

MALAWI BEHAVIOURAL BIASES STUDY

BASELINE SURVEY

Survey ID Generation

1. Field Manager ID Number
2. Enumerator Identification Number (Enter 01-10):
3. Survey Wave (Enter 1-3):
4. District (Enter 1 for Lilongwe):
5. Area Code (2 digits):
6. Sector Code (2 digits):
7. Cluster Number (2 digits):
8. Household ID Number - 2 digits describing the number of the household that the enumerator is completing for that particular day. For example, if the household is the fifth being interviewed by that particular enumerator that day, the household ID number is '05'.

The **survey ID number** is a 13-digit number that is created by joining the 8 numerical responses recorded above in order, from response 1 to response 8. An example of a complete respondent ID number is given below.

Example: For the 13th household that is interviewed by Enumerator 04 in Field Manager 1's team for the baseline survey (Wave 1) in Lilongwe (District 1) Area 47 (code 47), Sector 6 (code 06), Cluster 12, the **survey ID number** will be created as:

1	0	4	1	1	4	7	0	6	1	2	1	3
---	---	---	---	---	---	---	---	---	---	---	---	---

SURVEY ID NUMBER:

Enter assigned number above and in the Interviewer Log Book.

PROCEED TO WOMAN RECRUITMENT SCRIPT – PAGE 2

WOMAN Recruitment Script – FIRST VISIT (Verbal, In Person)

INTRODUCTION

Hello. My name is _____ and I am from Innovations for Poverty Action (IPA) Malawi based in Lilongwe. I would like to invite you to participate in a study in which we are trying to understand use of family planning and reproductive health services in Lilongwe, Malawi. We are interested in trying to understand some of the issues that married women face concerning family planning, maternal and child health, and childbearing. We are also collecting information about households. You may participate if:

- you are a married woman;
- you are between the ages of 18 to 35;
- you live in Lilongwe;
- you are neither pregnant now nor have given birth within the past 6 months;
- you have neither been sterilized nor had a hysterectomy;
- you have given birth to at least one child (one live birth) in your lifetime;
- you live with your husband

If you do not meet all of the requirements that I mentioned, please tell me now. (GO TO QUESTION 1)

DETERMINING ELIGIBILITY

No.	Question	Response	Skip Rules
1	Do you meet all of these requirements?	YES NO	IF NO, GO TO 2A IF YES, GO TO 2B
2A	Thank you. Are there any other women who live in this household?	YES NO	IF NO, GO TO END IF YES, GO TO 3
2B	Thank you. Are there any other women who live in this household?	YES NO	IF NO, GO TO PURPOSE . IF YES, GO TO 3.
3	With your permission, I would meet them to see if they are eligible for this study. MEET OTHER WOMEN IN THE HOUSEHOLD. REPEAT INTRODUCTION TO EACH WOMAN. IDENTIFY THE YOUNGEST ELIGIBLE WOMAN IN THE HOUSEHOLD.	YES NO	IF YOUNGEST ELIGIBLE WOMAN IS IDENTIFIED, GO TO PURPOSE . IF NO ELIGIBLE WOMAN IS IDENTIFIED, GO TO END
END	Thank you for your time. I hope that you have a good day.		END VISIT.

PURPOSE

(TALK TO THE YOUNGEST ELIGIBLE WOMAN IN THE HOUSEHOLD)

NAME OF YOUNGEST ELIGIBLE WOMAN: _____

We want to talk to women like you who live in Lilongwe so that we can identify the best ways to help our community access family planning. We feel that perspectives from people like you can help to inform the Ministry of Health's approach to identifying potential barriers to use of family planning services so that we can then improve those services.

If you decide to participate, you will be asked to participate in two individual surveys over a two-month period. The first survey will take approximately 75 minutes respectively, and the second survey will take 20 minutes. In each survey, you will be asked several questions. Some of them will be about marriage, family planning, pregnancy, and your children. Others will be about education and employment. If you agree, you will participate in the first survey today, and we will return after two months to conduct the second survey with you. By returning after some time, we can learn more about how life changes for Malawian families.

I do not anticipate any physical risks to participating. Your responses to survey questions will be kept confidential, and at no time will your actual identity be revealed. Your participation may help to inform the community of the local family planning environment and may also help to improve access to family planning services in Lilongwe. The data you give me will be used for academic publications and may be used as the basis for articles or presentations in the future. That said, we won't use your name or information that would identify you in any publications or presentations. (GO TO QUESTION 5)

No.	Question	Response	Skip Rules
5	If you would like to participate in this study, please let me know now.	YES NO	IF NO, GO TO END IF YES, GO TO 6
6	Thank you for your participation. Is now a good time to begin the first survey?	YES NO	IF NO, GO TO END IF YES, GO TO CONTACT
END	Thank you for your time. I hope that you have a good day.		END VISIT.

CONTACT

Thank you. I will begin the survey shortly. Do you have any questions now? If you have questions later, you can contact one of the researchers, Mr. Patrick Baxter, at:

Mr. Patrick Baxter
 Innovations for Poverty Action (IPA) Malawi
 E-mail: pbaxter@poverty-action.org
 Telephone: +265 1762424
 Availability: Monday to Friday, 9 AM to 5 PM

Thank you for your time.

DATE: _____

PROCEED TO WOMAN CONSENT FORM – APPENDIX G1

Protocol Title: The Malawi Behavioral Biases Study 2019, Wave I
Principal Investigator: Mahesh Karra, Sc.D.
Description of Study Population: Married women aged 18-35, living in Lilongwe, are neither currently pregnant nor have given birth within past 6 months, and living with husband
Version Date: April 15, 2019

Malawi Behavioral Biases Study (MBBS) 2019 Field Research Informed Consent Form

Study Summary

The purpose of this research study is: 1) to understand use of family planning and reproductive health services among married women in Lilongwe, Malawi; 2) to learn about issues concerning family planning, maternal and child health, and childbearing; 3) to investigate how women make decisions in health, family planning, and childbearing; and 4) to understand the role of men in women's reproductive health decision-making.

Participants who take part in this study will participate in this study for five (5) months, from June 2019 to October 2019. During this time, participants will receive up to two (2) study visits to their homes by the MBBS field team.

Participants taking part in this study will receive a survey will ask about their marriage, pregnancy status, fertility preferences, and views on family planning, maternal and child health, and reproductive health. Participants will then receive a second survey after two months at a local clinic, by phone, or at the participant's home.

The risks of taking part in this research study are a potential loss of privacy. We will protect your privacy by labeling your information with a code and keeping the key to the code in a locked cabinet. If you are interested in learning more about this study, please read the rest of this form.

About this consent form

Please read this form carefully. This form provides important information about participating in research. You have the right to take your time in making decisions about participating in this research. You may discuss your decision with your family, your friends and/or your doctor. If you have any questions about the research or any portion of this form, please ask us. If you decide to participate in this research, you will be asked to sign this form. A copy of the signed form will be provided to you for your record.

Participation is voluntary

You are invited to take part in this research because:

- you are a married woman;
- you are between the ages of 18 to 35;
- you live in Lilongwe;
- you are neither pregnant now nor have you given birth within the past 6 months;
- you have neither been sterilized nor had a hysterectomy;
- you have given birth to at least one child (one live birth) in your lifetime;
- you live with your husband

It is your choice whether or not to participate. If you choose to participate, you may change your mind and leave the study at any time. Refusal to participate or stopping your participation will involve no penalty.

What is the purpose of this research?

The purpose of this research is:

1. To understand use of family planning and reproductive health services among married women in Lilongwe, Malawi.
2. To learn about issues concerning family planning, maternal and child health, and childbearing.
3. To investigate how women make decisions in health, family planning, and childbearing
4. To understand the role of men in women's reproductive health decision-making.

How many people will take part in this research?

About 700 women from Lilongwe will take part in this research.

How long will I take part in this research?

It will take about five (5) months to complete the entire study. During this time, you will be asked to participate in two (2) individual surveys.

What can I expect if I take part in this research?

As a participant, you will be asked to participate in two (2) individual surveys over a five-month period. The first survey will take approximately 75 minutes, and the second survey will be conducted in two months and will take about 20 minutes. In each survey, you will be asked several questions. Some of them will be about marriage, family planning, pregnancy, and your children. Others will be about education and employment. Finally, we will also collect information that will help us to contact you for future interviews. This information includes: your household address and location, your mobile phone number, and the contact information of two people whom you know and who do not live in your household, but would know how to reach you. With your permission, we would also like to take your photo, which will help us to identify and contact you in the future.

If you agree, you will participate in the first survey today, and we will return after two months to conduct the follow-up survey with you. By returning after some time, we can learn more about how life changes for Malawian families. The information that we gather from you and from other community members will help us better understand key issues in women's health in Malawi. You may choose, without any penalty, to skip any questions, to discontinue the survey at any time, or to exclude use of your responses.

What are the risks and possible discomforts?

I do not anticipate any major physical risks to participating. However, some of the questions may cause discomfort or embarrassment. The main risk of allowing us to use and store your information for research is a potential loss of privacy. We will protect your privacy by labeling your information with a code and keeping the key to the code in a locked cabinet.

Are there any benefits from being in this research study?

There are no direct benefits from participating in this study. However, this is a chance for you to share your thoughts and experiences regarding marriage, children, fertility, and family planning. Your participation will help to inform the community of the local family planning environment and may also help to improve access to family planning services in Lilongwe. You may also be eligible to receive additional health information and/or services that are available in Lilongwe.

Will I be paid to participate in this study?

All eligible participants will receive a small token of appreciation (three bars of soap) for taking part in our study.

Can my taking part in the research end early?

You may decide not to continue in the study at any time without it being held against you. You may withdraw by informing me that you no longer wish to participate (no questions will be asked). You may also skip any question during the survey, but continue to participate in the rest of the study. The person in charge of the research can also remove you from the research at any time without your approval for any reason. If you decide to leave the study, please contact the investigator.

