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| **S/N** | **QUESTION** | **CODES** | **SKIP TO** |
| **INTERVIEW INFORMATION** | | | |
|  | Participant ID Number |  |  |
|  | Date of interview | (DD/MM/YY)………………………………………\_\_\_/\_\_\_/\_\_\_ |  |
|  | Interviewer Name |  |  |
|  | Place of Interview (Facility ID) |  |  |
|  | Record Time Interview Started |  |  |
|  | How many times did you visit ***ANY*** health facility to receive antenatal care for this pregnancy **before** today?  ***INTERVIEWER: Please remember to exclude the current visit from the woman’s total count of the number of times she has visited ANY facility for this pregnancy BEFORE today.*** | Number of Previous ANC visits \_\_\_\_\_\_\_\_\_\_\_ | ***If 0, skip to Q2.*** |
|  | How many times did you visit ***THIS*** facility to receive antenatal care for this pregnancy **before** today?  ***INTERVIEWER: Please remember to exclude the current visit from the woman’s total count of the number of times she has visited THIS facility for this pregnancy BEFORE today.*** | Number of PREVIOUS ANC visits AT THIS FACILITY \_\_\_\_\_\_\_\_\_\_\_ |  |
| **SECTION A: PARTICIPANT INFORMATION:**  First, I am going to ask you some questions to learn a bit about you | | | |
|  | What is the highest level of school you completed?  ***INTERVIEWER: Record only the highest level of schooling that was COMPLETED by the respondent. If she started a level of schooling (e.g., secondary), but did not complete it, record the lower level of schooling (e.g., primary).*** | NO FORMAL SCHOOLING 0  PRIMARY 1  SECONDARY 2  POST-SECONDARY……………………………………..3 |  |
|  | Are you currently employed?  ***INTERVIEWER: If respondent does not understand the question, ask “Do you generate income?”*** | NO 0  YES 1 |  |
|  | Are you currently married or living together with a man as if married? | NO, NOT IN A UNION 0  YES, CURRENTLY MARRIED 1  YES, CURRENTLY LIVING WITH A MAN 2  IN A STEADY RELATIONSHIP BUT NOT MARRIED OR LIVING TOGETHER………….3 | ***If 0, skip to Q7.*** |
|  | Is your husband/partner living with you now or is he staying elsewhere? | LIVING WITH ME 0  STAYING ELSEWHERE 1 |  |
|  | Is your husband/partner currently employed?  ***INTERVIEWER: If respondent does not understand the question, ask “Does he generate income?”*** | NO 0  YES 1 |  |
|  | What is your religion? | NONE 0  MUSLIM 1  CHRISTIAN 2  CATHOLIC 3  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77 |  |
|  | How are you planning to pay for your antenatal care, delivery and postnatal care? | OUT OF POCKET 0  GOVERNMENT INSURANCE 1  PRIVATE INSURANCE 5  NHIF (**KENYA**) 6  FREE MATERNITY CARE/MAMA LINDA 7  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77 |  |
|  | Including this pregnancy, how many times have you been pregnant in your lifetime, irrespective of the outcome of the pregnancy? | NUMBER OF PREGNANCIES | |  REFUSED TO ANSWER .99 | ***If 1, skip to Q10.b then skip to Q12.***  ***REDCap Check: Response cannot be 0.*** |
| 1. a | How many living children that you gave birth to do you have now? | NUMBER OF LIVING CHILDREN | |  REFUSED TO ANSWER 99 | ***If 0, complete Q10.b, then skip to Q12.*** |
| 10.b | How many children that you did not give birth to but that you take care of as the main caregiver live in your home? | NUMBER OF LIVING CHILDREN | |  REFUSED TO ANSWER 99 | ***If response to Q9 was 1 or response to Q10.a was 0, skip to Q12.*** |
|  | How old is your youngest child that you gave birth to?  ***INTERVIEWER: If the participant seems confused, say: “How old was your youngest child on his or her last birthday?” If less than three years, write age in months.*** | MONTHS (ONLY IF CHILD IS LESS THAN THREE YEARS) | |  YEARS | |  REFUSED TO ANSWER 99 |  |
|  | How did you get to this facility today? | AMBULANCE 0  MINIBUS/MATATU 1  BUS 2  OWN CAR 3  WALKED 4  MOTORCYCLE 5  SPECIAL HIRE TAXI 6  RENTED/BORROWED CAR 8  TUK TUK 10  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77 |  |
|  | How long did it take you to get to this health facility for this visit today?  ***INTERVIEWER: This refers to when the client arrived at the facility gate—not when they started being served by the facility staff.***  ***If the participant references the time in terms of the placement of the sun or other manner, probe to get a minute or hourly estimate.*** | MINUTES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HOURS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **SECTION B: PREGNANCY INTENTIONS**: Now, I would like to ask you some questions about becoming pregnant, including if you may or may not like to become pregnant again. Please remember there is no right or wrong answer. | | | |
