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| SECTION A: Pregnancies, menstruation, and family planning method use  *When using the* ***Postpartum Journey Map visual aid****, section A corresponds to the “Pregnancy”, “Bleeding/Menstruation” and Family Planning Method” rows. )* | | | | | |
| To ask Question 1A:  Interviewer should have looked at the participant’s recorded delivery date. If the interviewer does have a recorded delivery date, the interviewer will ask Question 1A using OPTION 1  If the interviewer does not have a record of the delivery date, the interviewer will ask the question using OPTION 2 | | | | | |
| 1A | **OPTION 1*:*** Today we are talking about activities that took place in the one year period after the birth of your child about 12 to 15 months ago.  To confirm, your baby was born in [insert month and year], correct?  *If the participant says that yes, the month and year you stated are correct, fill in the month and year in 1A , then answer “Yes….1” in 1B*  *If the participant says that no, the month or year you stated are incorrect, fill in the month and year that she reports at this interview in 1A and then answer “No….0” in 1B*  **OPTION 2*:*** Today we are talking about activities that took place in the one year period after the birth of your child about 12 to 15 months ago.  Can you please remind me the month and year that your child was born?  *Fill in the month and year in 1A and then mark “Not applicable” (999) in 1B* | | MONTH \_ \_  YEAR \_ \_ \_ \_ | | |
| ***Postpartum Journey Map:*** *Using the dry-erase marker, write the correct months at the top of the Journey Map columns above the numbers 0 - 12. For example, if the baby was born in April, write “April” above the “0”, “May” above the 1, and so on. Place the “childbirth” magnet on the first month of the blue “Pregnancy” row* | | | | | |
| 1B | The month or year stated by interviewer were correct | | No …………….….… 0  Yes ……………….... 1  Not Applicable….999 | | |
| 1C | After that birth, how many months passed before your first menstrual period started?  *Don’t Know/Don’t Remember…888 should only be answered if the RA exhausts all efforts to determine the month* | | MONTHS \_ \_ | Don’t know/Don’t remember……888  Not yet returned ………………. 999 | |
| ***Postpartum Journey Map:*** *Placing your finger on the month of her index childbirth start moving right, counting the number of months that passed before her menstrual period began (reported in question 1C). (Note: DO NOT INCLUDE THE MONTH OF HER CHILDBIRTH IN THE COUNTED MONTHS. THE FIRST MONTH COUNTED SHOULD BE THE MONTH IN COLUMN #1.) Place the “blood drop/menses” magnet on the green “Bleeding/Menstruation” row and in the month column that corresponds with the month that her bleeding began.* | | | | | |
|  | ***INTERVIEWER:*** *Read the following aloud to the woman*, “Now, I would like to talk with you about any pregnancies or births you may have had **in the 12 months since the birth of that child.**” | | | | |
| 2 | **After the birth of that child**, have you been pregnant? | | No ………… 0  Yes ……….. 1 | | *If no (0), skip to Q7* |
| 3A | Are you **currently** pregnant? | | No ………… 0  Yes ……….. 1 | | *If no (0), skip to Q5* |
| 3B | Have you attended the ANC clinic with this pregnancy | | No ………… 0  Yes ……….. 1 | |  |
| 4A | How many months pregnant are you? | | MONTHS \_ \_  I don’t know ………………. 999 | | *If months are answered, skip to 5A*  *If “don’t know” (999) continue to 4B* |
| 4B | How many months ago did you first feel the baby kicking?  *For purposes of the journey map tool, to know how many months pregnant the participant is, add 4 months to the number given here.* | | MONTHS \_ \_ | |  |
| For purposes of the Journey Map tool, the below chart provides the number of months pregnant the participant is based off of her answer to 4b   |  |  | | --- | --- | | Participant's answer to 4b | Number of months pregnant participant is | | less than 1 | 4 | | 1 | 5 | | 2 | 6 | | 3 | 7 | | 4 | 8 | | 5 | 9 | | 6 | 10 | | | | | | |
| ***Postpartum Journey Map:*** *First, recall how many months postpartum the participant currently is. Is she 12 months postpartum? Is she 15 months postpartum? Starting with the current day’s month, count backward the number of months that she reports she is pregnant (Question 4).*  **Examples:**  If she is being interviewed at 15 months postpartum and says she is 2 months pregnant, this will not be recorded on the journey map because she would have become pregnant at 13 months postpartum.  If she is being interviewed at 15 months postpartum and says she is 5 months pregnant, this will be recorded on the journey map in the column for when she was 10 months postpartum.  If she is being interviewed at 12 months postpartum, any answer given in response to 4A or 4B will be recorded because it will have been within the first 12 months postpartum  *If this current pregnancy took place at all during the first 12 months postpartum, place the “pregnancy” magnet on the blue “Pregnancy” row and in the month column that corresponds with the month that the current pregnancy began. Using the dry-erase marker, draw an arrow from the “Pregnancy” magnet, staying within the blue “Pregnancy” row, to the right and all the way to the end of the row. This will encompass the additional months she has been pregnant and signify that she is still pregnant at the end of the journey map period.* | | | | | |
| 5A | **In the 12 months after the birth of your child (12 to 15 months ago)**, have you had a pregnancy that miscarried, was lost, or ended in a stillbirth/born dead? | | No ………… 0  Yes ……….. 1 | | *If no (0), skip to Q6* |
| 5B | In what month and year did such pregnancy end? | | MONTH \_ \_  YEAR \_ \_ \_ \_ | |  |
| 5C | How many months pregnant were you when that pregnancy ended?  *If the participant includes a half month (for example 1.5 months), round down (for example, 1.5 rounds down to 1 month)* | | MONTHS \_ \_ | |  |
| 5D | After this pregnancy ended, how many months passed before your first menstrual period started? | | MONTHS \_ \_ | | Not yet returned ………………. 999 |
