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| **S/N** | **QUESTION** | **CODES** | **SKIP TO** |
| **SECTION A: PARTICIPANT INFORMATION SINCE BASELINE:** Now I would like to ask you some questions about your antenatal care and your health prior to visiting this facility for your delivery. | | | |
|  | 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 AT ANY FAMILITY \_\_\_\_\_\_\_\_\_\_\_ |  |
|  | 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 \_\_\_\_\_\_\_\_\_\_\_ |  |
|  | During any of those visits, were you told by your provider that you have any medical conditions? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 | ***If 0 or 88, skip to Q6.*** |
|  | What medical conditions were you told that you have?  ***INTERVIEWER: Do not read out medical conditions. Multiple responses are possible. Record all medical conditions mentioned by respondent.*** | HYPERTENSION 1  DIABETES 2  GESTATIONAL DIABETES…………………………….3  TUBERCULOSIS 4  SICKLE CELL ANEMIA 5  HIV/AIDS 6  PRE-ECLAMPSIA…………………………………………7  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77 |  |
|  | Before coming to this facility for delivery, had you planned to use a family planning method immediately after you gave birth and before you are discharged from this healthcare facility? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88 | ***If 0 or 88, skip to Q8.*** |
|  | What method had you decided to use?  ***INTERVIEWER: Do not read out methods. Multiple responses are possible. Record all methods mentioned by respondent. Confirm response with previous interview. Interviewer should have verified with prior questionnaire. 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 YET 88  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77 |  |

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| **SECTION B: PREGNANCY INTENTIONS:** Now I would like to ask you some questions about if you may or may not like to become pregnant again. Please remember there is no right or wrong answer. | | | |
|  | Would you like to have another child after this one?  **INTERVIEWER: Do not read out responses. Record only that mentioned by the client.** | NO 0  YES 1  IT IS UP TO GOD 2  DON’T KNOW/DON’T REMEMBER 88 | ***If 0, skip to Postpartum Interview 1.*** |
|  | When would you like to become pregnant again?  ***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 |  |
|  | 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

***INTERVIEWER: Please continue to Postpartum Interview 1***.