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| **S/N** | **QUESTION** | **CODES** | **SKIP TO** |
| **INTERVIEW INFORMATION** | | | |
|  | Participant ID Number |  |  |
| **SECTION A: DELIVERY CARE INFORMATION:** Now, we will talk about your experiences since giving birth at this facility. | | | |
| 1. a | How many weeks pregnant were you before you gave birth? | WEEKS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DON’T KNOW/DON’T REMEMBER 88 |  |
| 2. b | Do you plan to breastfeed your baby? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Which type of healthcare provider delivered your baby?  ***INTERVIEWER: Confirm 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 delivery care provided without you and your healthcare provider(s) being **seen** by other people, for example behind a screen? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Was your delivery care provided without you and your healthcare provider(s) being **heard** by other people? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Did any health care provider with whom you interacted during this childbirth stay discuss the following since you arrived at this facility for your delivery? | |  |
|  | Maternal care (hygiene, rest, nutrition etc.) | NO 0  YES 1  DON’T KNOW /DON’T REMEMBER 88 |  |
|  | Newborn care (breastfeeding, cord care, bathing, etc.) | NO 0  YES 1  DON’T KNOW /DON’T REMEMBER 88 |  |
|  | Medical reasons to come back to the hospital or seek care immediately for the baby | NO 0  YES 1  DON’T KNOW /DON’T REMEMBER 88 |  |
|  | Immunizations for your baby | NO 0  YES 1  DON’T KNOW /DON’T REMEMBER 88 |  |
|  | Medical reasons to come back to the hospital or seek care immediately for your own health | NO 0  YES 1  DON’T KNOW /DON’T REMEMBER 88 |  |
|  | Postpartum family planning  ***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 |  |
| **SECTION B: FAMILY PLANNING AT DELIVERY VISIT:** Now, I would like to discuss with you your experiences with family planning counseling and receiving family planning in the time since you came to this facility for your delivery. | | | |
|  | During this delivery visit has a health care provider talked to you about any specific family planning method? | NO 0  YES 1  DON’T KNOW /DON’T REMEMBER 88 | ***If 0 or 88, skip to Q10a.*** |
|  | Which provider(s) have talked to you about family planning?  ***INTERVIEWER: Multiple responses possible. Record all mentioned.*** | DOCTOR 1  OBGYN……………………………………………………… 2  NURSE………………………………………………………. 3  MIDWIFE 4  CLINICAL OFFICER…………………………………….. 5  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW /DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | What family planning methods have you considered with your health care provider after your delivery?  ***INTERVIEWER: Do not read out methods. 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  REFUSED TO ANSWER 99 |  |

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| **SECTION C: EXPERIENCE WITH CONTRACEPTIVE METHOD PROVISION AT DELIVERY VISIT:** Now, I would like to ask you some questions about if you received a contraceptive method since arriving at this facility for your delivery. | | | |
| **SECTION C1: Family Planning Method Accepted** | | | |
| 1. a | Do you plan to do anything to avoid getting pregnant in the near future? | NO 0  YES 1  DON’T KNOW /DON’T REMEMBER 88 | ***If 0 or 88, skip to Q10g.*** |
| 10. b | What do you plan to do to avoid getting pregnant? | USE A FAMILY PLANNING METHOD 1  BREASTFEEDING/LAM 8  AVOID SEX 12  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW/DON’T REMEMBER 88 | ***If 8 (Breastfeeding/LAM), skip to Q10e.***  ***If 12 or 88, skip to Q10i.*** |
| 10. c | Which family planning method do plan to use or are you currently using since you gave 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 |  |
| 10. d | 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.*** | I HAVE ALREADY STARTED THE METHOD 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 Q10i.*** |