| 14. a | At the time that you found out about this pregnancy, even if you changed your mind afterwards, did you want this pregnancy now, earlier, later or not at all? | NOW 0  EARLIER 1  LATER 2  NOT AT ALL 3  NOT SURE 88 | ***If 0, 1, 3, or 88, skip to Q14.*** |
| 14. b | How many months or years ***later*** would you have wanted to become pregnant? | MONTHS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  YEARS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 1. c | Would you like to have another child after the delivery of this child?  ***INTERVIEWER: Do not read out responses. Record only that answered by the client.*** | NO 0  YES 1  IT IS UP TO GOD…………………………………………2  DON’T KNOW/ DON’T REMEMBER ………88 | ***If 0 or 88, skip to Q16.*** |
| 1. a | When would you like to become pregnant again after giving birth?  ***INTERVIEWER: If participant says “immediately”, record “0” next to MONTHS and YEARS.*** | MONTHS \_\_\_\_\_\_\_\_\_\_\_\_\_  YEARS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NEVER 0  MY HUSBAND WILL DECIDE 1  IT IS UP TO GOD 2  MY FAMILY WILL DECIDE 3  DON’T KNOW/DON’T REMEMBER 88 |  |

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| **SECTION C: CONSULTATION WITH HEALTH CARE PROVIDER:** Now, I would like to talk about your antenatal care visit with the provider today. | | | |
|  | What kind of health care provider was the **MAIN** provider who attended to you today during your antenatal care consultation?  **INTERVIEWER: *If respondent does not understand the question, probe with “Who examined you and listened to your baby’s heart and took your blood pressure?” Multiple responses may be possible. Record all mentioned. Verify this information before interview or by checking the medical registry.*** | DOCTOR 1  OBGYN 2  NURSE 3  MIDWIFE 4  CLINICAL OFFICER 5  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 77  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Was your antenatal care consultation provided without you and the healthcare provider(s) being **seen** by other people, for example behind a screen?  ***INTERVIEWER: This question refers to people who are unfamiliar to the respondent. The term “other people” does not include the respondent’s family/friends who attended the visit with her.*** | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Was your antenatal care consultation provided without you and the healthcare provider(s) being **heard** by other people?  ***INTERVIEWER: This question refers to people who are unfamiliar to the respondent. The term “other people” does not include the respondent’s family/friends who attended the visit with her.*** | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Overall, on a scale of 1 to 5, with 1 being least comfortable and 5 being most comfortable, how comfortable were you with the health care provider?  ***INTERVIEWER: Show woman smiley faces scale to assist with the 1 to 5 scale rating. Note that scores of 1 are highly negative and scores of 5 are highly positive. Woman should select a number from 1 to 5.*** | RANK (1-5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | On a scale of 1 to 5, with 1 being very poorly and 5 being very well, how well did the health care provider listen to your questions and concerns?  ***INTERVIEWER: Show woman smiley faces scale to assist with the 1 to 5 scale rating. Note that scores of 1 are highly negative and scores of 5 are highly positive. Woman should select a number from 1 to 5.*** | RANK (1-5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Would you recommend the healthcare provider you saw today to a friend? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | If you were to become pregnant again, would you choose the same type of antenatal care for your next pregnancy? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |

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| **SECTION D: FAMILY PLANNING COUNSELING:** Now, I am going to ask you some questions about your experience with the counseling you received at your visit today. | | | | |