Use of Your Study Information

We may use your **study information** for future research studies **and/or may send** your study information to other research collaborators. If we do this, we will remove identifiers such as your name. We will label all of your study information with a code. Nobody outside of this study will know which study information is yours.

If I take part in this research, how will my privacy be protected? What happens to the information you collect?

Your responses to survey questions will be kept confidential. At no time will your actual identity be revealed. You will be assigned a random numerical code. Anyone who helps me with this research will only know you by this code. The key code linking your name with your number will be kept in a locked file cabinet in a locked office in the United States, and no one else will have access to it. It will be destroyed as soon as I have finished analyzing your responses to my questions. The data you give me will be used for academic articles that are currently being written and may be used as the basis for articles or presentations in the future. We won't use your name or information that would identify you in any publications or presentations. Your name and other identifying information will always be kept anonymous. Data collected, including your identifiable information, may be seen by the Boston University Institutional Review Board (IRB) that oversees the research.

If I have any questions, concerns or complaints about this research study, who can I talk to?

If you have questions or concerns about this research, please contact **Mr. Patrick Baxter**, who is locally in charge of this study.

Mr. Patrick Baxter
Innovations for Poverty Action (IPA) Malawi
E-mail: pbaxter@poverty-action.org
Telephone: +265 1762424
Availability: Monday to Friday, 9 AM to 5 PM

Please contact Mr. Baxter:

- If you have questions, concerns, or complaints,
- If you would like to talk to the research team,
- If you think the research has hurt you, or
- If you wish to withdraw from the study.

The Local Investigator of this study is **Dr. Bagrey Ngwira**. He can be reached at:

Innovations for Poverty Action (IPA) Malawi
E-mail: bagreyngwira@gmail.com
Telephone: +265 999554003, +265 888554003
Availability: Monday to Friday, 9 AM to 5 PM

This research has been reviewed by the Malawi National Health Sciences Research Committee (NHSRC) and by the Boston University International Review Board. If you wish to speak with someone from the IRB, please contact the Charles River IRB Office at 617-358-6115 or 25 Buick St, Room 157, Boston, MA for any of the following:

- If your questions, concerns, or complaints are not being answered by the research team,
- If you cannot reach the research team,
- If you want to talk to someone besides the research team,
- If you have questions about your rights as a research participant, or
- If you want to get information or provide input about this research.

You may also contact the Malawi NHSRC at Ministry of Health, P.O. Box 30377, Lilongwe 3, Malawi, by phone at +265 1 726 422/418, or by e-mail at mohdoccentre@gmail.com.

Statement of Consent

I have read the information in this consent form including risks and possible benefits. All my questions about the research have been answered to my satisfaction. I understand that I am free to withdraw at any time without penalty or loss of benefits to which I am otherwise entitled.

I consent to participate in the study.

SIGNATURE

Your signature below indicates your permission to take part in this research

Name of participant

Signature of participant

Date

Signature of person obtaining consent

Date

Printed name of person obtaining consent

QUANTITATIVE SURVEY
BASELINE QUESTIONNAIRE
MALAWI BEHAVIORAL BIASES STUDY - WAVE I, 2019
BOSTON UNIVERSITY, IPA MALAWI

DATE _____

IDENTIFICATION (1)

NAME AND NO. OF THE DISTRICT _____

AREA

SECTOR

CLUSTER NUMBER

HOUSEHOLD ID NUMBER

HOUSEHOLD ADDRESS _____

DESCRIPTION OF HOUSE/
LANDMARKS _____

NAME OF HOUSEHOLD HEAD _____

PRIMARY PHONE NO. OF HH HEAD _____

NAME AND LINE NUMBER OF RESPONDENT _____

PRIMARY PHONE NO. OF RESPONDENT _____

ALTERNATE PHONE NO. OF RESPONDENT _____

E-MAIL OF RESPONDENT _____

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GPS COORDINATES	LATITUDE	N/S <input type="text"/>	D D <input type="text"/> <input type="text"/>	X X <input type="text"/> <input type="text"/>	X X X <input type="text"/> <input type="text"/> <input type="text"/>
	LONGITUDE	E/W <input type="text"/>	D D <input type="text"/> <input type="text"/>	X X <input type="text"/> <input type="text"/>	X X X <input type="text"/> <input type="text"/> <input type="text"/>

INTERVIEWER VISITS						
	1	2	3	FINAL VISIT		
DATE	<u> D D M M Y Y Y Y </u>	<u> </u>	<u> </u>	DAY	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
				MONTH	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
				YEAR	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
INTERVIEWER'S NAME	<u> </u>	<u> </u>	<u> </u>	INT. NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
RESULT*	<u> </u>	<u> </u>	<u> </u>	RESULT	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	
NEXT VISIT: DATE	<u> </u>	<u> </u>		TOTAL NUMBER OF VISITS	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	
TIME	<u> </u>	<u> </u>				
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 MOVED TO ANOTHER VILLAGE/TOWN/DISTRICT A MOVED TO NEIGHBORING COUNTRY B SHIFTED TO UNKNOWN LOCATION C TRANSFERRED DUE TO WORK/EDUCATION D OTHER _____ <div style="text-align: center;">(SPECIFY)</div>					TOTAL PERSONS IN HOUSEHOLD <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	
FIELD MANAGER		INTERVIEWER		OFFICE EDITOR	KEYED BY	
NAME _____ <div style="border: 1px solid black; width: 20px; height: 20px;"></div>		NAME _____ <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	

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INTRODUCTION

In this section, I would like to ask you some questions about your household. The questions in this section usually take about 10 to 15 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has been given to your household.

PRESENT CARD WITH CONTACT INFORMATION TO REMIND RESPONDENT

Do you have any questions?
May I begin the interview now?

HOUSEHOLD ROSTER WITH NUMBER OF MEMBERS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	I would like to start by asking you about the number of members in your household.	<input type="text"/> <input type="text"/>	
H1	How many usually live in your household (excluding guests)? RECORD NUMBER. IF OTHER, RECORD 96. IF DK, RECORD 88. IF REFUSED, RECORD 99.	<input type="text"/> <input type="text"/>	
H2	How many people were guests of the household who stayed here last night? RECORD NUMBER. IF OTHER, RECORD 96. IF DK, RECORD 88. IF REFUSED, RECORD 99.	<input type="text"/> <input type="text"/>	
H2A	HOUSEHOLD CONFIRMATION: THERE ARE H1 + H2 HOUSEHOLD MEMBERS IN THE HOUSEHOLD. IS THAT CORRECT? PLEASE CONFIRM THE NUMBER OF HOUSEHOLD MEMBERS. AFTER THIS POINT THERE IS NO GOING BACK!	YES 1 NO 2	→ GO BACK
H3	How many men over the age of 18 live in your household? RECORD NUMBER. IF OTHER, RECORD 96. IF DK, RECORD 88. IF REFUSED, RECORD 99.	<input type="text"/> <input type="text"/>	
H4	How many women over the age of 18 live in your household? RECORD NUMBER. IF OTHER, RECORD 96. IF DK, RECORD 88. IF REFUSED, RECORD 99.	<input type="text"/> <input type="text"/>	
H5	How many male children under the age of 5 live in your household? RECORD NUMBER. IF OTHER, RECORD 96. IF DK, RECORD 88. IF REFUSED, RECORD 99.	<input type="text"/> <input type="text"/>	
H6	How many female children under the age of 5 live in your household? RECORD NUMBER. IF OTHER, RECORD 96. IF DK, RECORD 88. IF REFUSED, RECORD 99.	<input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
H5	How many male children from the ages of 6-17 live in your household? RECORD NUMBER. IF OTHER, RECORD 96. IF DK, RECORD 88. IF REFUSED, RECORD 99.	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
H6	How many female children from the ages of 6-17 live in your household? RECORD NUMBER. IF OTHER, RECORD 96. IF DK, RECORD 88. IF REFUSED, RECORD 99.	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 10px;"></div> <div style="border: 1px solid black; width: 20px; height: 10px;"></div> </div>	

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				5	6		8	9	10	11
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old was (NAME) at his/her last birthday? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF THE ELIGIBLE WOMAN	CIRCLE LINE NUMBER OF THE RESPONDENT	CIRCLE LINE NUMBER OF ALL THE ELIGIBLE WOMAN'S CHILDREN BETWEEN AGE 0-5
HHH		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	HHH	HHH	HHH
EW		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	EW	EW	EW
HUSB		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	HUSB	HUSB	HUSB

TICK HERE IF CONTINUATION SHEET USED

☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

2A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed?