| ***Postpartum Journey Map:*** *Starting with the month that the pregnancy ended (question 5B), place the “Terminated Pregnancy” magnet on the relevant month column along the blue “Pregnancy” row. Then count backward (to the left) the number of months that she was pregnant (question 5C). Place the “Pregnancy” magnet on the month that the pregnancy began along the blue “Pregnancy” row. (NOTE: REMEMBER - DO NOT COUNT THE MONTH THAT THE PREGNANCY ENDED. START COUNTING WITH THE MONTH IMMEDIATELY TO THE LEFT OF THE MONTH THE PREGNANCY ENDED) Using the dry-erase marker, draw an arrow from the “Pregnancy” magnet to the “Terminated Pregnancy” magnet.*  *If the participant reported the number of months that passed before her menstrual period returned (question 5D), starting with the month of her terminated pregnancy (5B) and moving right, count the number of months that passed before her menstrual period began. Place the “blood drop” magnet in the month column that corresponds with the month that her bleeding began and along the green “Bleeding/Menstruation” row.* | | | | | |
| 5E | **In the 12 months after the birth of your child (12 to 15 months ago)**, have you had any other pregnancies that did not result in a live birth? | | No ………… 0  Yes ……….. 1 | | *If no (0), skip to Q6A* |
| 5F | In what month and year did such pregnancy end? | | MONTH \_ \_  YEAR \_ \_ \_ \_ | |  |
| 5G | How many months pregnant were you when that pregnancy ended?  *If the participant includes a half month (for example 1.5 months), round down (for example, 1.5 rounds down to 1 month)* | | MONTHS \_ \_ | |  |
| 5H | After this pregnancy ended, how many months passed before your first menstrual period started? | | MONTHS \_ \_ | | Not yet returned ………………. 999 |
| ***Postpartum Journey Map:*** *Starting with the month that the pregnancy ended (5F), place the “Terminated Pregnancy” magnet on the relevant month column along the blue “Pregnancy” row. Then count backward (to the left) the number of months that she was pregnant (5G). Place the “Pregnancy” magnet on the month that the pregnancy began along the blue “Pregnancy” row. Using the dry-erase marker, draw an arrow from the “Pregnancy” magnet to the “Terminated Pregnancy” magnet.*  *If the participant reported the number of months that passed before her menstrual period returned (5H), starting with the month of her terminated pregnancy and moving right, count the number of months that passed before her menstrual period began. Place the “blood drop” magnet in the month column that corresponds with the month that her bleeding began and along the green “Bleeding/Menstruation” row.* | | | | | |
| 5I | **Within the first 12 months after the birth of your child**, have you had any other pregnancies that did not result in a live birth? | | No ………… 0  Yes ……….. 1 | | *If no (0), skip to Q6A* |
| 5J | In what month and year did such pregnancy end? | | MONTH \_ \_  YEAR \_ \_ \_ \_ | |  |
| 5K | How many months pregnant were you when that pregnancy ended?  *If the participant includes a half month (for example 1.5 months), round down (for example, 1.5 rounds down to 1 month)* | | MONTHS \_ \_ | |  |
| 5L | After this pregnancy ended, how many months passed before your first menstrual period started? | | MONTHS \_ \_ | | *Not yet returned ………………. 999* |
| ***Postpartum Journey Map:*** *Starting with the month that the pregnancy ended (5J), place the “Terminated Pregnancy” magnet on the relevant month column along the blue “Pregnancy” row. Then count backward (to the left) the number of months that she was pregnant (5K). Place the “Pregnancy” magnet on the month that the pregnancy began along the blue “Pregnancy” row. Using the dry-erase marker, draw an arrow from the “Pregnancy” magnet to the “Terminated Pregnancy” magnet.*  *If the participant reported the number of months that passed before her menstrual period returned (5L), starting with the month of her terminated pregnancy and moving right, count the number of months that passed before her menstrual period began. Place the “blood drop” magnet in the month column that corresponds with the month that her bleeding began and along the green “Bleeding/Menstruation” row.* | | | | | |
| 5M | **Within the first 12 months after the birth of your child**, have you had any other pregnancies that did not result in a live birth? | | No ………… 0  Yes ……….. 1 | |  |
| 6A | **In the 12 months after the birth of your child (12 to 15 months ago)**, h**ave you had any births?** | | No ………… 0  Yes ……….. 1 | | *If no (0), skip to Q7* |
| 6B | When did you last give birth? | | MONTH \_ \_  YEAR \_ \_ \_ \_ | |  |
| 6C | Was the baby premature? | | No ………… 0  Yes ……….. 1 | | *If no (0), REDCap will fill in calculated field then skip to 6E* |
| ***For purposes of the Journey Map Tool, if the participant’s new infant was not premature, the RA is to assume she was 10 months pregnant (full term) when she gave birth*** | | | | | |
| 6D | How many months pregnant were you when you gave birth?  *If the participant includes a half month (for example 1.5 months), round down (for example, 1.5 rounds down to 1 month)* | | MONTHS \_ \_ | |  |
| 6E | **Since your most recent birth**, how many months passed before your first menstrual period started? | | MONTHS \_ \_  Not yet returned ………………. 999 | |  |
| ***Postpartum Journey Map:*** *Starting with the month that the participant gave birth (6B), place the “Birth” magnet on the relevant month column along the blue “Pregnancy” row. Then count backward (to the left) the number of months that she was pregnant (6D). Place the “Pregnancy” magnet on the month that the pregnancy began along the blue “Pregnancy” row. Using the dry-erase marker, draw an arrow from the “Pregnancy” magnet to the “Birth” magnet.*  *If the participant reported the number of months that passed before her menstrual period returned (6E), starting with the month of her childbirth and moving right, count the number of months that passed before her menstrual period began. Place the “blood drop” magnet in the month column that corresponds with the month that her bleeding began and along the green “Bleeding/Menstruation” row.* | | | | | |
| ***INTERVIEWER:*** *Read the following aloud to the woman,* “Now, I would like to ask you some questions about the times you or your partner may have done something to avoid getting pregnant **during the 12 months after the birth of your child (12 to 15 months ago)**.” | | | | | |
| 7A | Are you or your partner currently doing anything to prevent pregnancy?  *Ask only is 3a=0 (no, she is currently not pregnant)* | | NO …………0  YES …………1 | | *If no (0), skip to 7E* |