|  | Did the healthcare provider ask if or when you wanted to have children after this pregnancy?  ***INTERVIEWER: If respondent does not understand the question ask, “Did the healthcare provider ask if or when you wanted to have MORE children after this pregnancy?”*** | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Did the healthcare provider counsel you on family planning at this visit? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 | ***If 0, skip to Q26.*** |
|  | During this antenatal care visit, what family planning methods did the healthcare provider or providers discuss with you?  ***INTERVIEWER: Do not read out methods. Record only those mentioned by the client. Remember that if the client mentions a “28-day” pill, this refers to the COMBINED PILL, and if the client mentions a “35-day” pill, this refers to the PROGESTINE ONLY PILL.*** | COMBINED PILL 1  PROGESTINE ONLY PILL 2  MALE CONDOM 3  FEMALE CONDOM 4  IUD 5  INJECTABLES 6  IMPLANT 7  BREASTFEEDING/LAM 8  MALE STERILIZATION 9  FEMALE STERILIZATION 10  EMERGENCY CONTRACEPTION 11  DON’T KNOW/DON’T REMEMBER 88  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………………………………………………………….77 | ***All responses skip to Q27.*** |
|  | Did a healthcare provider counsel you on family planning in previous visits to this health facility? | NO ……………………………………………………….. 0  YES ……………………………………………………….. 1  DON’T KNOW/DON’T REMEMBER 88 |  |
| 1. a | Did the healthcare provider talk to you about the reasons for spacing or waiting to have your next pregnancy? | NO ……………………………………………………….. 0  YES ……………………………………………………….. 1  DON’T KNOW/DON’T REMEMBER 88 |  |
| 27. b | How long did the provider suggest you wait to become pregnant again?  ***INTERVIEWER: If provider did not suggest a period, enter 44 under years. Months should be 0.*** | MONTHS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  YEARS \_\_\_\_\_\_\_\_\_\_\_  PROVIDER DID NOT SUGGEST A PERIOD OF TIME………………………………………………………44  DON’T KNOW/DON’T REMEMBER…………..88 |  |
| 1. a | Did the healthcare provider tell you about when you might become fertile again after you have given birth? | NO ……………………………………………………….. 0  YES ……………………………………………………….. 1  DON’T KNOW/DON’T REMEMBER 88 | ***If 0 or 88, skip to Q29.*** |
| 28. b | How many weeks or months after you have given birth did the provider tell you might become fertile again? | WEEKS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MONTHS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***INTERVIEWER: If provider did not suggest a period, enter 44 under years. Months should be 0.*** |  |
|  | Did the healthcare provider ask if you planned to use a family planning method immediately after delivery? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 | ***If 0 or 88, skip to Q31.*** |
|  | Did the health care provider ask you which family planning method(s) you chose to use after delivery? | NO 0  YES 1  NOT SURE/DON’T REMEMBER 88 |  |
| ***Ask questions 31 and 32 ONLY if client answered “YES” to any of questions 23-30. If client answered “NO” or “DON’T KNOW/DON’T REMEMBER” to ALL questions, skip to question 33.*** | | | | |
|  | ***INTERVIEWER: Ask only if client answered YES to any of 23-30.***  When the health care provider talked with you about these topics, did the healthcare provider talk with you without being seen by other people, for example behind a screen? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | ***INTERVIEWER: Ask only if client answered YES to any of 23*-30.**  When the health care provider talked with you about these topics, did the healthcare provider talk with you without being heard by other people? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Do you plan to do anything to avoid getting pregnant after you give birth? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 | ***If 0 or 88, skip to Q35b, Q35c, and Q35d, then skip to Q42.*** |
| 1. a1 | What do you plan to do to avoid getting pregnant after you give birth?  ***INTERVIEWER: Do not read out methods. Record only those mentioned by the client. Multiple responses may be possible. Record all mentioned. Remember that if the client mentions a “28-day” pill, this refers to the COMBINED PILL, and if the client mentions a “35-day” pill, this refers to the PROGESTINE ONLY PILL.*** | USE A FAMILY PLANNING METHOD 1  BREASTFEEDING/LAM 8  AVOID SEX 12  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW/DON’T REMEMBER 88 | ***If 8, skip to Q34b.***  ***If 12 or 88, skip to 35b.*** |