| 10. e | **(Breastfeeding/LAM users only)**  Can you tell me what you mean when you say you use LAM? Please tell me how LAM must be performed to prevent pregnancy.  ***INTERVIEWER: Do not read out methods. 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  REFUSED TO ANSWER 99 |  |
| 10. f | **(Breastfeeding/LAM users only)**  Do you plan to use any other family planning method when you are no longer able to use LAM as a family planning method? | NO 0  YES 1 | ***If 0, skip to Q13.*** |
| 10. g | **(Breastfeeding/LAM users only)**  How many weeks or months after your baby is born do you plan to start using this method? | WEEKS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MONTHS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 10. h | **(Breastfeeding/LAM users only)**  What family planning method do you plan to use after using LAM?  ***INTERVIEWER: Do not read out methods. 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  MALE STERILIZATION 9  FEMALE STERILIZATION 10  EMERGENCY CONTRACEPTION 11  DON’T KNOW /DON’T REMEMBER 88  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  REFUSED TO ANSWER 99 |  |
| 10. i | Have you received a family planning method at this facility or a referral to receive a method outside of this facility since you gave birth?  ***INTERVIEWER: If the client already indicated that she started using a method in Q10d, state, “Just to confirm, you have already received a family planning method. Is that correct?” If this is correct, select “YES, RECEIVED A METHOD”.*** | NO 0  YES, RECEIVED METHOD 1  YES, RECEIVED REFERRAL 2  YES, WAS ASKED TO RETURN TO THIS FACILITY AT A LATER DATE TO RECEIVE THE METHOD 3 | ***If 0, skip to Q14.***  ***If 1 skip to Q11.***  ***If 2 or 3, answer Q10j, then skip to Q13.*** |
| 10. j | What method were you referred for or asked to return to this facility at a later date to receive?  ***INTERVIEWER: Do not read out methods. 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  OTHER(SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW /DON’T REMEMBER 88  REFUSED TO ANSWER…..………………………..99 |  |
|  | Who provided you with the family planning method?  ***INTERVIEWER: Confirm 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 |  |
|  | What method did you receive?  ***INTERVIEWER: Do not read out methods. 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  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW /DON’T REMEMBER 88  REFUSED TO ANSWER 99 | ***If 8, continue to Q13.***  ***If any other, skip to Q16a.*** |
|  | Who made the final decision about which family planning method you would use?  ***Do not read out options. Multiple responses may be possible.*** | ME 1  MY PARTNER/HUSBAND 2  MY HEALTHCARE PROVIDER 3  MY MOTHER-IN-LAW 4  MY MOTHER 5  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW 88  REFUSED TO ANSWER 99 | ***All skip to Q15, then Q16 if applicable, then skip to Q22.*** |
|  | Who made the final decision to not use a family planning method?  ***INTERVIEWER: Do not read out options. Multiple responses may be possible. Record all mentioned.*** | ME 1  MY PARTNER/HUSBAND 2  MY HEALTHCARE PROVIDER 3  MY MOTHER-IN-LAW 4  MY MOTHER 5  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW 88  REFUSED TO ANSWER 99 |  |
|  | Do you plan to do anything ***ELSE*** to avoid or delay getting pregnant?  ***INTERVIEWER: Read “ELSE” if the respondent previously indicated that she planned to use a family planning method after birth.*** | NO 0  YES 1  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW/DON’T REMEMBER 88 | ***If 0 or 88, skip to Q17.***  ***Answer Q17 if applicable, then skip to Q22.*** |
|  | What are you planning to do?  ***INTERVIEWER: Do not read out options. Multiple responses may be possible. Record all mentioned.*** | AVOID SEX 1  USE TRADITIONAL METHOD 2  DON’T KNOW YET 88  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  .77 | ***Answer Q17 if applicable, then skip to Q22.*** |