| 7B | What are you doing to prevent pregnancy?  *Do not read out answer options. If participant is using more than one method, record 1 (one) method for 7B-7D, then begin recording the other method(s) with 7E.*  *If Participant says “Implant” clarify with her whether it is the 1 rod (3 year) or 2 rod (5 year) implant.* | | No Method ……………………  Combined Pill………………..  Progesterone Only Pill…..  Male Condom………………..  Female Condom…………….  IUD………………………………..  Injectable………………………  Implant (1 rod)……………….  Implant (2 rod)……………….  Breastfeeding/LAM………..  Male Sterilization…………..  Female Sterilization……….  Emergency Contraception  Avoid sex……………………….  Other…………………………….  Don’t know/Don’t remember………………………  Refused to Answer………… | | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  77  88  99 |
| 7C | For how many consecutive months have you been using this method?  *Record ‘95’ if respondent gives the actual month she started to use the method and complete 7D. Otherwise, skip to 7E.* | | Months \_ \_  Date Given ….95 | | *If the number of months are given, complete 7C and skip to 7E*  *If the participant gives month she stopped using, record 95 and continue to 7D* |
| 7D | *Record MONTH and YEAR respondent started using method.* | | MONTH \_ \_  YEAR \_ \_ \_ \_ | |  |
| ***Postpartum Journey Map:***  *If the participant provided the number of months she has been using the method, starting with the current month, count backward (to the left) the number of months that she reported having used the method consecutively (7C)*  *(NOTE: DO NOT INCLUDE THE CURRENT MONTH YOU ARE IN WHEN COUNTING BACKWARD. WHEN COUNTING BACK, ‘1’ SHOULD BE THE FIRST MONTH TO THE LEFT OF THE CURRENT MONTH. RECALL THAT IF YOU ARE INTERVIEWING HER AT 13 MONTHS POSTPARTUM, 14 MONTHS POSTPARTUM, OR 15 MONTHS POSTPARTUM, YOU MAY NOT BE RECORDING ANYTHING ON THE JOURNEY MAP TOOL:*  **Examples:**  If she is being interviewed at 15 months postpartum and says she has used a method for 2 months, this will not be recorded on the journey map because she would have started using at 13 months postpartum.  If she is being interviewed at 15 months postpartum and says she has used a method for 5 months, this will be recorded on the journey map in the column for when she was 10 months postpartum.  If she is being interviewed at 12 months postpartum, any answer given in response to 4A or 4B will be recorded because it will have been within the first 12 months postpartum  *OR*  *If the participant answered with the month (7D), go directly to that row. Place the appropriate “family planning method” magnet (from 7B) on the relevant month column along the purple “Family Planning” row. Using the dry-erase marker, draw an arrow from the “family planning method” magnet to the right-side end of the row.* | | | | | |
| 7E | **In the 12 months after the birth of your child (12 to 15 months ago)**, did you or your partner do anything **[else]** to prevent pregnancy? | | NO …………0  YES …………1 | | *If no (0), skip to Q9* |
| 7F | *If participant answered ‘1’ to 7A, read:* Other than the method you have already reported here, which method was the most recent method you used?  *If participant answered ‘0’ to 7A, read:* What is the most recent method you used?  *(do not read answer options out loud. Select only one method for this question. If participant lists more than one method, the other methods should be recorded starting with 7K and 7L)*  *If Participant says “Implant” clarify with her whether it is the 1 rod (3 year) or 2 rod (5 year) implant.* | | No Method ……………………  Combined Pill………………..  Progesterone Only Pill…..  Male Condom………………..  Female Condom…………….  IUD………………………………..  Injectable………………………  Implant (1 rod)……………….  Implant (2 rod)……………….  Breastfeeding/LAM………..  Male Sterilization…………..  Female Sterilization……….  Emergency Contraception  Avoid sex……………………….  Other…………………………….  Don’t know/Don’t remember………………………  Refused to Answer………… | | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  77  88  99 |
| 7G | When did you start using (METHOD) in the most recent period?  *Record MONTH and YEAR respondent started using method.* | | MONTH \_ \_  YEAR \_ \_ \_ \_ | |  |
| 7H | For how many months did you use (METHOD)?  *Record ‘95’ if respondent gives month and year of termination of use, then complete 7I.*  *Otherwise, complete the contraceptive calendar instructions prior to 7J and then begin with 7J* | | Months \_ \_  Date Given ….95 | | *If the number of months are given, complete 7H and skip to 7J*  *If the participant gives month she stopped using, record 95 and continue to 7I*  *If participant is still using the method, record 999 and skip to 7K* |
| 7I | Record MONTH and YEAR respondent stopped using method. | | MONTH \_ \_  YEAR \_ \_ \_ \_ | |  |
| ***Postpartum Journey Map:*** *Starting with the month the participant reported that she began using the method (7G), place the appropriate “family planning method” magnet (from 7F) on the relevant month column along the purple “Family Planning” row. Then count forward (to the right) the number of months that she reported having used the method consecutively (7H) OR if she answered with the month that she stopped using the method (7I), go directly to that row. Place the “family planning use termination” magnet on the relevant month column along the purple “Family Planning” row. Using the dry-erase marker, draw an arrow from the “family planning method” magnet to the “family planning use termination” magnet.* | | | | | |
| 7J | Why did you stop using (METHOD)? | | Wanted to become pregnant……..  Became pregnant……………………….  Infrequent sex/partner away…….  Husband disapproved……………….  Wanted more effective method..  Health concerns\*………………………  Unable to access………………………..  Too expensive……………………………  Relationship dissolution……………..  Side effects\*………………………………  Using method too inconvenient...  Other…………………………………………  Don’t know/Don’t remember……..  Still using the method………………… | | 1  2  3  4  5  6  7  8  9  10  11  77  88  0 |
| 7K | **In the 12 months after the birth of your child (12 to 15 months ago)**, did you or your partner do anything **else** to prevent pregnancy? | | NO …………0  YES …………1 | | *If no (0), skip to Q8 or Q9* |