| 34. a2 | Which family planning method to plan to use after you give birth?  ***INTERVIEWER: Traditional methods include the rhythm method, withdrawal, and other traditional methods. Include a method as “other” if you are unsure if it qualifies as a “Traditional method”.*** | COMBINED PILL 1  PROGESTINE ONLY PILL 2  MALE CONDOM 3  FEMALE CONDOM 4  IUD 5 INJECTABLES 6  IMPLANT 7  MALE STERILIZATION 9  FEMALE STERILIZATION 10  EMERGENCY CONTRACEPTION 11  USE A TRADITIONAL METHOD 13  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW/DON’T REMEMBER 88 | ***All skip to Q35a.*** |
| 34. a3 | When do you plan to start using this method?  ***INTERVIEWER: The response option “Immediately after delivery” means before the client is discharged from the facility.*** | IMMEDIATELY AFTER DELIVERY 0  WITHIN 6 WEEKS AFTER DELIVERY 1  WITHIN 6 MONTHS AFTER DELIVERY 2  WITHIN 1 YEAR AFTER DELIVERY 3  MORE THAN 1 YEAR AFTER DELIVERY 4 | ***All skip to Q35a.*** |
| 34. b | **(Breastfeeding/LAM users only)**  Can you tell me what you mean when you say you will use breastfeeding? Please tell me how breastfeeding must be performed to prevent pregnancy.  ***INTERVIEWER: Do not read out responses. Record only those mentioned by the client. Multiple responses may be possible. Record all mentioned*.** | BREASTFEEDING………………………………………..….0  INFANT IS LESS THAN 6 MONTHS ………………..1  MENSES NOT RETURNED………………………………..2  EXCLUSIVELY BREASTFEED………………………………3  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ……………………………………………………………….…. 77 |  |
| 34. c | **(Breastfeeding/LAM users only)**  Do you plan to use any other family planning method when you are no longer able to use breastfeeding as a family planning method? | NO 0  YES 1 | ***If 0, skip to Q35a.*** |
| 34. d | **(Breastfeeding/LAM users only)**  What family planning method do you plan to use after using breastfeeding to prevent pregnancy?  ***INTERVIEWER: Do not read out methods. Record only those mentioned by the client. Multiple responses may be possible. Record all mentioned.*  *Remember that if the client mentions a “28-day” pill, this refers to the COMBINED PILL, and if the client mentions a “35-day” pill, this refers to the PROGESTINE ONLY PILL.*** | COMBINED PILL 1  PROGESTINE ONLY PILL 2  MALE CONDOM 3  FEMALE CONDOM 4  IUD 5  INJECTABLES 6  IMPLANT 7  BREASTFEEDING/LAM 8  MALE STERILIZATION 9  FEMALE STERILIZATION 10  EMERGENCY CONTRACEPTION 11  DON’T KNOW/DON’T REMEMBER 88  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ……………………………………………………………….…. 77 |  |
| 34. e | **(Breastfeeding/LAM users only)**  How many weeks or months after your baby is born do you plan to start using this method? | MONTHS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  WEEKS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 1. a | Why do you intend to use this particular family planning method?  ***INTERVIEWER: Do not read out response options. Multiple responses possible. Record all responses mentioned by client.*** | PREVIOUS EXPERIENCE WITH THE METHOD. 1  COUNSELING FROM THE PROVIDER 2  FRIEND RECOMMENDED 3  HUSBAND WANTED THIS ONE 4  COST 5  THIS IS THE EASIEST METHOD 6  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………………………………………………………….77 | ***Skip to Q35c*** |
| 35. b | Why do you intend not to use family planning after birth?  ***INTERVIEWER: Do not read out response options. Multiple responses possible. Record all responses mentioned by client.*** | WANT TO BECOME PREGNANT 0  INFREQUENT SEX/PARTNER AWAY 1  HUSBAND DISAPPROVED 2  HEALTH CONCERNS 3  UNABLE TO ACCESS 4  RELATIONSHIP DISOLUTION 5  SIDE EFFECTS 6  METHOD TOO INCONVENIENT 7  COST .8  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77 |  |
| 35. c | Do you plan to do anything ***ELSE*** to avoid or delay getting pregnant again after you give birth?  ***INTERVIEWER: Read “ELSE” if the respondent indicated that she planned to use a family planning method after birth.*** | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………………………………………………………….77 | ***If 0 or 88, skip to Q36.*** |
| 35. d | What are you planning to do?  ***INTERVIEWER: Do not read out responses. Record only those mentioned by the client. Multiple responses may be possible. Record all mentioned.*** | AVOID SEX 1  USE TRADITIONAL METHOD... 2  DON’T KNOW/DON’T REMEMBER 88  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………………………………………………………….77 | ***If response to Q33 is 0 or 88, skip to Q42.*** |

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| **SECTION E: INFORMATION PROVIDED AFTER CHOOSING A FAMILY PLANNING METHOD:** Now I would like to ask you about the specific counseling you may have received about this method that you chose**.** | | | |