YES ☐ ADD TO TABLE NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

YES ☐ ADD TO TABLE NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES ☐ ADD TO TABLE NO ☐

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW

08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGISTRATION
	16	17	18	19	20
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the (2016-2017) (2) school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
HHH	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
EW	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
HUSB	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	GRADE
1 = PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
2 = SECONDARY	(USE '00' FOR Q. 17 ONLY.
3 = HIGHER	THIS CODE IS NOT ALLOWED
6 = PRE-PRIMARY	FOR Q. 19)
8 = DON'T KNOW	98 = DON'T KNOW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
102	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																		
110	Does your household have: (4) Electricity? Koloboyi? A paraffin lamp other than a koloboyi? A radio? A television? A cellular phone? A telephone (landline)? A bed with mattress? A sofa set? A refrigerator? A dinner table? Chairs? A cabinet/cupboard? A stove? A washing machine? A fan/air conditioner? A generator? A computer? A VCR? A CD/cassette player? A camera? [ADD ADDITIONAL ITEMS. SEE FOOTNOTE 4.]	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>ELECTRICITY</td><td>1</td><td>2</td></tr><tr><td>KOLOBOYI</td><td>1</td><td>2</td></tr><tr><td>PARAFFIN LAMP</td><td>1</td><td>2</td></tr><tr><td>RADIO</td><td>1</td><td>2</td></tr><tr><td>TELEVISION</td><td>1</td><td>2</td></tr><tr><td>CELL PHONE</td><td>1</td><td>2</td></tr><tr><td>TELEPHONE (LANDLINE) ...</td><td>1</td><td>2</td></tr><tr><td>BED WITH MATTRESS</td><td>1</td><td>2</td></tr><tr><td>SOFA SET</td><td>1</td><td>2</td></tr><tr><td>REFRIGERATOR</td><td>1</td><td>2</td></tr><tr><td>DINNER TABLE</td><td>1</td><td>2</td></tr><tr><td>CHAIRS</td><td>1</td><td>2</td></tr><tr><td>CABINET/CUPBOARD.....</td><td>1</td><td>2</td></tr><tr><td>STOVE</td><td>1</td><td>2</td></tr><tr><td>WASHING MACHINE</td><td>1</td><td>2</td></tr><tr><td>FAN/AIR CONDITIONER</td><td>1</td><td>2</td></tr><tr><td>GENERATOR</td><td>1</td><td>2</td></tr><tr><td>COMPUTER.....</td><td>1</td><td>2</td></tr><tr><td>VCR</td><td>1</td><td>2</td></tr><tr><td>CD/CASSETTE PLAYER.....</td><td>1</td><td>2</td></tr><tr><td>CAMERA</td><td>1</td><td>2</td></tr></tbody></table>		YES	NO	ELECTRICITY	1	2	KOLOBOYI	1	2	PARAFFIN LAMP	1	2	RADIO	1	2	TELEVISION	1	2	CELL PHONE	1	2	TELEPHONE (LANDLINE) ...	1	2	BED WITH MATTRESS	1	2	SOFA SET	1	2	REFRIGERATOR	1	2	DINNER TABLE	1	2	CHAIRS	1	2	CABINET/CUPBOARD.....	1	2	STOVE	1	2	WASHING MACHINE	1	2	FAN/AIR CONDITIONER	1	2	GENERATOR	1	2	COMPUTER.....	1	2	VCR	1	2	CD/CASSETTE PLAYER.....	1	2	CAMERA	1	2	
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111	What type of fuel does your household mainly use for cooking?	<table><tbody><tr><td>ELECTRICITY</td><td>01</td></tr><tr><td>LPG</td><td>02</td></tr><tr><td>NATURAL GAS</td><td>03</td></tr><tr><td>BIOGAS</td><td>04</td></tr><tr><td>KEROSENE</td><td>05</td></tr><tr><td>COAL, LIGNITE</td><td>06</td></tr><tr><td>CHARCOAL</td><td>07</td></tr><tr><td>WOOD</td><td>08</td></tr><tr><td>STRAW/SHRUBS/GRASS</td><td>09</td></tr><tr><td>AGRICULTURAL CROP</td><td>10</td></tr><tr><td>ANIMAL DUNG</td><td>11</td></tr><tr><td>NO FOOD COOKED IN HOUSEHOLD</td><td>95</td></tr><tr><td>OTHER _____</td><td>96</td></tr><tr><td colspan="2">(SPECIFY)</td></tr></tbody></table>	ELECTRICITY	01	LPG	02	NATURAL GAS	03	BIOGAS	04	KEROSENE	05	COAL, LIGNITE	06	CHARCOAL	07	WOOD	08	STRAW/SHRUBS/GRASS	09	AGRICULTURAL CROP	10	ANIMAL DUNG	11	NO FOOD COOKED IN HOUSEHOLD	95	OTHER _____	96	(SPECIFY)		<div>→ 114</div>																																						
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112	Is the cooking usually done in the house, in a separate building, or outdoors?	<table><tbody><tr><td>IN THE HOUSE</td><td>1</td></tr><tr><td>IN A SEPARATE BUILDING</td><td>2</td></tr><tr><td>OUTDOORS</td><td>3</td></tr><tr><td>OTHER _____</td><td>6</td></tr><tr><td colspan="2">(SPECIFY)</td></tr></tbody></table>	IN THE HOUSE	1	IN A SEPARATE BUILDING	2	OUTDOORS	3	OTHER _____	6	(SPECIFY)		<div>→ 114</div>																																																								
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113	Do you have a separate room which is used as a kitchen?	<table><tbody><tr><td>YES</td><td>1</td></tr><tr><td>NO</td><td>2</td></tr></tbody></table>	YES	1	NO	2																																																															
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	<p>MAIN MATERIAL OF THE FLOOR. (3)</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR</p> <p>EARTH/SAND 11</p> <p>DUNG 12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS 21</p> <p>PALM/BAMBOO 22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED</p> <p>WOOD 31</p> <p>VINYL OR ASPHALT STRIPS 32</p> <p>CERAMIC TILES 33</p> <p>CEMENT 34</p> <p>CARPET 35</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
115	<p>MAIN MATERIAL OF THE ROOF. (3)</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL ROOFING</p> <p>NO ROOF 11</p> <p>THATCH/PALM LEAF 12</p> <p>SOD 13</p> <p>RUDIMENTARY ROOFING</p> <p>RUSTIC MAT 21</p> <p>PALM/BAMBOO 22</p> <p>WOOD PLANKS 23</p> <p>CARDBOARD 24</p> <p>FINISHED ROOFING</p> <p>METAL 31</p> <p>LOCAL TILES 32</p> <p>WOOD 33</p> <p>CALAMINE/CEMENT FIBER 34</p> <p>CERAMIC TILES 35</p> <p>CEMENT 36</p> <p>ROOFING SHINGLES 37</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
116	<p>MAIN MATERIAL OF THE EXTERIOR WALLS. (3)</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>PLYWOOD 24</p> <p>CARDBOARD 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>COVERED ADOBE 35</p> <p>WOOD PLANKS/SHINGLES 36</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
117	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																						
118	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart (oxcart)? A car or truck? A boat with a motor?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>WATCH</td><td>1</td><td>2</td></tr> <tr> <td>BICYCLE</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td><td>1</td><td>2</td></tr> <tr> <td>ANIMAL-DRAWN CART</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK</td><td>1</td><td>2</td></tr> <tr> <td>BOAT WITH MOTOR</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	
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BOAT WITH MOTOR	1	2																						
119	Does any member of this household own any agricultural land?	YES 1 NO 2	→ W101																					
120	How much agricultural land do members of this household own? RECORD IN UNITS RESPONDENT USES.	ACRES 1 <input type="text"/> <input type="text"/> . <input type="text"/> HECTARES 2 <input type="text"/> <input type="text"/> . <input type="text"/> FOOTBALL PITCHES ... 3 <input type="text"/> <input type="text"/> . <input type="text"/> 95 OR MORE ACRES/HECTARES/FOOTBALL PITCHES 9995 DON'T KNOW 9998																						

CODES FOR 106: HIGHEST EDUCATION LEVEL ATTAINED

Description	Code
Some schooling but not Completed Standard 1\	10
Completed Standard 1	11
Completed Standard 2	12
Completed Standard 3	13
Completed Standard 4	14
Completed Standard 5	15
Completed Standard 6	16
Completed Standard 7	17
Completed Standard 8	18
Completed Form 1	21
Completed Form 2	22
Completed Form 3	23
Completed Form 4	24
Completed Adult Education / Vocational Training	31
Completed University Year 1	41
Completed University Year 2	42
Completed University Year 3 or Higher	43
Don't Know	88
Refused	99

FOOTNOTES

- (1) This section should be adapted for country-specific survey design.
- (2) In Q. 18, the year should refer to the school year that is in session at the time the survey begins. If the survey begins between two school years, then the year should refer to the school year that just ended.
- (3) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
- (4) Each country should add to the list at least five items of furniture (such as a table, a chair, a sofa, a bed, an armoire, or a cupboard or cabinet). In addition, each country should add at least four additional household appliances so that the list includes at least three items that even a poor household may have, at least three items that a middle income household may have, and at least three items that a high income household may have. Some possible additions are clock, water pump, grain grinder, fan, blender, water heater, generator, washing machine, microwave oven, computer, VCR or DVD player, cassette or CD player, camera, air conditioner or cooler, color TV, sewing machine.
- (5) Add other country-specific animals, such as oxen, water buffalo, camels, llamas, alpacas, pigs, ducks, geese or elephants.
- (6) The question should be deleted in countries that do not have an organized spraying program to prevent the transmission of malaria.
- (7) The question should be deleted in countries that are not affected by malaria.
- (8) There are many different kinds of iodine testing kits available. The proper test kit should be selected in each country depending on the type of iodine additive used in the country (potassium iodate or potassium iodide). If both of these additives are used in a country, then both types of test kits should be used.
- (9) Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2011 or 2012, the year should be 2006 or 2007, respectively.
- (10) In countries where the weighing scale shows the weight to only one decimal place, retain only one box after the decimal point and delete the first '9' from the other three codes.
- (11) In countries where some enumeration areas are higher than 1,000 meters, altitude information should be collected on a separate form for each enumeration area higher than 1,000 meters so that the anemia estimate can be adjusted appropriately.
- (12) Questions should be omitted in countries in which HIV testing is not a component of the survey.

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION

In this section, I will ask you questions about your health and well-being. The questions in this section usually take about 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? May I begin the interview now?

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	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	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher? (1)	PRIMARY 1 SECONDARY 2 HIGHER 3	
106	What is the highest (class/form/year) you completed at that level? (1) IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS/FORM/YEAR <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2 DON'T KNOW #	→ 118
116	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES 1 NO 2 DON'T KNOW #	→ 118
117	Have you done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
118	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
119	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	

- (1) Revise according to the local education system.
- (2) Each card should have four simple sentences appropriate to the country (e.g., "Parents love their children.", "Farming is hard work.", "The child is reading a book.", "Children work hard at school."). Cards should be prepared for every language in which respondents are likely to be literate.
- (3) The question may be considered for deletion in countries with a very low HIV prevalence.