| 7L | Other than the method you have already reported here, which method was the most recent method you used?  *(do not read answer options out loud. Select all that apply)*  *If Participant says “Implant” clarify with her whether it is the 1 rod (3 year) or 2 rod (5 year) implant.* | | No Method ……………………  Combined Pill………………..  Progesterone Only Pill…..  Male Condom………………..  Female Condom…………….  IUD………………………………..  Injectable………………………  Implant (1 rod)……………….  Implant (2 rod)……………….  Breastfeeding/LAM………..  Male Sterilization…………..  Female Sterilization……….  Emergency Contraception  Avoid sex……………………….  Other…………………………….  Don’t know/Don’t remember………………………  Refused to Answer………… | | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  77  88  99 |
| 7M | When did you start using (METHOD) in the most recent period?  *Record MONTH and YEAR respondent started using method.* | | MONTH \_ \_  YEAR \_ \_ \_ \_ | |  |
| 7N | For how many months did you use (METHOD)?  *Record ‘95’ if respondent gives month and year of termination of use, then complete 7O.*  *Otherwise, complete the contraceptive calendar instructions prior to 7P and then begin with 7P* | | Months \_ \_  Date Given ….95 | | *If the number of months are given, complete 7N and skip to 7P*  *If the participant gives month she stopped using, record 95 and continue to 7O*  *If participant is still using the method, record 999 and skip to 7Q* |
| 7O | Record MONTH and YEAR respondent stopped using method. | | MONTH \_ \_  YEAR \_ \_ \_ \_ | |  |
| ***Postpartum Journey Map:*** *Starting with the month the participant reported that she began using the method (7M), place the appropriate “family planning method” magnet (from 7L) on the relevant month column along the purple “Family Planning” row. Then count forward (to the right) the number of months that she reported having used the method consecutively (7N) OR if she answered with the month that she stopped using the method (7O), go directly to that row. Place the “family planning use termination” magnet on the relevant month column along the purple “Family Planning” row. Using the dry-erase marker, draw an arrow from the “family planning method” magnet to the “family planning use termination” magnet.* | | | | | |
| 7P | Why did you stop using (METHOD)? | | Wanted to become pregnant……..  Became pregnant……………………….  Infrequent sex/partner away…….  Husband disapproved……………….  Wanted more effective method..  Health concerns\*………………………  Unable to access………………………..  Too expensive……………………………  Relationship dissolution……………..  Side effects\*………………………………  Using method too inconvenient...  Other…………………………………………  Don’t know/Don’t remember……..  Still using the method………………… | | 1  2  3  4  5  6  7  8  9  10  11  77  88  0 |
| 7Q | **In the 12 months after the birth of your child (12 to 15 months ago)**, did you or your partner do anything **else** to prevent pregnancy? | | NO …………0  YES …………1 | | *If no (0), skip to Q8 or 9* |
| 7R | Other than the method you have already reported here, which method was the most recent method you used?  *(do not read answer options out loud. Select all that apply)*  *If Participant says “Implant” clarify with her whether it is the 1 rod (3 year) or 2 rod (5 year) implant.* | | No Method ……………………  Combined Pill………………..  Progesterone Only Pill…..  Male Condom………………..  Female Condom…………….  IUD………………………………..  Injectable………………………  Implant (1 rod)……………….  Implant (2 rod)……………….  Breastfeeding/LAM………..  Male Sterilization…………..  Female Sterilization……….  Emergency Contraception  Avoid sex……………………….  Other…………………………….  Don’t know/Don’t remember………………………  Refused to Answer………… | | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  77  88  99 |
| 7S | When did you start using (METHOD) in the most recent period?  *Record MONTH and YEAR respondent started using method.* | | MONTH \_ \_  YEAR \_ \_ \_ \_ | |  |
| 7T | For how many months did you use (METHOD)?  *Record ‘95’ if respondent gives month and year of termination of use, then complete 7U.*  *Otherwise, complete the contraceptive calendar instructions prior to 7V and then begin with 7V* | | Months \_ \_  Date Given ….95 | | *If the number of months are given, complete 7T and skip to 7V*  *If the participant gives month she stopped using, record 95 and continue to 7U*  *If participant is still using the method, record 999 and skip to 8* |
| 7U | Record MONTH and YEAR respondent stopped using method. | | MONTH \_ \_  YEAR \_ \_ \_ \_ | |  |
| ***Postpartum Journey Map:*** *Starting with the month the participant reported that she began using the method (7S), place the appropriate “family planning method” magnet (from 7R) on the relevant month column along the purple “Family Planning” row. Then count forward (to the right) the number of months that she reported having used the method consecutively (7T) OR if she answered with the month that she stopped using the method (7U), go directly to that row. Place the “family planning use termination” magnet on the relevant month column along the purple “Family Planning” row. Using the dry-erase marker, draw an arrow from the “family planning method” magnet to the “family planning use termination” magnet.* | | | | | |
| 7V | Why did you stop using (METHOD)? | | Wanted to become pregnant……..  Became pregnant……………………….  Infrequent sex/partner away…….  Husband disapproved……………….  Wanted more effective method..  Health concerns\*………………………  Unable to access………………………..  Too expensive……………………………  Relationship dissolution……………..  Side effects\*………………………………  Using method too inconvenient...  Other…………………………………………  Don’t know/Don’t remember……..  Still using the method………………… | | 1  2  3  4  5  6  7  8  9  10  11  77  88  0 |
| *Interviewer: Ask Q8* ***only*** *if participant answers 6 or 10 to Q7J, Q7P, or Q7V* | | | | | |
