> WANT SOON <input type="checkbox"/>		→ 717
716	If you became pregnant in the next few months, would you consider or not consider terminating the pregnancy?	CONSIDER 1 NOT CONSIDER 2 UNSURE 3	
HUSBAND'S FERTILITY DESIRE			
717	In the last 12 months has your husband/partner discussed with you his wishes for a(nother) child?	YES 1 NO 2	
718	How important is it to him to avoid you becoming pregnant now? Would you say very important, somewhat important, or not at all important?	VERY IMPORTANT 1 SOMEWHAT IMPORTANT 2 NOT AT ALL IMPORTANT 3 DON'T KNOW 98	
719	Does your husband/partner want any (more) children with you?	YES 1 NO 2 UNDECIDED 3 DON'T KNOW 98	→ 734
720	How likely is it that your husband/partner might change his mind regarding whether he want another child or not?	VERY LIKELY 1 SOMEWHAT LIKELY 2 VERY UNLIKELY 3 DON'T KNOW/UNSURE 98	
721	CHECK 719 HUSBAND/PARTNER WANTS A/ANOTHER CHILD <input type="checkbox"/> HUSBAND/PARTNER WANTS NO MORE CHILD OR UNDECIDED <input type="checkbox"/>		→ 734
722	How long would he like to wait from now before the birth of (a/another) child?	MONTHS 1 YEARS 2 SOON/NOW 93 DON'T KNOW 98 OTHER (SPECIFY) 99	→ 734

SECTION 7. FERTILITY INTENTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
FUTURE FERTILITY PREFERENCE (PREGNANT WOMEN)											
723	Now I have some questions about the future. After the birth of the child you are expecting now, 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 UNDECIDED/DON'T KNOW 98	→ 729								
724	How certain are you about your preferences?	VERY CERTAIN 1 CERTAIN 2 UNCERTAIN/UNSURE 8									
725	How likely is it that you might change your mind regarding whether you want another child or not?	VERY LIKELY 1 SOMEWHAT LIKELY 2 VERY UNLIKELY 3 DON'T KNOW/UNSURE 98									
726	CHECK 723 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>WANT A/ANOTHER CHILD</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>WANT NO MORE CHILD OR UNDECIDED/DON'T KNOW</p> <input type="checkbox"/> </div> </div>		→ 729								
727	After the birth of the child you are expecting now, how long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS 2 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 98 OTHER _____ 99 (SPECIFY)									
728	How likely is it that you might change your mind regarding timing of having another child?	VERY LIKELY 1 SOMEWHAT LIKELY 2 VERY UNLIKELY 3 DON'T KNOW/UNSURE 8									
HUSBAND'S FERTILITY DESIRE (PREGNANT WOMEN)											
729	In the last 12 months has your husband/partner discussed with you his wishes for a(nother) child after the birth of the child you are expecting now?	YES 1 NO 2									
730	After the birth of the child you are expecting now, does your husband/partner want any (more) children with you?	YES 1 NO 2 UNDECIDED 3 DON'T KNOW 98	→ 735								
731	How likely is it that your husband/partner might change his mind regarding whether he want another child or not?	VERY LIKELY 1 SOMEWHAT LIKELY 2 VERY UNLIKELY 3 DON'T KNOW/UNSURE 98									
732	CHECK 730: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>HUSBAND/PARTNER WANTS A/ANOTHER CHILD</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>HUSBAND/PARTNER WANTS NO MORE CHILD OR UNDECIDED/DON'T KNOW</p> <input type="checkbox"/> </div> </div>		→ 735								
733	After the birth of the child you are expecting now, how long would he like to wait before the birth of another child?	MONTHS 1 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS 2 <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 98 OTHER _____ 99 (SPECIFY)									→ 735

SECTION 7. FERTILITY INTENTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
PERCEIVED INFECUNDITY			
734	As far as you know, is it possible for you and your husband/partner to have another child at some point in the future if you wanted? If NO, probably no, definitely no, uncertain/don't know?	YES 1 PROBABLY NO 2 DEFINITELY NO 3 UNCERTAIN/DON'T KNOW 98	→ 736
735	If you wanted a baby, do you think you get pregnant quickly or take some time?	QUICKLY 1 TAKE SOME TIME 2 DON'T KNOW 98	
736	HOMA-BAY ONLY Do you think you are at high, medium or low risk of getting HIV?	HIGH RISK 1 MEDIUM RISK 2 LOW RISK 3	
737	HOMA-BAY ONLY In the last 12 months, have you been tested for HIV and received the result?	YES, TESTED AND RECEIVED THE RESULT 1 NO 2 NEVER TESTED 3	
738	END TIME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

INTERVIEWER'S AND SUPERVISOR'S OBSERVATIONS