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	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	→ 209								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	SUM ANSWERS TO 203, 205, AND ENTER TOTAL LIVE SONS. IF NONE, RECORD '00'.	TOTAL LIVE SONS <table border="1"><tr><td></td><td></td></tr></table>									
207	SUM ANSWERS TO 203, 205, AND ENTER TOTAL LIVE DAUGHTERS. IF NONE, RECORD '00'.	TOTAL LIVE DAUGHTERS <table border="1"><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 206, 207, AND ENTER TOTAL LIVE BIRTHS. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS <table border="1"><tr><td></td><td></td></tr></table>									
209	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 211								
210	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
211	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1"><tr><td></td><td></td></tr></table>			→ If 00, END						
212	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-211 AS NECESSARY.										
213	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →		226								

211 Now I would like to record the name of your last birth, whether still alive or not
RECORD THE NAME OF YOUR LAST BIRTH IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.

212	213	214	215	216	217	218	220	
What name was given to your last baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Was this birth a twin?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/>	
221	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES 1 NO 2		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
225	C FOR EACH BIRTH SINCE APRIL 2018 (1), ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)														
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ END → 230												
230	Have you ever had a pregnancy that was miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 302												
231	When did the last such pregnancy end?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>													

(1) Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2011 or 2012, the year should be 2006 or 2007, respectively.



SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	<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 of family planning have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>		
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ↘	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↘	
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ↘	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ↘	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2 ↘	
06	IMPLANTS Women can have two 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 ↘	
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↘	
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ↘	
09	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 ↘	
10	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ↘	
11	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES 1 NO 2 ↘	
12	STANDARD DAYS METHOD For a woman with regular menstrual cycles, they can identify the window when she is likely to be pregnant using beads (necklace)	YES 1 NO 2 ↘	
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		END
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 311
304	Which method are you using? (4) CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J STANDARD DAYS METHOD K LACTATIONAL AMEN. METHOD L TWO DAY METHOD M RHYTHM METHOD N WITHDRAWAL O OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ END → END → 308B → 306 → 308A
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	LOFEMINOL 01 MICROGYNON 02 OVRETTE 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 308A
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	CHISHANGO 01 MANYUCHI 02 CARE (FEMALE CONDOM) 03 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 308A
308	In what month and year was the sterilization performed?		
308A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH YEAR	
308B	FOR WOMEN WHO USE INJECTABLES: When was the last time that you received an injectable? RECORD NUMBER OF MONTHS SINCE LAST INJECTABLE.	MONTHS SINCE LAST INJECTABLE	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
309	<p>CHECK 308/308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A</p> <p>GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>↓</p> <p>↓</p>	
310	<p>CHECK 308/308A:</p> <p>April 2018 (6) OR LATER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>March 2018 (7) OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO APRIL 2018 (6).</p> <p>THEN SKIP TO → 322</p>	
311	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last year.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO APRIL 2018. (6)</p> <p>RECENT USE, BACK TO APRIL 2018. (6)</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? <p>IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? * IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1. 		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH <div style="display: flex; justify-content: space-around;"> <div>NO METHOD USED <input type="checkbox"/></div> <div>ANY METHOD USED <input type="checkbox"/></div> </div> <div style="text-align: right; margin-top: 10px;">→ 316</div>		
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 324A
314	Which method(s) have you ever used? (4) CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J STANDARD DAYS METHOD K LACTATIONAL AMEN. METHOD L TWO DAY METHOD M RHYTHM METHOD N WITHDRAWAL O OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ END → END → 324A
316	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J STANDARD DAYS METHOD K LACTATIONAL AMEN. METHOD L TWO DAY METHOD M RHYTHM METHOD N WITHDRAWAL O OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 324A → END → END → 323 → 320 → 324A
317	At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 319
318	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 320
319	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	<p>CHECK 317:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p>  </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p>  </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <p>At that time, were you told about other methods of family planning that you could use?</p> <p>When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?</p> </div>	<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <p>YES</p> <p>1</p> </div> <div style="display: flex; justify-content: space-between;"> <p>NO</p> <p>2</p> </div>	<div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border-left: 1px solid black; height: 10px; width: 10px; margin-right: 5px;"></div> <p>→ 322</p> </div>
321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <p>YES</p> <p>1</p> </div> <div style="display: flex; justify-content: space-between;"> <p>NO</p> <p>2</p> </div>	
322	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<div style="display: flex; justify-content: space-between;"> <p>FEMALE STERILIZATION</p> <p>A</p> </div> <div style="display: flex; justify-content: space-between;"> <p>MALE STERILIZATION</p> <p>B</p> </div> <div style="display: flex; justify-content: space-between;"> <p>IUD</p> <p>C</p> </div> <div style="display: flex; justify-content: space-between;"> <p>INJECTABLES</p> <p>D</p> </div> <div style="display: flex; justify-content: space-between;"> <p>IMPLANTS</p> <p>E</p> </div> <div style="display: flex; justify-content: space-between;"> <p>PILL</p> <p>F</p> </div> <div style="display: flex; justify-content: space-between;"> <p>CONDOM</p> <p>G</p> </div> <div style="display: flex; justify-content: space-between;"> <p>FEMALE CONDOM</p> <p>H</p> </div> <div style="display: flex; justify-content: space-between;"> <p>DIAPHRAGM</p> <p>I</p> </div> <div style="display: flex; justify-content: space-between;"> <p>FOAM/JELLY</p> <p>J</p> </div> <div style="display: flex; justify-content: space-between;"> <p>STANDARD DAYS METHOD</p> <p>K</p> </div> <div style="display: flex; justify-content: space-between;"> <p>LACTATIONAL AMEN. METHOD</p> <p>L</p> </div> <div style="display: flex; justify-content: space-between;"> <p>TWO DAY METHOD</p> <p>M</p> </div> <div style="display: flex; justify-content: space-between;"> <p>RHYTHM METHOD</p> <p>N</p> </div> <div style="display: flex; justify-content: space-between;"> <p>WITHDRAWAL</p> <p>O</p> </div> <div style="display: flex; justify-content: space-between;"> <p>OTHER MODERN METHOD</p> <p>X</p> </div> <div style="display: flex; justify-content: space-between;"> <p>OTHER TRADITIONAL METHOD</p> <p>Y</p> </div>	<div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border-left: 1px solid black; height: 10px; width: 10px; margin-right: 5px;"></div> <p>→ END</p> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border-left: 1px solid black; height: 10px; width: 10px; margin-right: 5px;"></div> <p>→ END</p> </div> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border-left: 1px solid black; height: 10px; width: 10px; margin-right: 5px;"></div> <p>→ 324A</p> </div>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	<p>Where did you obtain (CURRENT METHOD) the last time? (5)</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>NAME OF SOURCE:</p> <p>LOCATION OF SOURCE:</p> <p>GPS COORDINATES:</p> <p>LATITUDE:</p> <p>N/S D D X X X X X</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>LONGITUDE:</p> <p>E/W D D X X X X X</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>GOOD HEALTH KAUMA CLINIC 01</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOV'T HEALTH POST/</p> <p>OUTREACH 13</p> <p>MOBILE CLINIC 14</p> <p>HSA 15</p> <p>CBDA / DOOR-TO-DOOR 16</p> <p>OTHER PUBLIC</p> <p>SECTOR 17</p> <p>(SPECIFY)</p> <p>CHAM / MISSION</p> <p>HOSPITAL 21</p> <p>HEALTH CENTER 22</p> <p>MOBILE CLINIC 23</p> <p>DOOR-TO-DOOR 24</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC 31</p> <p>PHARMACY 32</p> <p>PRIVATE DOCTOR 33</p> <p>MOBILE CLINIC 34</p> <p>CBDA / DOOR-TO-DOOR 35</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR 36</p> <p>(SPECIFY)</p> <p>BANJA LA MTSOGOLO (BLM) 41</p> <p>MACRO 51</p> <p>TUNZA (PSI) CLINIC 61</p> <p>YOUTH DROP IN CENTRE 71</p> <p>OTHER SOURCE</p> <p>SHOP 81</p> <p>CHURCH 82</p> <p>FRIEND/RELATIVE 83</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>323A</p> <p>323A</p>
323A	How many kilometers did you have to travel to reach this (SERVICE PROVIDER) to receive (CURRENT METHOD)?	KM <input type="text"/> <input type="text"/>	
323B	How many minutes did it take for you to travel to this (SERVICE PROVIDER) to receive (CURRENT METHOD)?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323B_2	What mode(s) of transportation did you use to travel to this (SERVICE PROVIDER) to receive (CURRENT METHOD)?	NONE (RECEIVED AT HOME) 1 WALK 2 BICYCLE 3 MOTORCYCLE 4 BUS 5 CAR / TAXI 6 OTHER 96 DON'T KNOW 88 REFUSED 99	
323C	How much, in Malawian Kwacha, did you have to pay in transportation costs to go to this (SERVICE PROVIDER)?	MKW . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
323D	How many minutes did you have to wait at the (SERVICE PROVIDER) before you received (CURRENT METHOD)?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
324A	At any time during your current / last pregnancy, were you counselled about family planning / birth spacing?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	<div> <div></div> <div>→ 325A</div> </div>
324B	How many times did you receive information or counseling on family planning / birth spacing during your current / last pregnancy?	<div><input type="text"/> <input type="text"/></div> TIMES COUNSELED DON'T KNOW 88 REFUSED 99	
324C	Did you receive that counseling in a group with other women, individually with the provider, or both?	INDIVIDUAL COUNSELING ONLY 1 GROUP COUNSELING ONLY 2 INDIVIDUAL + GROUP COUNSELING 3 DON'T KNOW 88 REFUSED 99	
324D	In which language(s) were you counseled? SELECT ALL THAT APPLY.	CHICHEWA 1 TUMBUKA 2 ENGLISH 3 OTHER 96 DON'T REMEMBER/DON'T KNOW 88 REFUSED 99	