| 8 | What are the side effects that you EXPERIENCED while using this method  *(do not read answer options out loud. Select all that apply)* | Less bleeding or no bleeding………………………………  Heavier bleeding………………………………………………..  Irregular bleeding/stopping……………………………….  Uterine cramping/lower abdominal pain…………..  Gained weight…………………………………………………..  Lost weight……………………………………………………….  Facial spotting………………………………………………….  Headaches………………………………………………………..  Got infection…………………………………………………….  Nausea vomiting………………………………………………  Increased menstrual cramping………………………….  Lowered sex drive……………………………………………..  Decreased sexual pleasure……………………………….  Vaginal dryness…………………………………………………  Delayed return to fertility…………………………………  General weakness…………………………………………….  Diarrhea……………………………………………………………  Partner feels method during sex……………………….  Pain at insertion site………………………………………….  Mood swings……………………………………………………..  Acne cleared away…………………………………………….  Menstruation regulation……………………………………  Other…………………………………………………………………  Don’t know/don’t remember……………………………..  Refused to respond……………………………………………. | | | 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  77  88  99 |
| 9 | What, if any, are the side effects that you WERE WORRIED ABOUT EXPERIENCING while using this method before you started using the method? For example, side effects that somebody else told you about that you thought might happen to you.  *(do not read answer options out loud select all that apply)* | Less bleeding or no bleeding………………………………  Heavier bleeding………………………………………………..  Irregular bleeding/stopping……………………………….  Uterine cramping/lower abdominal pain…………..  Gained weight…………………………………………………..  Lost weight……………………………………………………….  Facial spotting………………………………………………….  Headaches………………………………………………………..  Got infection…………………………………………………….  Nausea vomiting………………………………………………  Increased menstrual cramping………………………….  Lowered sex drive……………………………………………..  Decreased sexual pleasure……………………………….  Vaginal dryness…………………………………………………  Delayed return to fertility…………………………………  General weakness…………………………………………….  Diarrhea……………………………………………………………  Partner feels method during sex……………………….  Pain at insertion site………………………………………….  Mood swings……………………………………………………..  Infertility/Sterility………………………………………………  Method gets lost inside body…………………………….  Cancer……………………………………………………………….  Weakened Womb……………………………………………..  Rusty Ovaries…………………………………………………….  Feelings of Guilt………………………………………………..  Heating Effects………………………………………………….  Burnt eggs…………………………………………………………  Pills accumulate in body……………………………………  Increased hair growth………………………………………  Deformation of babies……………………………………..  Other…………………………………………………………………  Don’t know/don’t remember……………………………..  Refused to respond……………………………………………. | | | 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  77  88  99 |
| SECTION B: Meetings with Healthcare Providers  *(When using the Postpartum Journey Map visual aid, section B corresponds to the “Health Visit Purpose” row.)* | | | | | |
| 10A | 10a. Within the first 12 months after the birth of your child 12 to 15 months ago, did you attend each immunization/supplementation visit?  *In the matrix below, tick "Yes, attended" for each immunization/supplementation visit that the participant attended. You can read out the visits to remind the participants of the time and activity.* | | | |  |
|  | |  |  | | --- | --- | | **Visit** | **Yes, Attended** | | **6 Week Visit: OPV, DPT-HepB-Hib, PCV10, Rota** | **□** | | **10 Week Visit: OPV, DPT-HepB-Hib, PCV10, Rota** | **□** | | **14 Week Visit: OPV, DPT-HepB-Hib, PCV10, IPV** | **□** | | **6 Month Visit: Vitamin A Supplementation, weigh-in, check-up** | **□** | | **9 Month Visit: Measles, Yellow Fever** | **□** | | | | |  |
| |  |  |  | | --- | --- | --- | | Time postpartum | Vaccine/Activity | Journey Map location |  |  |  |  | | --- | --- | --- | | Birth | BCG, OPV | Does not need to be included on Journey Map | | 6 Weeks | OPV, DPT-HepB-Hib, PCV10, Rota | Month 1 | | 10 Weeks | OPV, DPT-HepB-Hib, PCV10, Rota | Month 2 | | 14 Weeks | OPV, DPT-HepB-Hib, PCV10, IPV | Month 3 | | 6 Months | Vitamin A Supplementation, Weigh-in, Check-up | Month 6 | | 9 Month | Measles 1, Yellow Fever | Month 9 |   ***Postpartum Journey Map:*** *Using the "Journey Map Location" column in the above chart, place the immunization visit magnets or check-up magnet in the appropriate months along the pink Health Visit row for each visit that she reported attending.* | | | | | |
| **For Questions 10B through 10K, answer only if the woman reported in 10A that she attended that relevant visit** | | | | | |
| 10B | If you attended the 6 week immunization visit, where did your meet the healthcare provider for this visit? | | Hospital…………………………………………………  Health Center……………………………………....  Private Health Center…………………………..  Clinic…………………………………………………….  Dispensary…………………………………………..  Pharmacy…………………………………………….  Home (home based care)…………………….  Other…………………………………………………… | | 1  2  3  4  5  6  7  77 |
| 10C | At your 6 week immunization visit, what type of healthcare provider did you meet with? | | Doctor………………………………………………….  Obgyn………………………………………………….  Nurse…………………………………………………..  Midwife………………………………………………..  Clinical Officer………………………………………  Pharmacist…………………………………………..  CHV……………………………………………………..  Other……………………………………………………. | | 1  2  3  4  5  6  7  77 |
| 10D | If you attended the 10 week immunization visit, where did your meet the healthcare provider for this visit?  If 0, skip to10F | | Hospital…………………………………………………  Health Center……………………………………....  Private Health Center…………………………..  Clinic…………………………………………………….  Dispensary…………………………………………..  Pharmacy…………………………………………….  Home (home based care)…………………….  Other…………………………………………………… | | 1  2  3  4  5  6  7  77 |
| 10E | At your 10 week immunization visit, what type of healthcare provider did you meet with? | | Doctor………………………………………………….  Obgyn………………………………………………….  Nurse…………………………………………………..  Midwife………………………………………………..  Clinical Officer………………………………………  Pharmacist…………………………………………..  CHV……………………………………………………..  Other……………………………………………………. | | 1  2  3  4  5  6  7  77 |
| 10F | If you attended the 14 week immunization visit, where did your meet the healthcare provider for this visit?  If 0, skip to10F | | Hospital…………………………………………………  Health Center……………………………………....  Private Health Center…………………………..  Clinic…………………………………………………….  Dispensary…………………………………………..  Pharmacy…………………………………………….  Home (home based care)…………………….  Other…………………………………………………… | | 1  2  3  4  5  6  7  77 |
| 10G | At your 14 week immunization visit, what type of healthcare provider did you meet with? | | Doctor………………………………………………….  Obgyn………………………………………………….  Nurse…………………………………………………..  Midwife………………………………………………..  Clinical Officer………………………………………  Pharmacist…………………………………………..  CHV……………………………………………………..  Other……………………………………………………. | | 1  2  3  4  5  6  7  77 |