| **Interviewer: Ask Q17 if the response to Q10h or Q12 is different from the response to *Kenya Postpartum* *Interview* *0 (ANC Visit) Q34*.** | | | |
|  | ***INTERVIEWER: Ask this question if the method in Q10h or Q12 is different from the one she intended to receive during her ANC visit (Note the method from Kenya Postpartum Interview 0 questionnaire Q34a).***  Why did you not receive the method that you intended to use during your antenatal care visit? | WANTED TO BECOME PREGNANT 1  INFREQUENT SEX/PARTNER AWAY 2  NEEDS TO ASK HUSBAND/PARTNER 3  HUSBAND/PARTNER WANTED ME TO CHOOSE A DIFFERENT METHOD 4  HUSBAND/PARTNER DOES NOT WANT ME TO USE ANY METHOD 5  WANTED MORE EFFECTIVE METHOD 6  CONCERNS ABOUT THE SIDE EFFECTS 7  METHOD IS TOO EXPENSIVE 8  WANTED TO HEAL FIRST 9  METHOD IS NOT AVAILABLE FROM THIS FACILITY TODAY 10  NO PROVIDER AVAILABLE TO OFFER METHOD TODAY 11  PROVIDER RECOMMENDED AGAINST THE METHOD 12  WANT TO WAIT FOR MENSES TO RETURN 13  I CHANGED MY MIND 14  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW//DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |

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| **SECTION C2: NON-ACCEPTANCE OR REFERRAL FOR METHODS: Now, I would like to ask you some questions about reasons you didn’t receive a method and any plans you have for receiving a method in the future.** | | | | |
| **Interviewer:**   * **Ask Q18 and Q19 if the participant answer to Q10g was 0 (the participant did not receive a family planning method)** * **Ask Q20 if the participant answer to Q10g was 2 (yes, received referral) or 3 (yes, we asked to return to this facility at a later date to receive the method** | | | | |
|  | Why did you not receive a family planning method?  ***INTERVIEWER: Do not read out methods. Multiple responses may be possible. Record all mentioned.*** | | WANTED TO BECOME PREGNANT 1  INFREQUENT SEX/PARTNER AWAY 2  NEEDS TO ASK HUSBAND/PARTNER 3  HUSBAND/PARTNER WANTED ME TO CHOOSE A DIFFERENT METHOD 4  HUSBAND/PARTNER DOES NOT WANT ME TO USE ANY METHOD 5  WANTED MORE EFFECTIVE METHOD 6  CONCERNS ABOUT THE SIDE EFFECTS 7  METHOD IS TOO EXPENSIVE 8  WANTED TO HEAL FIRST 9  METHOD IS NOT AVAILABLE FROM THIS FACILITY TODAY 10  NO PROVIDER AVAILABLE TO OFFER METHOD TODAY 11  PROVIDER RECOMMENDED AGAINST THE METHOD 12  WANT TO WAIT FOR MENSES TO RETURN 13  I CHANGED MY MIND 14  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW//DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Do you plan to receive a family planning method elsewhere? | | NO 0  YES 1  DON’T KNOW /DON’T REMEMBER 88 | ***If 0 or 88, skip to Q39.***  ***If 1, continue to Q20.*** |
|  | Where do you plan to or think you will receive the method? | | HOSPITAL (I will go to a hospital for a FP method) 1  CLINIC (I will go to a clinic for a FP method) 2  PHARMACY 3  COMMUNITY HEALTH WORKER (I will go to a CHW for a FP method) 4  INFANT WELFARE VISITS 6  INFANT IMMUNIZATION VISITS 7  POSTNATAL CARE CHECK 8  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77 |  |
| 21.a | | What family planning method do you plan to use when you visit the (***INSERT NAME OF SITE/LOCATION MENTIONED***)?  ***INTERVIEWER: Do not read out methods. Record only those mentioned by the client. Multiple responses may be possible. Record all methods 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. b | When do you plan to receive this method? In how many weeks or months? | | WEEKS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MONTHS \_\_\_\_\_\_\_\_\_\_\_\_\_  DON’T KNOW /DON’T REMEMBER 88  REFUSED TO ANSWER 99 | ***If answer to Q10g was 0, skip to Q39.*** |

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| **SECTION C3: COUNSELING ON METHOD RECEIVED/CHOSEN: Now, I would like to ask you about any counseling you received on the family planning method you received or chose.** | | | |