[illegible]

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325B	Was the method that you wanted available to you?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
325C	Do you feel that you had access to a wide range of family planning methods, or only to a select few?	A WIDE RANGE 1 A SELECT FEW 2 DON'T KNOW 88 REFUSED 99	
325D	Did you ever feel pressured into using [current method(s)]	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
325E	Did you feel you could say no to using [current method(s)] at any time?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
326	In the last 12 months, were you visited by a fieldworker who talked to you about family planning? (8)	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	

- (1) If Standard Days Method is commonly used, it may be added to the table before Lactational Amenorrhea. **"Standard Days Method** (use local term, such as CycleBeads™, as appropriate) PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse." If Standard Days Method is added to Q. 301, it should also be added before LAM to Qs. 304, 314, 316, 322, and Column 1 of the calendar.
- (2) The LAM method should be deleted in countries that do not have a LAM program. In these countries, LAM should also be deleted as a coding category in Qs. 304, 314, 316, 322, and Column 1 of the calendar. A description of LAM should not be provided in Q. 301.
- (3) Studies have indicated emergency contraception can be effective up to five days. Verify country program recommendations and modify wording if appropriate.
- (4) Other commonly used methods may be added to the list, such as contraceptive patch, contraceptive vaginal ring, or sponge. Any codes added in Q. 304 must also be added to Qs. 314, 316, 322, and Column 1 of the calendar. These methods should not be added to Q. 301.
- (5) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
- (6) Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2011 or 2012, the year should be 2006 or 2007, respectively.
- (7) Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2011 or 2012, the year should be 2005 or 2006, respectively.
- (8) In countries without national fieldworker programs that include family planning, Q. 326 should be deleted.

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
329	CHECK 303: CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/>		335
330	What are some of the reasons as to why you chose to use this particular family planning method? SELECT ALL THAT APPLY.	WAS AVAILABLE AT THE CLINIC 1 MY DOCTOR RECOMMENDED IT TO ME..... 2 MY HUSBAND WANTED ME TO USE THIS METHOD 3 OTHER WOMEN IN MY FAMILY HAVE USED THIS METHOD 4 FRIENDS HAVE USED THIS METHOD 5 EFFECTIVE AT PREVENTING PREGNANCY 6 CAN BE USED WITHOUT ANYONE ELSE KNOWING 7 PROTECTS AGAINST STI/HIV 8 DURATION OF EFFECT / LASTS LONG 9 NO RISK OF HARMING HEALTH 10 NO EFFECT ON REGULAR MONTHLY BLEEDING 11 NO UNPLEASANT SIDE EFFECTS 12 EASY TO USE 13 LOW COST 14 EASILY AVAILABLE AT THE CLINIC 15 CAN BE USED FOR A LONG TIME WITHOUT NEED TO VISIT CLINIC OR RE-SUPPLY 16 WILL BE ABLE TO GET PREGNANT WHEN I WANT 17 NO NEED TO GO TO A CLINIC TO OBTAIN THE METHOD 18 NO RISK OF INFERTILITY..... 19 NO NEED TO REMEMBER USING THE METHOD 20 DOES NOT INTERRUPT SEX 21 OTHER 96 (SPECIFY) DON'T KNOW 88 REFUSED 99	
331	If you had the choice and ability to switch to another family planning method, would you choose to switch?	YES 1 NO 2	336
332	Which method(s) would you want to switch to? CIRCLE ALL MENTIONED.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J STANDARD DAYS METHOD K LACTATIONAL AMEN. METHOD L TWO DAY METHOD M RHYTHM METHOD N WITHDRAWAL O OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
333	<p>Why would you want to switch to this method?</p> <p>SELECT ALL THAT APPLY.</p>	<p>EFFECTIVE IT IS AT PREVENTING PREGNANCY 1</p> <p>CAN BE USED WITHOUT ANYONE ELSE KNOWING 2</p> <p>PROTECTS AGAINST STI/HIV 3</p> <p>DURATION OF EFFECT / LASTS LONG 4</p> <p>NO RISK OF HARMING HEALTH 5</p> <p>NO EFFECT ON REGULAR MONTHLY BLEEDING 6</p> <p>NO UNPLEASANT SIDE EFFECTS 7</p> <p>EASY TO USE 8</p> <p>LOW COST 9</p> <p>EASILY AVAILABLE AT THE CLINIC 10</p> <p>CAN BE USED FOR A LONG TIME WITHOUT NEED TO VISIT CLINIC OR RE-SUPPLY 11</p> <p>WILL BE ABLE TO GET PREGNANT WHEN I WANT 12</p> <p>NO NEED TO GO TO A CLINIC TO OBTAIN THE METHOD 13</p> <p>NO RISK OF INFERTILITY 14</p> <p>NO NEED TO REMEMBER USING THE METHOD 15</p> <p>WANT TO TRY SOMETHING NEW / TIRED OF OLD METHOD 16</p> <p>MY DOCTOR RECOMMENDED IT TO ME 17</p> <p>MY HUSBAND WANTED ME TO USE THIS METHOD 18</p> <p>OTHER WOMEN IN MY FAMILY HAVE USED THIS METHOD 19</p> <p>FRIENDS HAVE USED THIS METHOD 20</p> <p>DOES NOT INTERRUPT SEX 21</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 88</p> <p>REFUSED 99</p>	
334	<p>Why have you not yet switched to this method?</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>SOCIAL PRESSURE M</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD N</p> <p>KNOWS NO SOURCE O</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS</p> <p>FEAR OF INFERTILITY P</p> <p>FEAR OF SIDE EFFECTS Q1</p> <p>LACK OF ACCESS/TOO FAR Q2</p> <p>LONG WAITING TIME AT Q3</p> <p>TOO BUSY/NO TIME Q4</p> <p>COSTS TOO MUCH R</p> <p>PREFERRED METHOD</p> <p>NOT AVAILABLE S</p> <p>NO METHOD AVAILABLE T</p> <p>INCONVENIENT TO USE U</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES V</p> <p>NOT EFFECTIVE W</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>FOR ALL OPTION S SKIP TO 331</p>
	W-11		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
335	If you could choose any contraceptive method that you want, which method would you want to use?	NONE 0 FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J STANDARD DAYS METHOD K LACTATIONAL AMEN. METHOD L TWO DAY METHOD M RHYTHM METHOD N WITHDRAWAL O OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	
336	In choosing a contraceptive method, what feature(s) would be most important to you? SELECT ALL THAT APPLY.	HOW EFFECTIVE IT IS AT PREVENTING PREGNANCY 1 CAN BE USED WITHOUT ANYONE ELSE KNOWING 2 THAT IT PROTECTS AGAINST STI/HIV 3 DURATION OF EFFECT / LASTS LONG 4 NO RISK OF HARMING HEALTH 5 NO EFFECT ON REGULAR MONTHLY BLEEDING 6 NO UNPLEASANT SIDE EFFECTS 7 EASY TO USE 8 LOW COST 9 EASILY AVAILABLE AT THE CLINIC 10 CAN BE USED FOR A LONG TIME WITHOUT NEED TO VISIT CLINIC OR RE-SUPPLY 11 WILL BE ABLE TO GET PREGNANT WHEN I WANT 12 NO NEED TO GO TO A CLINIC TO OBTAIN THE METHOD 13 NO RISK OF INFERTILITY 14 NO NEED TO REMEMBER USING THE METHOD 15 WANT TO TRY SOMETHING NEW/TIRED OF OLD METHOD 16 MY DOCTOR RECOMMENDED IT TO ME 17 MY HUSBAND WANTED ME TO USE THIS METHOD 18 OTHER WOMEN IN MY FAMILY HAVE USED THIS METHOD 19 FRIENDS HAVE USED THIS METHOD 20 DOES NOT INTERRUPT SEX 21 OTHER _____ 96 (SPECIFY) DON'T KNOW 88 REFUSED 99	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP																							
337	RECORD NUMBER OF FEATURES SELECTED FROM 336. IF MORE THAN ONE, GO TO 338	NUMBER SELECTED: <table><tr><td></td><td></td></tr></table>																									
338	<p>You made ____ choices of features that were most important to you. Based on your choices above, I will now like to ask you to rank your top three choices of features from most important feature (1) to least important feature (3).</p> <p>1) Which of these features is the most important for you when choosing a contraceptive method?</p> <p>2) Which of these features is the next most important for you when choosing a contraceptive method?</p> <p>3) Which of these features is the third most important for you when choosing a contraceptive method?</p> <p>RECORD RANKING OF ATTRIBUTES IN ATTRIBUTES COLUMN.</p> <p>SHOW THE CHART WITH THE BOXES 1-3. TAKE OUT 20 COUNTERS.</p> <p>I will now give you 20 counters. Each counter represents how important that feature is to you in choosing a contraceptive method. For each of your top three features, place the number of counters next to the feature based on how important that feature is to you. The more counters that you have next to a feature, the more important that feature is to you. You may place as many (or even all) of the counter next to any feature.</p> <p>DEMONSTRATE AN EXAMPLE OF ALLOCATING COUNTERS TO EACH ATTRIBUTE</p>	<table><tr><td>RANK</td><td>ATTRIBUTE</td><td>NO. OF COUNTERS</td></tr><tr><td>1</td><td><table><tr><td></td><td></td></tr></table></td><td><table><tr><td></td><td></td></tr></table></td></tr><tr><td>2</td><td><table><tr><td></td><td></td></tr></table></td><td><table><tr><td></td><td></td></tr></table></td></tr><tr><td>3</td><td><table><tr><td></td><td></td></tr></table></td><td><table><tr><td></td><td></td></tr></table></td></tr></table>	RANK	ATTRIBUTE	NO. OF COUNTERS	1	<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			2	<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			3	<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			
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3	<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>																							

Now, I have some questions about family planning methods and pregnancy. By family planning methods, I mean anything a person might take, do or use to prevent becoming pregnant.