| 10H | If you attended the 6 month immunization visit, where did your meet the healthcare provider for this visit?  If 0, skip to10I | | Hospital…………………………………………………  Health Center……………………………………....  Private Health Center…………………………..  Clinic…………………………………………………….  Dispensary…………………………………………..  Pharmacy…………………………………………….  Home (home based care)…………………….  Other…………………………………………………… | | 1  2  3  4  5  6  7  77 |
| 10I | At your 6 month immunization visit, what type of healthcare provider did you meet with? | | Doctor………………………………………………….  Obgyn………………………………………………….  Nurse…………………………………………………..  Midwife………………………………………………..  Clinical Officer………………………………………  Pharmacist…………………………………………..  CHV……………………………………………………..  Other……………………………………………………. | | 1  2  3  4  5  6  7  77 |
| 10J | If you attended the 9 month immunization visit, where did your meet the healthcare provider for this visit?  If 0, skip to10L | | Hospital…………………………………………………  Health Center……………………………………....  Private Health Center…………………………..  Clinic…………………………………………………….  Dispensary…………………………………………..  Pharmacy…………………………………………….  Home (home based care)…………………….  Other…………………………………………………… | | 1  2  3  4  5  6  7  77 |
| 10K | At your 9 month immunization visit, what type of healthcare provider did you meet with? | | Doctor………………………………………………….  Obgyn………………………………………………….  Nurse…………………………………………………..  Midwife………………………………………………..  Clinical Officer………………………………………  Pharmacist…………………………………………..  CHV……………………………………………………..  Other……………………………………………………. | | 1  2  3  4  5  6  7  77 |
| 10L | At any of these visits, did the provider discuss family planning with you?  *(select all that apply)* | | No …………………………………..…… 0  Yes, at the 6 week visit ……….... 1  Yes, at the 10 week visit ……….. 2  Yes, at the 14 week visit ……….. 3  Yes, at the 6 month visit ……….. 4  Yes, at the 9 month visit ……….. 5 | |  |
| 10M | At any of these visits, did you receive a method of Family Planning?  *(select all that apply)* | | No ………………………………………… 0  Yes, at the 6 week visit ……..….. 1  Yes, at the 10 week visit ……….. 2  Yes, at the 14 week visit ……….. 3  Yes, at the 6 month visit ……….. 4  Yes, at the 9 month visit ……….. 5 | |  |
| 10N | What Family Planning method did you receive?  *If Participant says “Implant” clarify with her whether it is the 1 rod (3 year) or 2 rod (5 year) implant.* | | No Method ……………………  Combined Pill………………..  Progesterone Only Pill…..  Male Condom………………..  Female Condom…………….  IUD………………………………..  Injectable………………………  Implant (1 rod)……………….  Implant (2 rod)……………….  Breastfeeding/LAM………..  Male Sterilization…………..  Female Sterilization……….  Emergency Contraception  Avoid sex……………………….  Other…………………………….  Don’t know/Don’t remember………………………  Refused to Answer………… | | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  77  88  99 |
|  | **If participant received more than one method within these 5 visits, record the Family Planning Method number next to the visit type here.**  ***(This is recorded in REDCap in a chart)*** | | 6 Week Visit \_\_\_\_\_  10 Week Visit\_\_\_\_\_  14 Week Visit\_\_\_\_\_  6 Month Visit \_\_\_\_\_  9 Month Visit \_\_\_\_\_ | |  |
| *Except for these infant immunization visits that I just asked about, I would now like to ask you about any other meetings with any health care providers for yourself or your children within* ***the first 12 months after the birth of your child 12 to 15 months ago****?* | | | | | |
| 10O | **Except for infant immunization visits that I just asked you about**, have you had any (other) meetings with any health care providers for yourself or your children within **the first 12 months after the birth of your child 12 to 15 months ago**? | | No ………… 0  Yes ……….. 1 | | *If 0, skip to Q11* |
| 10P | Within that 12 months, when was the most recent meeting MONTH and YEAR of meeting with a provider? | | MONTH \_ \_  YEAR \_ \_ \_ \_ | |  |
| 10Q | For whom did you meet with the healthcare provider? | | Self …………………………………………………..  Baby (index baby)………………………………….  Other Child……………………………………………  Baby and Other Child(ren)…………………….  Self and Baby…………………………………………  Self and Other Child(ren)……………………….  Other……………………………………………………. | | 1  2  3  4  5  6  77 |
| 10R | For what reason did you meet with the health care provider? | | Sick………………………………………………………..  Checkup………………………………………………..  Loss of pregnancy………………………………….  Medication pickup ………………………………..  Family planning visit……………………………...  Immunization visit………………………………..  Other…………………………………………………… | | 1  2  3  4  5  6  77 |
| 10S | Where did your meeting with the healthcare provider take place? | | Hospital…………………………………………………  Health Center……………………………………....  Private Health Center…………………………..  Clinic…………………………………………………….  Dispensary…………………………………………..  Pharmacy…………………………………………….  Home (home based care)…………………….  Other…………………………………………………… | | 1  2  3  4  5  6  7  77 |
| 10T | What type of health care provider did you meet with? | | Doctor………………………………………………….  Obgyn………………………………………………….  Nurse…………………………………………………..  Midwife………………………………………………..  Clinical Officer………………………………………  Pharmacist…………………………………………..  CHV……………………………………………………..  Other……………………………………………………. | | 1  2  3  4  5  6  7  77 |
| 10U | Did the provider discuss family planning with you at meeting? | | No ………… 0  Yes ……….. 1 | |  |
| 10V | Did you receive a method of Family Planning at this visit? | | No ………… 0  Yes ……….. 1 | | *If 0, skip to 10Z* |
| 10W | What Family Planning method did you receive?  *If Participant says “Implant” clarify with her whether it is the 1 rod (3 year) or 2 rod (5 year) implant.* | | No Method ……………………  Combined Pill………………..  Progesterone Only Pill…..  Male Condom………………..  Female Condom…………….  IUD………………………………..  Injectable………………………  Implant (1 rod)……………….  Implant (2 rod)……………….  Breastfeeding/LAM………..  Male Sterilization…………..  Female Sterilization……….  Emergency Contraception  Avoid sex……………………….  Other…………………………….  Don’t know/Don’t remember………………………  Refused to Answer………… | | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  77  88  99 |
| ***Postpartum Journey Map:*** *Starting with the month the participant reported that she visited the health provider (10R), place the appropriate “Health Visit Purpose” magnet (from 10T) on the relevant month column along the pink “Health Visit Purpose” row. If the participant reported that she did receive a method, at that health visit (10X and 10Y), double check that this corresponds with the methods reported in the purple “Family Planning Method” row.* | | | | | |