| **ASK ONLY IF THE PARTICIPANTS ANSWER TO QUESTION 10g WAS 1 (YES, RECEIVED METHOD), 2 (YES, RECEIVED REFERRAL, or 3 (YES, WAS ASKED TO RETURN TO THIS FACILITY AT A LATER DATE TO RECEIVE THE METHOD…3)** | | | |
|  | At this visit after choosing a postpartum family planning method, did the health care provider **explain how to use the method?** | NO 0  YES 1  DON’T KNOW /DON’T REMEMBER 88 |  |
|  | At this visit, after choosing a postpartum family planning method, did the health care provider **explain the common side-effects of the method you received**? | NO 0  YES 1  DON’T KNOW /DON’T REMEMBER 88 | ***If 0 or 88, skip to Q25.*** |
|  | At this visit, after choosing a postpartum family planning method, what **side effects did your healthcare provider mention?**  ***INTERVIEWER: Do not read out methods. Only record those mentioned by the client.*** | CHANGES IN MENSTRATION 1  PAIN AT THE INSERTION SITE 2  INFECTION 3  MOOD SWINGS 4  WEIGHT CHANGE 5  HEADACHE. 6  ACNE 7  DEPRESSED MOOD 8  VAGINITIS .9  BREAST PAIN 10  CRAMPING 11  PAINFUL PERIODS 12  NAUSEA 13  DIZZINESS 14  SCARRING AT INSERTION SITE 15  LOSS OF LIBIDO 16  INTERFERENCE WITH SEXUAL ACTIVITY 17  (IMPLANT) FAILED INSERTION 18  (IMPLANT) PAIN, IRRITATION, SWELLING OR BRUISING AT THE INSERTION SITE 19  (IMPLANT) BROKEN IMPLANT 20  (IUD) PAIN AFTER INSERTION 21  (IUD) HEAVY BLEEDING 22  (IUD) EXPULSION 23  (IMPLANT, IUD) INFECTION 24  (STERILIZATION) PAIN AFTER THE PROCEDURE 25  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | At this visit, after choosing a postpartum family planning method, did the health care provider ask you to **repeat important instructions and common side effects**? | NO 0  YES 1  DON’T KNOW /DON’T REMEMBER 88 |  |
|  | At this visit, after choosing a postpartum family planning method, did the health care provider **tell you what to do if you have any problems or want to stop using this method?** | NO 0  YES 1  DON’T KNOW /DON’T REMEMBER 88 |  |
|  | At this visit, after choosing a postpartum family planning method, did the healthcare provider **explain that this method does not protect against HIV/STIs?**  ***INTERVIEWER: Do not ask if woman is using condoms only*.** | NO 0  YES 1  METHOD IS CONDOMS ONLY 2  DON’T KNOW/DON’T REMEMBER …….…... 88 |  |
|  | After you received a family planning method ***OR*** decided which method you wanted to use, did your healthcare provider **ask if you had any questions or had anything to discuss about the family planning method you chose?** | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |
| **INTERVIWER: Ask Q29 ONLY if the participant’s answer to Q16a included 1 (ME).** | | | |
|  | On a scale of 1 to 5, 1 being not helpful and 5 being very 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  REFUSE TO ANSWER 99 | ***If answer to Q10g was 2 (yes, received referral) or 3 (yes, was asked to return to this facility at later date to receive the method), skip to Q39.*** |

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| **SECTION D: METHOD PROVISION AND SATISFACTION:** Now, let’s discuss your experience receiving your family planning method. | | | |
| **ASK QUESTIONS IN THIS SECTION ONLY IF THE PARTICIPANTS ANSWER TO QUESTION 10g WAS 1 (YES, RECEIVED A FAMILY PLANNING METHOD)** | | | |
| **ASK QUESTIONS 30 – 32 ONLY IF PARTICIPANT’S ANSWER TO QUESTION 12 WAS 5, 7, OR 10 (IUD, IMPLANT, OR STERILIZATION):** | | | |
|  | ***INTERVIEWER: Note participant’s answer to question 12 and ask only if client received IUD, implant, or sterilization*.**  On a scale of 1 to 5, with 1 being very uncomfortable and 5 being very comfortable, did you find the procedure to be very uncomfortable, somewhat uncomfortable, or not uncomfortable at all?  ***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  REFUSE TO ANSWER 99 |  |
|  | ***INTERVIEWER: Note participant’s answer to question 12 and ask only if client received IUD, implant, or sterilization.***  On a scale of 1 to 5, with 1 being very dissatisfied and 5 being very satisfied, overall, how satisfied are you with the process of provision of the method you chose?  ***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  REFUSE TO ANSWER 99 | ***If 3, 4, or 5, skip to Q33.*** |