339	In your opinion, during a woman's monthly cycle, are there certain days when she is more likely to become pregnant if she has sex?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	→ 341 → 341 → 341
340	For most women, is this time when she is more likely to get pregnant...	JUST BEFORE HER PERIOD BEGINS? 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD ENDS? 3 IN BETWEEN TWO PERIODS 4 DON'T KNOW 88 REFUSED 99	
341	In your opinion, is it possible for a woman who is breastfeeding to not become pregnant?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	→ 343 → 343 → 343

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
342	In your opinion, for how long can breastfeeding help to prevent pregnancy? RECORD ANSWER IN MONTHS.	<div> <div>NUMBER OF MONTHS</div> <div> <div></div> <div></div> </div> </div> <div>DON'T KNOW 88</div> <div>REFUSED 99</div>	
343	In your opinion, for how long should a woman who has just given birth wait before trying to get pregnant in order to minimize any health risks for her next birth? RECORD ANSWER IN MONTHS IF LESS THAN ONE YEAR. IF RIGHT AWAY, RECORD '00'.	<div> <div>NUMBER OF MONTHS</div> <div> <div></div> <div></div> </div> </div> <div>ONE TO TWO YEARS 13</div> <div>TWO TO THREE YEARS 14</div> <div>THREE YEARS OR MORE 15</div> <div>DON'T KNOW 88</div> <div>REFUSED 99</div>	

Now, I have some questions about your thoughts on how the use of family planning methods might affect women.

344	How likely do you think it is for a woman to gain weight while using family planning methods?	<div>VERY UNLIKELY 1</div> <div>SOMEWHAT UNLIKELY 2</div> <div>NEUTRAL 3</div> <div>SOMEWHAT LIKELY 4</div> <div>VERY LIKELY 5</div>	
345	How likely do you think it is for a woman's menstrual cycle to change or stop while using family planning methods?	<div>VERY UNLIKELY 1</div> <div>SOMEWHAT UNLIKELY 2</div> <div>NEUTRAL 3</div> <div>SOMEWHAT LIKELY 4</div> <div>VERY LIKELY 5</div>	
346	How likely do you think it is for a woman's ability to become pregnant in the future is affected while using family planning methods?	<div>VERY UNLIKELY 1</div> <div>SOMEWHAT UNLIKELY 2</div> <div>NEUTRAL 3</div> <div>SOMEWHAT LIKELY 4</div> <div>VERY LIKELY 5</div>	

As I read each of the following statements, please tell me how much you, personally, agree or disagree with each statement. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following:

347	It is too much of a hassle to use a condom every time you have sex.	<div>STRONGLY AGREE 1</div> <div>SOMEWHAT AGREE 2</div> <div>NEUTRAL 3</div> <div>SOMEWHAT DISAGREE 4</div> <div>STRONGLY DISAGREE 5</div>	
348	Using family planning is morally wrong.	<div>STRONGLY AGREE 1</div> <div>SOMEWHAT AGREE 2</div> <div>NEUTRAL 3</div> <div>SOMEWHAT DISAGREE 4</div> <div>STRONGLY DISAGREE 5</div>	
349	It doesn't matter whether you use family planning methods or not; when it is your time to get pregnant, it will happen.	<div>STRONGLY AGREE 1</div> <div>SOMEWHAT AGREE 2</div> <div>NEUTRAL 3</div> <div>SOMEWHAT DISAGREE 4</div> <div>STRONGLY DISAGREE 5</div>	
350	It is mainly a woman's responsibility to make decisions about family planning methods.	<div>STRONGLY AGREE 1</div> <div>SOMEWHAT AGREE 2</div> <div>NEUTRAL 3</div> <div>SOMEWHAT DISAGREE 4</div> <div>STRONGLY DISAGREE 5</div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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- (1) If Standard Days Method is commonly used, it may be added to the table before Lactational Amenorrhea. **"Standard Days Method** (use local term, such as CycleBeads™ , as appropriate) PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse." If Standard Days Method is added to Q. 301, it should also be added before LAM to Qs. 304, 314, 316, 322, and Column 1 of the calendar.
- (2) The LAM method should be deleted in countries that do not have a LAM program. In these countries, LAM should also be deleted as a coding category in Qs. 304, 314, 316, 322, and Column 1 of the calendar. A description of LAM should not be provided in Q. 301.
- (3) Studies have indicated emergency contraception can be effective up to five days. Verify country program recommendations and modify wording if appropriate.
- (4) Other commonly used methods may be added to the list, such as contraceptive patch, contraceptive vaginal ring, or sponge. Any codes added in Q. 304 must also be added to Qs. 314, 316, 322, and Column 1 of the calendar. These methods should not be added to Q. 301.
- (5) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
- (6) Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2011 or 2012, the year should be 2006 or 2007, respectively.
- (7) Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2011 or 2012, the year should be 2005 or 2006, respectively.
- (8) In countries without national fieldworker programs that include family planning, Q. 326 should be deleted.

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	<p>CHECK 224:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE BIRTHS IN APRIL 2018 (1) OR LATER</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NO BIRTHS IN APRIL 2018 (1) OR LATER</p> <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: -20px;">→ 601</div>	
402	<p>CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF THE LAST BIRTH IN 2018. ASK THE QUESTIONS ABOUT THIS BIRTH.</p> <p>Now I would like to ask some questions about your last birth.</p>	
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	<p>LAST BIRTH BIRTH HISTORY NUMBER</p> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>
404	FROM 212 AND 216	<p>NAME _____</p> <p>LIVING <input type="checkbox"/> DEAD <input type="checkbox"/></p>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	<p>YES 1 (SKIP TO 430) ←</p> <p>NO 2</p>
406	Did you want to have a baby later on, or did you not want any (more) children?	<p>LATER 1 NO MORE 2 (SKIP TO 430) ←</p>
407	How much longer did you want to wait?	<p>MONTHS ..1 <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-left: 5px;"></div></p> <p>YEARS ..2 <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin-left: 5px;"></div></p> <p>DON'T KNOW ... 998</p>
430	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	<p>VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____
447	Has your menstrual period returned since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 450) ←
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT <input type="checkbox"/> PREGNANT PREG- OR <input type="checkbox"/> NANT UNSURE (SKIP TO 452) ←
451	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 453) ←
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
453	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 455) ← NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 601) (GO TO 601)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____									
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . 000 HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 458) ←									
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER . . . B SUGAR OR GLUCOSE WATER . . . C GRIPPE WATER . . . D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS . . . H COFFEE I HONEY J OTHER _____ X (SPECIFY)									
458	CHECK 404: IS CHILD LIVING?	LIVING <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> (GO TO 601) ↓									
459	Are you still breastfeeding (NAME)?	YES 1 NO 2									

- (1) Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2011 or 2012, the year should be 2006 or 2007, respectively.
- (2) Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
- (3) Vaccination practices may vary; this question should specify where the injection is given, e.g. arm or shoulder.
- (4) Syrup should be deleted in countries where syrup is not used.
- (5) In countries where it is important to know the number of iron tablets taken per day, an appropriate question may be added.
- (6) The question should be deleted in surveys in countries where there is no program for intermittent preventive treatment against malaria during pregnancy.

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

<p>Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p> <p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p>			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	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	<input type="checkbox"/> → 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	<input type="checkbox"/> → END
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
606 (1)	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 609
607 (1)	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . <input type="text"/> <input type="text"/> DON'T KNOW 98	
608 (1)	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
610	CHECK 609: <div style="display: flex; justify-content: space-around;"> <div> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <p>↓</p> <p>In what month and year did you start living with your (husband/partner)?</p> </div> <div> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <p>↓</p> <p>Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p> </div> </div>	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	<input type="checkbox"/> → 612
611	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	<p>Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 0</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95</p>	→ 624
615	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	
616A	<p>CHECK 302: EVER USED A CONTRACEPTIVE METHOD?</p> <p>YES, USED <input type="checkbox"/></p> <p>NO, NEVER USED / NOT ASKED <input type="checkbox"/></p>		→ 618
616	The last time that you had sexual intercourse, did you or your partner use any method(s) of family planning?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 618
617	<p>Which method did you use? (4)</p> <p>CIRCLE ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>DIAPHRAGM I</p> <p>FOAM/JELLY J</p> <p>STANDARD DAYS METHOD K</p> <p>LACTATIONAL AMEN. METHOD L</p> <p>RHYTHM METHOD M</p> <p>WITHDRAWAL N</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD ... Y</p>	
618	During the past week, how often have you found yourself thinking about sex with any interest or desire?	<p>SEVERAL TIMES A DAY 1</p> <p>AT LEAST ONCE A DAY 2</p> <p>AT LEAST TWICE A WEEK 3</p> <p>AT LEAST ONCE A WEEK 4</p> <p>NOT AT ALL 5</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619A	CHECK 615: SEX IN THE PAST WEEK? <div style="display: flex; justify-content: space-between;"> <div>YES, SEX LAST WEEK <input type="checkbox"/></div> <div>NO, NO SEX IN PAST WEEK <input type="checkbox"/></div> </div>		623
619	In the past week, how many times have you had sexual intercourse?	NUMBER OF TIMES <input type="text"/>	
620	In the past week, how would you describe your ability to enjoy sex?	FULLY ENJOYED 1 SOMETIMES ENJOYED 2 BARELY ENJOYED 3 NEVER ENJOYED 4 DON'T KNOW 8	
621	In the past week, how satisfied were you with your sexual functioning?	COMPLETELY 1 HIGHLY 2 MODERATELY 3 SLIGHTLY 4 NOT AT ALL 5	
622	In the past week, how satisfied were you with your husband's / partner's sexual functioning?	COMPLETELY 1 HIGHLY 2 MODERATELY 3 SLIGHTLY 4 NOT AT ALL 5	
623	From a scale of 1 to 10, with 1 being "extremely dissatisfied" and 10 being "extremely satisfied", how satisfied are you with your sex life overall?	SATISFACTION <input type="text"/>	
624	From a scale of 1 to 10, with 1 being "extremely dissatisfied" and 10 being "extremely satisfied", how satisfied are you with your marriage overall?	SATISFACTION <input type="text"/>	

Now, I have some questions about your thoughts on how the use of family planning methods might affect men's and women's desire for sex.