| 10X | Have you had any other meetings with any health care providers for yourself or your children? | | No ………… 0  Yes ……….. 1 | | If no, skip to 11 |
| 10Y | Before the meeting you just told me about, when was the most recent meeting MONTH and YEAR of meeting with a provider? | | MONTH \_ \_  YEAR \_ \_ \_ \_ | |  |
| 10Z | For whom did you meet with the healthcare provider? | | Self …………………………………………………..  Baby (index baby)………………………………….  Other Child……………………………………………  Baby and Other Child(ren)…………………….  Self and Baby…………………………………………  Self and Other Child(ren)……………………….  Other……………………………………………………. | | 1  2  3  4  5  6  77 |
| 10AA | For what reason did you meet with the health care provider? | | Sick………………………………………………………..  Checkup………………………………………………..  Loss of pregnancy………………………………….  Medication pickup ………………………………..  Family planning visit……………………………...  Immunization visit………………………………..  Other…………………………………………………… | | 1  2  3  4  5  6  77 |
| 10AB | Where did your meeting with the healthcare provider take place? | | Hospital…………………………………………………  Health Center……………………………………....  Private Health Center…………………………..  Clinic…………………………………………………….  Dispensary…………………………………………..  Pharmacy…………………………………………….  Home (home based care)…………………….  Other…………………………………………………… | | 1  2  3  4  5  6  7  77 |
| 10AC | What type of health care provider did you meet with? | | Doctor………………………………………………….  Obgyn………………………………………………….  Nurse…………………………………………………..  Midwife………………………………………………..  Clinical Officer………………………………………  Pharmacist…………………………………………..  CHV……………………………………………………..  Other……………………………………………………. | | 1  2  3  4  5  6  7  77 |
| 10AD | Did the provider discuss family planning with you at meeting? | | No ………… 0  Yes ……….. 1 | |  |
| 10AE | Did you receive a method of Family Planning at this visit? | | No ………… 0  Yes ……….. 1 | | *If 0, skip to 10AI* |
| 10AF | What Family Planning method did you receive?  *If Participant says “Implant” clarify with her whether it is the 1 rod (3 year) or 2 rod (5 year) implant.* | | No Method ……………………  Combined Pill………………..  Progesterone Only Pill…..  Male Condom………………..  Female Condom…………….  IUD………………………………..  Injectable………………………  Implant (1 rod)……………….  Implant (2 rod)……………….  Breastfeeding/LAM………..  Male Sterilization…………..  Female Sterilization……….  Emergency Contraception  Avoid sex……………………….  Other…………………………….  Don’t know/Don’t remember………………………  Refused to Answer………… | | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  77  88  99 |
| ***Postpartum Journey Map:*** *Starting with the month the participant reported that she visited the health provider (10AA), place the appropriate “Health Visit Purpose” magnet (from 10AC) on the relevant month column along the pink “Health Visit Purpose” row. If the participant reported that she did receive a method, at that health visit (10AG and 10AH), double check that this corresponds with the methods reported in the purple “Family Planning Method” row.* | | | | | |
| 10AG | Have you had any other meetings with any health care providers for yourself or your children? | | No ………… 0  Yes ……….. 1 | | If no, skip to 11 |
| 10AH | Before the meeting you just told me about, when was the most recent meeting MONTH and YEAR of meeting with a provider? | | MONTH \_ \_  YEAR \_ \_ \_ \_ | |  |
| 10AI | For whom did you meet with the healthcare provider? | | Self …………………………………………………..  Baby (index baby)………………………………….  Other Child……………………………………………  Baby and Other Child(ren)…………………….  Self and Baby…………………………………………  Self and Other Child(ren)……………………….  Other……………………………………………………. | | 1  2  3  4  5  6  77 |
| 10AJ | For what reason did you meet with the health care provider? | | Sick………………………………………………………..  Checkup………………………………………………..  Loss of pregnancy………………………………….  Medication pickup ………………………………..  Family planning visit……………………………...  Immunization visit………………………………..  Other…………………………………………………… | | 1  2  3  4  5  6  77 |
| 10AK | Where did your meeting with the healthcare provider take place? | | Hospital…………………………………………………  Health Center……………………………………....  Private Health Center…………………………..  Clinic…………………………………………………….  Dispensary…………………………………………..  Pharmacy…………………………………………….  Home (home based care)…………………….  Other…………………………………………………… | | 1  2  3  4  5  6  7  77 |
| 10AL | What type of health care provider did you meet with? | | Doctor………………………………………………….  Obgyn………………………………………………….  Nurse…………………………………………………..  Midwife………………………………………………..  Clinical Officer………………………………………  Pharmacist…………………………………………..  CHV……………………………………………………..  Other……………………………………………………. | | 1  2  3  4  5  6  7  77 |
| 10AM | Did the provider discuss family planning with you at meeting? | | No ………… 0  Yes ……….. 1 | |  |
| 10AN | Did you receive a method of Family Planning at this visit? | | No ………… 0  Yes ……….. 1 | | *If 0, skip to 10AR* |
| 10AO | What Family Planning method did you receive?  *If Participant says “Implant” clarify with her whether it is the 1 rod (3 year) or 2 rod (5 year) implant.* | | No Method ……………………  Combined Pill………………..  Progesterone Only Pill…..  Male Condom………………..  Female Condom…………….  IUD………………………………..  Injectable………………………  Implant (1 rod)……………….  Implant (2 rod)……………….  Breastfeeding/LAM………..  Male Sterilization…………..  Female Sterilization……….  Emergency Contraception  Avoid sex……………………….  Other…………………………….  Don’t know/Don’t remember………………………  Refused to Answer………… | | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  77  88  99 |
| ***Postpartum Journey Map:*** *Starting with the month the participant reported that she visited the health provider (10AJ), place the appropriate “Health Visit Purpose” magnet (from 10AL) on the relevant month column along the pink “Health Visit Purpose” row. If the participant reported that she did receive a method, at that health visit (10AP and 10AQ), double check that this corresponds with the methods reported in the purple “Family Planning Method” row.* | | | | | |
| 10AP | Have you had any other meetings with any health care providers for yourself or your children? | | No ………… 0  Yes ……….. 1 | | If no, skip to 11 |
| 10AQ | Before the meeting you just told me about, when was the most recent meeting MONTH and YEAR of meeting with a provider? | | MONTH \_ \_  YEAR \_ \_ \_ \_ | |  |