|  | After you chose a postpartum family planning method did the healthcare provider **explain how to use the method**?  ***INTERVIEWER: If the respondent is not familiar with the term postpartum family planning, explain that this refers to the use of a family planning method after delivery.*** | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | After you chose a postpartum family planning method, did the healthcare provider **explain the common side-effects of the method?**  ***INTERVIEWER: Do not ask if answer to 34 was 8 (BREASTFEEDING/LAM).*** | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | After you chose a postpartum family planning method, did the healthcare provider, **ask you to repeat important instructions?** | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | After you chose a postpartum family planning method, did the healthcare provider **tell you what to do if you have any problems or want to stop using the method?** | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | After you chose a postpartum family planning method , did the healthcare provider, **explain that this method does not protect against HIV/STIs**  ***INTERVIEWER: Do not ask this question if method is ONLY condoms (if answer to Q34 is 3 or 4).*** | NO 0  YES 1  METHOD IS CONDOMS 3  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | After you chose a postpartum family planning method, did the healthcare provider **ask if you have any questions or anything to discuss about the family planning method you chose?** | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | On a scale of 1 to 5, with 1 being least helpful and 5 being most helpful, how helpful was the information your provider gave in helping you make a choice about your method?  ***INTERVIEWER: Show woman smiley faces scale to assist with the 1 to 5 scale rating. Note that scores of 1 are highly negative and scores of 5 are highly positive. Woman should select a number from 1 to 5.*** | RANK (1-5) \_\_\_\_\_\_\_\_\_\_\_  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER………………………….. 99 |  |

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| **SECTION F: PAST FAMILY PLANNING METHOD CHOICE:** Now I would like you to think about past experiences you may have with family planning methods | | | |
|  | Have you used a family planning method or methods in the past, before this pregnancy? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | ***If 0, 88 or 99, skip to Q46e.*** |
|  | What are all the methods you have ever used in your lifetime?  ***INTERVIEWER: Do not read out responses. Record only those mentioned by the client. Multiple responses may be possible. Record all mentioned.*** | COMBINED PILL 1  PROGESTINE ONLY PILL 2  MALE CONDOM 3  FEMALE CONDOM 4  IUD 5  INJECTABLES 6  IMPLANT 7  BREASTFEEDING/LAM 8  MALE STERILIZATION 9  FEMALE STERILIZATION 10  EMERGENCY CONTRACEPTION 11  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ……………………………………………………………….77  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | What was the last method you used before this pregnancy, even if you had stopped using it before getting pregnant?  ***INTERVIEWER: Do not read out methods. Record only those mentioned by the client. Multiple responses may be possible. Record all mentioned. Remember that if the client mentions a “28-day” pill, this refers to the COMBINED PILL, and if the client mentions a “35-day” pill, this refers to the PROGESTINE ONLY PILL.*** | COMBINED PILL 1  PROGESTINE ONLY PILL 2  MALE CONDOM 3  FEMALE CONDOM 4  IUD 5  INJECTABLES 6  IMPLANT 7  BREASTFEEDING/LAM 8  MALE STERILIZATION 9  FEMALE STERILIZATION 10  EMERGENCY CONTRACEPTION 11  DON’T KNOW/DON’T REMEMBER 88  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ……………………………………………………………….77 |  |
| 1. a | Who made the final decision about the family planning method to use the last time you used a method?  ***INTERVIEWER: Do not read out responses. Record only those mentioned by the client. Multiple responses may be possible. Record all mentioned.*** | ME 1  MY PARTNER 2  MY HEALTHCARE PROVIDER 3  MY MOTHER-IN-LAW 4  MY MOTHER 5  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T/ KNOW/DON’T REMEMBER 88 |  |
| 46. b | At the time you became pregnant with this pregnancy, were you still using this method? | NO 0  YES 1  DON’T/ KNOW/DON’T REMEMBER….88 | ***If 1, skip to Q47a.*** |