625	How likely do you think it is for a WOMAN's desire for sex was affected while using family planning methods?	NOT AT ALL AFFECTED 0 VERY UNLIKELY 1 SOMEWHAT UNLIKELY 2 NEUTRAL 3 SOMEWHAT LIKELY 4 VERY LIKELY 5 DEFINITELY AFFECTED 6	
626	How likely do you think it is for a MAN's desire for sex was affected while using family planning methods?	NOT AT ALL AFFECTED 0 VERY UNLIKELY 1 SOMEWHAT UNLIKELY 2 NEUTRAL 3 SOMEWHAT LIKELY 4 VERY LIKELY 5 DEFINITELY AFFECTED 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
627	<p>CHECK 302: EVER USED A CONTRACEPTIVE METHOD?</p> <p>YES, USED <input type="checkbox"/></p> <p>NO, NEVER USED / NOT ASKED <input type="checkbox"/></p>	<p>→ S7</p>	
630	<p>How do you believe that your desire for sex was affected while using family planning methods?</p>	<p>NOT AT ALL AFFECTED 0</p> <p>VERY UNLIKELY 1</p> <p>SOMEWHAT UNLIKELY 2</p> <p>NEUTRAL 3</p> <p>SOMEWHAT LIKELY 4</p> <p>VERY LIKELY 5</p> <p>DEFINITELY AFFECTED 6</p>	
631	<p>How do you believe that your husband's desire for sex was affected while using family planning methods?</p>	<p>NOT AT ALL AFFECTED 0</p> <p>VERY UNLIKELY 1</p> <p>SOMEWHAT UNLIKELY 2</p> <p>NEUTRAL 3</p> <p>SOMEWHAT LIKELY 4</p> <p>VERY LIKELY 5</p> <p>DEFINITELY AFFECTED 6</p>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE STERILIZED <input type="checkbox"/>		712
702	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		704
703	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 ANOTHER CHILD 1 NO MORE 2 UNDECIDED 3 DON'T KNOW 8	705 711
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 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED 4 UP TO GOD 5 DON'T KNOW 8	707 712 710
705	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 UP TO GOD 997 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	710 712 710
706	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		712

W-21

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<div>BOYS GIRLS EITHER</div> <div>NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></div> <div>OTHER _____ 96</div> <div>(SPECIFY)</div>																												
713B	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If NAME OF YOUNGEST CHILD could have X number of children, how many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl? GO TO 714A.</p>	<div>BOYS GIRLS EITHER</div> <div>NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></div> <div>OTHER _____ 96</div> <div>(SPECIFY)</div>																												
714A	In the last few months have you heard about family planning:	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>RADIO</td><td>1</td><td>2</td></tr> <tr><td>TELEVISION</td><td>1</td><td>2</td></tr> <tr><td>NEWSPAPER OR MAGAZINE...</td><td>1</td><td>2</td></tr> <tr><td>POSTER</td><td>1</td><td>2</td></tr> <tr><td>CLOTHING</td><td>1</td><td>2</td></tr> <tr><td>DRAMA</td><td>1</td><td>2</td></tr> <tr><td>OTHER</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE...	1	2	POSTER	1	2	CLOTHING	1	2	DRAMA	1	2	OTHER	1	2				
	YES	NO																												
RADIO	1	2																												
TELEVISION	1	2																												
NEWSPAPER OR MAGAZINE...	1	2																												
POSTER	1	2																												
CLOTHING	1	2																												
DRAMA	1	2																												
OTHER	1	2																												
714B	In the last few months, have you listened to any of the following program series about family planning or health on the radio?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>SAFE MOTHERHOOD</td><td>1</td><td>2</td></tr> <tr><td>PHUKUSI LA MOYO</td><td>1</td><td>2</td></tr> <tr><td>RADIO DOCTOR</td><td>1</td><td>2</td></tr> <tr><td>UMOYO M'MALAWI</td><td>1</td><td>2</td></tr> <tr><td>TIKUFERANJI</td><td>1</td><td>2</td></tr> <tr><td>CHITUKUKU M'MALAWI</td><td>1</td><td>2</td></tr> <tr><td>UKU NDIKO KUDYA</td><td>1</td><td>2</td></tr> <tr><td>OTHER</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	SAFE MOTHERHOOD	1	2	PHUKUSI LA MOYO	1	2	RADIO DOCTOR	1	2	UMOYO M'MALAWI	1	2	TIKUFERANJI	1	2	CHITUKUKU M'MALAWI	1	2	UKU NDIKO KUDYA	1	2	OTHER	1	2	
	YES	NO																												
SAFE MOTHERHOOD	1	2																												
PHUKUSI LA MOYO	1	2																												
RADIO DOCTOR	1	2																												
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TIKUFERANJI	1	2																												
CHITUKUKU M'MALAWI	1	2																												
UKU NDIKO KUDYA	1	2																												
OTHER	1	2																												
716	<p>CHECK 601:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/></p>		801																											
717	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> OR NOT ASKED</p>		718C																											
718A	Does your husband/partner know that you are using a method of family planning?	<table> <tbody> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> <tr><td>DON'T KNOW</td><td>8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8																						
YES	1																													
NO	2																													
DON'T KNOW	8																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718B	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY WOMAN 1 MOST WOMAN, SOME HUSBAND 2 JOINT DECISION 3 MOST HUSBAND, SOME WOMAN 4 MAINLY HUSBAND 5 OTHER 96 (SPECIFY)	718D
718C	Would you say that NOT using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	
718D	Have you ever discussed issues related to family planning, contraception, and childbearing with your husband?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	719
718E	When was the last time that you discussed such matters with him?	WITHIN THE LAST WEEK 1 WITHIN THE LAST MONTH 2 IN THE LAST 6 MONTHS 3 MORE THAN 6 MONTHS AGO 4 DON'T KNOW 88	
719	CHECK 304: NEITHER <input type="checkbox"/> HE OR SHE <input type="checkbox"/> STERILIZED STERILIZED		801
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 88 REFUSED 98	
721	If you were to not use any family planning method, how likely do you think it is that you will become pregnant during the next year?	VERY UNLIKELY 1 SOMEWHAT UNLIKELY 2 NEUTRAL 3 SOMEWHAT LIKELY 4 VERY LIKELY 5	
722	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY <input type="checkbox"/> NOT <input type="checkbox"/> USING USING OR NOT ASKED		725
723	If you were to continue to use your family planning method, how likely do you think it is that you would become pregnant during the next year?	VERY UNLIKELY 1 SOMEWHAT UNLIKELY 2 NEUTRAL 3 SOMEWHAT LIKELY 4 VERY LIKELY 5	
724A	Different methods of family planning vary in how effective or ineffective they are in preventing pregnancy. How effective do you think that your family planning method is in preventing pregnancy?	VERY EFFECTIVE 1 PRETTY EFFECTIVE 2 UNSURE/NEUTRAL 3 PRETTY INEFFECTIVE 4 VERY INEFFECTIVE 5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724B	Different methods of family planning vary in how convenient they are to use. How convenient is it to use your family planning method?	VERY CONVENIENT 1 PRETTY CONVENIENT 2 UNSURE/NEUTRAL 3 PRETTY INCONVENIENT 4 VERY INCONVENIENT 5	
724C	Overall, how satisfied are you with your current family planning method?	VERY SATISFIED 1 SOMEWHAT SATISFIED 2 UNSURE/NEUTRAL 3 SOMEWHAT UNSATISFIED 4 VERY UNSATISFIED 5	
724D	Overall, how satisfied is your husband with your current family planning method?	VERY SATISFIED 1 SOMEWHAT SATISFIED 2 UNSURE/NEUTRAL 3 SOMEWHAT UNSATISFIED 4 VERY UNSATISFIED 5	
725	If you were to get pregnant within the next year, would it be: READ OUT OPTIONS AND CHOOSE ONE RESPONSE.	THE WORST THING THAT COULD HAPPEN TO YOU 1 VERY BAD 2 SORT OF BAD, BUT NOT TERRIBLE 3 OKAY 4 SORT OF GOOD, BUT NOT TERRIFIC 5 VERY GOOD 66 THE BEST THING THAT COULD HAPPEN TO YOU 7	

(1) These questions have been added by the researchers to identify sources of non-use and intention to use.