| 10AR | For whom did you meet with the healthcare provider? | | Self …………………………………………………..  Baby (index baby)………………………………….  Other Child……………………………………………  Baby and Other Child(ren)…………………….  Self and Baby…………………………………………  Self and Other Child(ren)……………………….  Other……………………………………………………. | | 1  2  3  4  5  6  77 |
| 10AS | For what reason did you meet with the health care provider? | | Sick………………………………………………………..  Checkup………………………………………………..  Loss of pregnancy………………………………….  Medication pickup ………………………………..  Family planning visit……………………………...  Immunization visit………………………………..  Other…………………………………………………… | | 1  2  3  4  5  6  77 |
| 10AT | Where did your meeting with the healthcare provider take place? | | Hospital…………………………………………………  Health Center……………………………………....  Private Health Center…………………………..  Clinic…………………………………………………….  Dispensary…………………………………………..  Pharmacy…………………………………………….  Home (home based care)…………………….  Other…………………………………………………… | | 1  2  3  4  5  6  7  77 |
| 10AU | What type of health care provider did you meet with? | | Doctor………………………………………………….  Obgyn………………………………………………….  Nurse…………………………………………………..  Midwife………………………………………………..  Clinical Officer………………………………………  Pharmacist…………………………………………..  CHV……………………………………………………..  Other……………………………………………………. | | 1  2  3  4  5  6  7  77 |
| 10AV | Did the provider discuss family planning with you at meeting? | | No ………… 0  Yes ……….. 1 | |  |
| 10AW | Did you receive a method of Family Planning at this visit? | | No ………… 0  Yes ……….. 1 | | *If 0, skip to 10BA* |
| 10AX | What Family Planning method did you receive?  *If Participant says “Implant” clarify with her whether it is the 1 rod (3 year) or 2 rod (5 year) implant.* | | No Method ……………………  Combined Pill………………..  Progesterone Only Pill…..  Male Condom………………..  Female Condom…………….  IUD………………………………..  Injectable………………………  Implant (1 rod)……………….  Implant (2 rod)……………….  Breastfeeding/LAM………..  Male Sterilization…………..  Female Sterilization……….  Emergency Contraception  Avoid sex……………………….  Other…………………………….  Don’t know/Don’t remember………………………  Refused to Answer………… | | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  77  88  99 |
| ***Postpartum Journey Map:*** *Starting with the month the participant reported that she visited the health provider (10AS), place the appropriate “Health Visit Purpose” magnet (from 10AU) on the relevant month column along the pink “Health Visit Purpose” row. If the participant reported that she did receive a method, at that health visit (10AY and 10AZ), double check that this corresponds with the methods reported in the purple “Family Planning Method” row.* | | | | | |
| 10AY | Have you had any other meetings with any health care providers for yourself or your children? | | No ………… 0  Yes ……….. 1 | | If no, end interview |
| 10AZ | Before the meeting you just told me about, when was the most recent meeting MONTH and YEAR of meeting with a provider? | | MONTH \_ \_  YEAR \_ \_ \_ \_ | |  |
| 10BA | For whom did you meet with the healthcare provider? | | Self …………………………………………………..  Baby (index baby)………………………………….  Other Child……………………………………………  Baby and Other Child(ren)…………………….  Self and Baby…………………………………………  Self and Other Child(ren)……………………….  Other……………………………………………………. | | 1  2  3  4  5  6  77 |
| 10BB | For what reason did you meet with the health care provider? | | Sick………………………………………………………..  Checkup………………………………………………..  Loss of pregnancy………………………………….  Medication pickup ………………………………..  Family planning visit……………………………...  Immunization visit………………………………..  Other…………………………………………………… | | 1  2  3  4  5  6  77 |
| 10BC | Where did your meeting with the healthcare provider take place? | | Hospital…………………………………………………  Health Center……………………………………....  Private Health Center…………………………..  Clinic…………………………………………………….  Dispensary…………………………………………..  Pharmacy…………………………………………….  Home (home based care)…………………….  Other…………………………………………………… | | 1  2  3  4  5  6  7  77 |
| 10BD | What type of health care provider did you meet with? | | Doctor………………………………………………….  Obgyn………………………………………………….  Nurse…………………………………………………..  Midwife………………………………………………..  Clinical Officer………………………………………  Pharmacist…………………………………………..  CHV……………………………………………………..  Other……………………………………………………. | | 1  2  3  4  5  6  7  77 |
| 10BE | Did the provider discuss family planning with you at meeting? | | No ………… 0  Yes ……….. 1 | |  |
| 10BF | Did you receive a method of Family Planning at this visit? | | No ………… 0  Yes ……….. 1 | | *If 0, skip to 11* |
| 10BG | What Family Planning method did you receive?  *If Participant says “Implant” clarify with her whether it is the 1 rod (3 year) or 2 rod (5 year) implant.* | | No Method ……………………  Combined Pill………………..  Progesterone Only Pill…..  Male Condom………………..  Female Condom…………….  IUD………………………………..  Injectable………………………  Implant (1 rod)……………….  Implant (2 rod)……………….  Breastfeeding/LAM………..  Male Sterilization…………..  Female Sterilization……….  Emergency Contraception  Avoid sex……………………….  Other…………………………….  Don’t know/Don’t remember………………………  Refused to Answer………… | | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  77  88  99 |
| ***Postpartum Journey Map:*** *Starting with the month the participant reported that she visited the health provider (10BB), place the appropriate “Health Visit Purpose” magnet (from 10BD) on the relevant month column along the pink “Health Visit Purpose” row. If the participant reported that she did receive a method, at that health visit (10BH and 10BI), double check that this corresponds with the methods reported in the purple “Family Planning Method” row.* | | | | | |
|  |  | | | |  |
| 11 | Within the 12 months after the delivery of this child, other than the visits you just mentioned, what other activities have you done to improve or sustain the health of you, your family member.  *Answer using 11A-11F*  *Not all must be completed* | | | |  |
| 11A | For Self  What was the activity? | |  | |  |
| 11B | For Children  What was the activity? | |  | |  |
| 11C | For Partner  What was the activity? | |  | |  |
| 11D | For Other Family Members  What was the activity? | |  | |  |
| 11E | For Others  Whom? | |  | |  |
| 11F | For Others  What was the activity? | |  | |  |
| 11G | No activities reported | | Record 0 | |  |