| 46. c | About how many days, weeks or months before you became pregnant did you stop using this method? | DAYS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  WEEKS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MONTHS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DON’T KNOW/DON’T REMEMBER ………....88 |  |
| 46. d | What are the reasons you stopped using this method? | WANTED TO BECOME PREGNANT 1  BECAME PREGNANT 2  INFREQUENT SEX/PARTNER AWAY 3  HUSBAND DISAPPROVED 4  WANTED MORE EFFECTIVE METHOD 5  HEALTH CONCERNS 6  UNABLE TO ACCESS 7  TOO EXPENSIVE 8  RELATIONSHIP DISOLUTION 9  SIDE EFFECTS 10  METHOD TOO INCONVENIENT 11  OTHER(SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
| 46. e | Who made the final decision to not use a family planning method?  ***INTERVIEWER: Do not read out methods. Multiple responses possible. Record all responses mentioned.*** | ME 1  MY PARTNER 2  MY HEALTHCARE PROVIDER 3  MY MOTHER-IN-LAW 4  MY MOTHER 5  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ……………………………………………………………….77  DON’T KNOW/DON’T REMEMBER 88 |  |
| 1. a | Were you doing anything to avoid getting pregnant **at the time you** became pregnant? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | ***If 0, 88 or 99, skip to Q48.*** |
| 47. b | What were you doing to avoid getting pregnant **at the time you became pregnant**?  ***INTERVIEWER: Do not read out methods. Record only those mentioned by the client. Multiple responses may be possible. Record all mentioned. Remember that if the client mentions a “28-day” pill, this refers to the COMBINED PILL, and if the client mentions a “35-day” pill, this refers to the PROGESTINE ONLY PILL.*** | COMBINED PILL 1  PROGESTINE ONLY PILL 2  MALE CONDOM 3  FEMALE CONDOM 4  IUD 5  INJECTABLES 6  IMPLANT 7  BREASTFEEDING/LAM 8  MALE STERILIZATION 9  FEMALE STERILIZATION 10  EMERGENCY CONTRACEPTION 11  WITHDRAWAL 12  AVOID SEX 13  USE OF TRADITIONAL MEDICINE 14  DON’T KNOW 88  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77 |  |

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| **SECTION G: SELF-EFFICACY IN CONTRACEPTIVE CHOICE:** Please tell me if you would agree or disagree with the following statements. | | | |
|  | You could start a conversation with your husband/partner about family planning. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | You could convince your husband/partner that you should use a family planning method. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | You could use family planning method even if your husband/partner doesn’t want you to. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | You could use family planning method even if none of your friends or neighbors use one. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | You could use family planning method even if your religious leader did not think you should use one. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | You could use a family planning method even if your healthcare provider did not think you should use one. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION H: PREGNANCY HEALTH:** Finally, I would like to ask you a few questions about your health. | | | |
|  | During this pregnancy, were you told by a healthcare provider that you have any medical conditions? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER …….……... 88 | ***If 0 or 88, skip to Q56.*** |
|  | What medical conditions were you told that you have?  ***INTERVIEWER: Do not read out conditions. Record only those mentioned by the client. Multiple responses may be possible. Record all mentioned.*** | HYPERTENSION 1  DIABETES 2  GESTATIONAL DIABETES 3  TUBERCULOSIS 4  SICKLE CELL ANEMIA 5  HIV/AIDS 6  PRE-ECLAMPSIA…………………………………………7  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………………………………………………………….77  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Have you ever been pregnant with more than one baby at the same time? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | May I please look at your antenatal care card/Mother Child Booklet?  ***INTERVIEWER: Please record all medical conditions in the card.*** | NO MEDICAL CONDITIONS LISTED 0  HYPERTENSION 1  DIABETES 2  GESTATIONAL DIABETES 3  TUBERCULOSIS 4  SICKLE CELL ANEMIA 5  HIV/AIDS 6  PRE-ECLAMPSIA…………………………………………7  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………………………………………………………….77  DON’T KNOW/DON’T REMEMBER 88 |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Record Time Interview Ended |  |  |

***INTERVIEWER: Read aloud,* “*Thank you for sharing this information with us and for being a part of this study.”***