|  | **INTERVIEWER: *Ask only if client reported 1 or 2 to question 31 (approximately dissatisfied or somewhat dissatisfied)*.**  Why were you dissatisfied with your experience receiving your family planning method?  ***INTERVIEWER: Do not read out the response options. Record all mentioned*** | DISCOMFORT DURING THE PROCEDURE 1  LACK OF PRIVACY DURING PROCEDURE 2  PRECEDURE WAS TIME CONSUMING 3  I HAD TO WAIT TOO LONG FOR THE PROCEDURE 4  THE PROVIDER HAD A BAD ATTITUDE 5  I AM UNHAPPY WITH THE PRICE OF THE METHOD 6 OTHER (SPECIFY) 77  REFUSED TO ANSWER 99 |  |
|  | Overall, do you feel that you had sufficient privacy during the procedure? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER ……..……... 88 |  |
|  | Were you told when to return for a follow-up visit? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER ……..……... 88 |  |
|  | Based on your experience receiving your family planning method, **would you recommend that a friend receive an immediate family planning method after childbirth?** | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Based on your experience receiving your family planning method, **do you feel that the healthcare provider who gave you the method was competent in providing postpartum family planning services?** | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Based on your experience receiving your family planning method, **would you recommend this facility to a friend?** | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Based on your experience receiving your family planning method, **would you return to this facility If you were pregnant again?** | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |

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| **SECTION E: BELIEFS ABOUT FAMILY PLANNING:** Please tell me if you agree or disagree with the following statements about family planning. | | | |
|  | Use of family methods can make a woman permanently infertile.  ***INTERVIEWER: Do not read out option #2 (Sterilization/Permanent Methods Only).*** | DISAGREE 0  AGREE 1  STERILIZATION/PERMANENT METHODS 2  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Family planning methods harm your womb.  ***INTERVIEWER: Do not read out option #2 (SOME FAMILY PLANNING METHODS).*** | DISAGREE 0  AGREE 1  STERILIZATION/PERMANENT METHODS 2  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Family planning methods reduce women’s sexual urge.  ***INTERVIEWER: Do not read out option #2 (SOME FAMILY PLANNING METHODS).*** | DISAGREE 0  AGREE 1  SOME FAMILY PLANNING METHODS 2  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Family planning methods cause cancer.  ***INTERVIEWER: Do not read out option #2 (SOME FAMILY PLANNING METHODS).*** | DISAGREE 0  AGREE 1  SOME FAMILY PLANNING METHODS 2  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Family planning methods give you deformed babies.  ***INTERVIEWER: Do not read out option #2 (SOME FAMILY PLANNING METHODS).*** | DISAGREE 0  AGREE 1  SOME FAMILY PLANNING METHODS 2  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Family planning methods are dangerous to your health.  ***INTERVIEWER: Do not read out option #2 (SOME FAMILY PLANNING METHODS).*** | DISAGREE 0  AGREE 1  SOME FAMILY PLANNING METHODS 2  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Family planning methods cause you to gain weight.  ***INTERVIEWER: Do not read out option #2 (SOME FAMILY PLANNING METHODS).*** | DISAGREE 0  AGREE 1  SOME FAMILY PLANNING METHODS 2  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Women who use family planning methods become promiscuous. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | The husband/partner should be the one to decide whether the couple should use a family planning method. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Becoming pregnant soon after a delivery is healthy for the health of the mother and baby. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Husbands/Partners and wives should discuss family planning together. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Couples who practice family planning have a better quality of life than those who do not. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88 |  |