SECTION 8. HUSBAND'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
803	Did your (last) (husband/partner) ever attend school?	YES 1 NO 2	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher? (1)	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 88	→ 806
805	What was the highest (class/form/year) he completed at that level? (1) IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS <input type="text"/> <input type="text"/> DON'T KNOW 88	
806	As you know, some men take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Does your husband do any of these things or any other work in the last seven days?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	→ 809
807	Although your husband did not work in the last seven days, does he have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	→ 809
808	Has your husband done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	→ END
809	Does your husband do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
810	Is your husband paid in cash or kind for this work, or is he not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	

SECTION 9. HUSBAND'S PREFERENCES, HOUSEHOLD BARGAINING, EMPOWERMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Who in your household makes decisions on big purchases (refrigerator, cars, houses, etc.)?	MAINLY WOMAN 1 MOST WOMAN, SOME HUSBAND 2 JOINT DECISION 3 MOST HUSBAND, SOME WOMAN 4 MAINLY HUSBAND 5 OTHER HOUSEHOLD MEMBER 6 OTHER FRIENDS OR RELATIVES 7 OTHER 96 _____ (SPECIFY)	
902	Who in your household makes decisions on your children's education (which school they go to, paying for school fees, uniforms,	MAINLY WOMAN 1 MOST WOMAN, SOME HUSBAND 2 JOINT DECISION 3 MOST HUSBAND, SOME WOMAN 4 MAINLY HUSBAND 5 OTHER HOUSEHOLD MEMBER 6 OTHER FRIENDS OR RELATIVES 7 OTHER 96 _____ (SPECIFY)	
903	Who usually decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER 96 _____ (SPECIFY)	
904	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 88	→ 906
905	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER 96 _____ (SPECIFY)	
906	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 96	
907	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
908	Who usually makes decisions about making purchases for daily household needs?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 96	
909	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 96	
910	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 ALONE AND JOINTLY 3 DOES NOT OWN 4	
911	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 ALONE AND JOINTLY 3 DOES NOT OWN 4	
912	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<div> PRES./ LISTEN. PRES./ NOT LISTEN. NOT PRES. </div> CHILDREN < 10 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES ... 1 2 3	
913	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If the food is not properly cooked?	<div> YES NO DK </div> GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 FOOD 1 2 8	
914	Have you ever discussed political issues, such as the recent election, with your husband?	YES 1 NO 2	→ 916
915	How often do you talk about political issues with your husband?	EVERY DAY 1 EVERY WEEK 2 SELDOM 3 RARELY 4 NEVER 5	
916	Have you discussed with husband how many more children you want?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	→ 920

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917	How many more sons does your husband want to have?	NUMBER OF BOYS <input type="text"/> <input type="text"/>	
918	How many more daughters does your husband want to have?	NUMBER OF GIRLS <input type="text"/> <input type="text"/>	
919	SUM ANSWERS TO 917 AND 918, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL DESIRED BIRTHS by H <input type="text"/> <input type="text"/>	
920	Do you plan to have more children in the future?	YES 1 NO 2 DON'T KNOW 88 UP TO GOD/FATALISTIC 98 REFUSE 99	<div>→ 925</div>
921	How many more children do you want to have?	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
922	How many of them do you want to be boys?	NUMBER OF BOYS <input type="text"/> <input type="text"/>	
923	How many of them do you want to be girls?	NUMBER OF GIRLS <input type="text"/> <input type="text"/>	
924	SUM ANSWERS TO 922 AND 923, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL DESIRED BIRTHS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
925	Have you ever discussed using family planning methods with your husband?	YES 1 NO 2	→ 927
926	Why have you not discussed using family planning methods with your husband?	NOT MARRIED A FERTILITY-RELATED REASONS NOT HAVING SEX B INFREQUENT SEX C MENOPAUSAL/HYSTERECTOMY D CAN'T GET PREGNANT E NOT MENSTRUATED SINCE LAST BIRTH F BREASTFEEDING G UP TO GOD/FATALISTIC H OPPOSITION TO USE RESPONDENT OPPOSED I HUSBAND/PARTNER OPPOSED J OTHERS OPPOSED K RELIGIOUS PROHIBITION L SOCIAL PRESSURE M LACK OF KNOWLEDGE KNOWS NO METHOD N KNOWS NO SOURCE O METHOD-RELATED REASONS HEALTH CONCERNS FEAR OF INFERTILITY P FEAR OF SIDE EFFECTS Q1 LACK OF ACCESS/TOO FAR Q2 LONG WAITING TIME Q3 TOO BUSY/NO TIME Q4 COSTS TOO MUCH R PREFERRED METHOD NOT AVAILABLE S NO METHOD AVAILABLE T INCONVENIENT TO USE U INTERFERES WITH BODY'S NORMAL PROCESSES V NOT EFFECTIVE W OTHER X (SPECIFY) DON'T KNOW Z	
	RECORD ALL REASONS MENTIONED.		
927	What have you discussed about family planning with your husband?	NUMBER OF CHILDREN 1 CONTRACEPTION 2 BIRTH SPACING AND TIMING 3 FERTILITY AND INFERTILITY 4 SEX AND SEXUAL SATISFACTION 5 OTHER 96	
	RECORD ALL REASONS MENTIONED.		
928	On a scale of 1 to 5, with 1 being strongly supportive and 5 being strongly opposed, how do you believe your husband feels towards using family planning methods?	STRONGLY SUPPORTIVE 1 SOMEWHAT SUPPORTIVE 2 NEUTRAL 3 SOMEWHAT OPPOSED 4 STRONGLY OPPOSED 5	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
1008	<p>Many different factors can prevent women from getting family planning advice or treatment for themselves. When you want to get family planning advice or treatment, is each of the following a big problem or not?</p> <p>Opposition from husband or partner?</p> <p>Getting permission to go to the doctor?</p> <p>Getting money needed for advice or treatment?</p> <p>The distance to the health facility?</p> <p>Not wanting to go alone?</p> <p>Not having time because of work?</p> <p>Social pressure from relatives, friends, and neighbors?</p>	<table> <tr> <td></td><td>BIG PROB- LEM</td><td>NOT A BIG PROB- LEM</td></tr> <tr> <td>HUSBAND OPPOSITION .</td><td>1</td><td>2</td></tr> <tr> <td>PERMISSION TO GO . . .</td><td>1</td><td>2</td></tr> <tr> <td>GETTING MONEY</td><td>1</td><td>2</td></tr> <tr> <td>DISTANCE</td><td>1</td><td>2</td></tr> <tr> <td>GO ALONE</td><td>1</td><td>2</td></tr> <tr> <td>NO TIME DUE TO WORK .</td><td>1</td><td>2</td></tr> <tr> <td>SOCIAL PRESSURE .</td><td>1</td><td>2</td></tr> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	HUSBAND OPPOSITION .	1	2	PERMISSION TO GO . . .	1	2	GETTING MONEY	1	2	DISTANCE	1	2	GO ALONE	1	2	NO TIME DUE TO WORK .	1	2	SOCIAL PRESSURE .	1	2	
	BIG PROB- LEM	NOT A BIG PROB- LEM																									
HUSBAND OPPOSITION .	1	2																									
PERMISSION TO GO . . .	1	2																									
GETTING MONEY	1	2																									
DISTANCE	1	2																									
GO ALONE	1	2																									
NO TIME DUE TO WORK .	1	2																									
SOCIAL PRESSURE .	1	2																									
1009	Are you covered by any health insurance? (2)	YES 1 NO 2	→ 1011																								
1010	<p>What type of health insurance are you covered by? (2)</p> <p>RECORD ALL MENTIONED.</p>	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)																									
1011	RECORD THE TIME.	HOUR <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																									

(1) Add local terms.

(2) If a health service prepayment plan or other types of plans are available in the country, add those types of plans to the question.

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE**

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS
- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K STANDARD DAYS METHOD/CYCLEBEADS
- L LACTATIONAL AMENORRHEA METHOD
- M RHYTHM METHOD
- N WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 SIDE EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____
- (SPECIFY)
- Z DON'T KNOW

* Year of fieldwork is assumed to be 2010. For fieldwork beginning in 2011 or 2012, the years should be adjusted.

** Response categories may be added for other methods, including fertility awareness methods.

			1	2
4	APR	01		
5	MAY	02		
6	JUN	03		
7	JUL	04		
2	8	AUG	05	2
0	9	SEP	06	0
1	10	OCT	07	1
8	11	NOV	08	8
*	12	DEC	09	*
2	1	JAN	10	2
0	2	FEB	11	0
1	3	MAR	12	1
9	4	APR	13	9
	5	MAY	14	
	6	JUN	15	

FOLLOW-UP INFORMATION AND END OF SURVEY

FOLLOW-UP INFORMATION

IS THE WOMAN WHO IS ANSWERING THIS SECTION THE SAME PERSON WHO ANSWERED THE HOUSEHOLD SECTION Y N
IF YES, SKIP BELOW TO END OF SURVEY.

Thank you for participating in this survey. We may contact your household again in the future to learn more about how life changes for Malawian families. Could you please give us information about two people who **DO NOT LIVE IN THE HOUSEHOLD** and who would know where you or other household members are, or how to reach you, in the future?

CONTACT 1

FULL NAME: _____

RELATIONSHIP TO YOU: _____

FULL ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

CONTACT 2

FULL NAME: _____

RELATIONSHIP TO YOU: _____

FULL ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

OTHER HOUSEHOLD CONTACT:

What is the name and phone number of someone else within your household?

NAME: _____

PHONE: _____

RELATIONSHIP TO YOU: _____

PLANS TO MOVE:

Does your family/household have any plans to move in the next two years? YES NO

IF YES: Where do you plan to move to? ADDRESS: _____

PHOTO OF RESPONDENT:

With your permission, I would now like to take a photo of you. Taking your photo will help us to find you again in the future.

May I take your photo now?

YES

NO

IF YES, PLEASE TAKE A PHOTO OF THE RESPONDENT. BE SURE TO CLEARLY CAPTURE THE RESPONDENT'S FACE FROM THE NECK UP.

END OF SURVEY:

You have now reached the end of the survey. Thank you for your time and ideas. This has been extremely helpful. As I said in the beginning, the purpose of this discussion was to help me learn about women's health in Malawi. I also want to remind you that all of your responses will remain confidential. Finally, I ask that you not share the details of what was said here. If you are asked about this study, please use only general descriptions, such as "I was gathering information about women and men and health issues."

How does that sound to you? Do you have any further questions for me at this time? If you would like to speak with me in private, I will stay here after we end.

Thank you again for your help.

SIGNATURE OF INTERVIEWER: _____

DATE: _____

END. GO TO INTERVIEWER OBSERVATIONS.