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| **SECTION F: BELIEFS ABOUT FAMILY PLANNING EFFICACY: Now, I am going to list a few contraceptive methods.** For each of the following contraceptive methods, I would like you to tell me how effective you think it is. | | | |
|  | Do you know about the family planning method of sterilization? | NO…………………………………………………………….0  YES……………………………………………………………1 | ***If 0, skip to Q53.*** |
| 52. | Do you think that **sterilization** is always/almost always effective, usually effective, or sometimes effective? | ALWAYS/ALMOST ALWAYS EFFECTIVE 1  USUALLY EFFECTIVE 2  SOMETIMES EFFECTIVE 3  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Do you know about the family planning method of contraceptive implants? | NO 0  YES 1 | ***If 0, skip to Q55.*** |
| 54. | Do you think that **contraceptive implants** are always/almost always effective, usually effective, or sometimes effective? | ALWAYS/ALMOST ALWAYS EFFECTIVE 1  USUALLY EFFECTIVE 2  SOMETIMES EFFECTIVE 3  DON’T KNOW/DON’T REMEMBER 88 |  |
| 55. | Do you know about the family planning method of IUDs? | NO 0  YES 1 | ***If 0, skip to Q57.*** |
| 56. | Do you think that **IUDs** are always/almost always effective, usually effective, or sometimes effective? | ALWAYS/ALMOST ALWAYS EFFECTIVE 1  USUALLY EFFECTIVE 2  SOMETIMES EFFECTIVE 3  DON’T KNOW/DON’T REMEMBER 88 |  |
| 57. | Do you know about the family planning method of contraceptive injections? | NO 0  YES 1 | ***If 0, skip to Q59.*** |
| 58. | Do you think that **contraceptive injections** are always/almost always effective, usually effective, or sometimes effective? | ALWAYS/ALMOST ALWAYS EFFECTIVE 1  USUALLY EFFECTIVE 2  SOMETIMES EFFECTIVE 3  DON’T KNOW/DON’T REMEMBER 88 |  |
| 59. | Do you know about the family planning method of contraceptive pills? | NO 0  YES 1 | ***If 0, skip to Q61.*** |
| 60. | Do you think that **contraceptive pills** are always/almost always effective, usually effective, or sometimes effective? | ALWAYS/ALMOST ALWAYS EFFECTIVE 1  USUALLY EFFECTIVE 2  SOMETIMES EFFECTIVE 3  DON’T KNOW/DON’T REMEMBER 88 |  |
| 61. | Do you know about the family planning method of LAM (lactational amenorrhea method)? | NO 0  YES 1 | ***If 0, skip to Q63.*** |
| 62. | Do you think that using **LAM (lactational amenorrhea method)** is always/almost always effective, usually effective, or sometimes effective? | ALWAYS/ALMOST ALWAYS EFFECTIVE 1  USUALLY EFFECTIVE 2  SOMETIMES EFFECTIVE 3  DON’T KNOW/DON’T REMEMBER 88 |  |

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| **SECTION G: SPOUSAL COMMUNICATION:** Now, I would like to ask you about your communication with husband/father of your baby about family planning. | | | |
|  | Throughout your pregnancy, how often did you talk with your husband/father of your baby about the number of children you would like to have? | NEVER…………………………………………………………0  ONCE 1  1-3 TIMES 2  MORE THAN 3 TIMES 3  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | In general, who usually starts a discussion about family planning, you or your husband/father of your baby? | ME 1  HUSBAND/FATHER OF BABY 2  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Could you use a family planning method even if your husband/father of your baby does not want you to? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 |  |
|  | Has your husband/father of your baby accompanied you for any visit during this pregnancy? | NO 0  YES 1  ONLY THIS CHILDBIRTH VISIT 2  REFUSED TO ANSWER 99 |  |