

Female Questionnaire

Female Questionnaire															
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
IDENTIFICATION															
A	<p>Are you in the correct household?</p> <p>This is the picture of the front of the home taken during the Household Questionnaire.</p> <p>IF NOT, RETURN TO INTERVIEW THE CORRECT HOUSEHOLD.</p> <p>[ODK will display the photo attached to the linked Household Questionnaire]</p>	Yes 1 No..... 0													
B	<p>Your name: [Interviewer name from Female Questionnaire]</p> <p>Is this your name?</p>	Yes 1 No..... 0													
	<p>Enter your name below. <i>Please record your name</i></p>	Interviewer's Name													
C	<p>Current date and time. [ODK will display on screen]</p> <p>Is this date and time correct?</p>	Yes 1 No..... 0	Skip to E if Yes												
D	<p>Record the correct date and time.</p>	<table border="1"> <thead> <tr> <th>Day</th> <th>Month</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <th>Hours</th> <th>Min</th> <th>AM/PM</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Day	Month	Year				Hours	Min	AM/PM				
Day	Month	Year													
Hours	Min	AM/PM													
E	<p>The following information is from the Female Questionnaire. Please review to make sure you are interviewing the correct respondent.</p> <p>[ODK will display the province, city, commune, and quartier for Kinshasa EAs and the province, district, <i>aire de santé</i>, and village for Kongo Central EAs. In addition, the Enumeration Area, Structure Number, and Household Number entered into the Household Questionnaire linked to this Female Questionnaire will be displayed.]</p> <p>Is the above information correct?</p>	Yes 1 No..... 0													
	<p>CHECK: You should be attempting to interview [Respondent's Name]. Is that correct?</p> <p><i>If misspelled, select "yes" here and update the name in question "L."</i></p> <p><i>If this is the wrong person, you have two options:</i></p> <p><i>(1) exit and ignore changes to this form. Open the correct form.</i></p> <p><i>Or</i></p> <p><i>(2) find and interview the person whose name appears above.</i></p>	Yes 1 No..... 0													
F	<p>Is the respondent present and available to be interviewed today?</p>	Yes 1 No..... 0	Skip to K if No												

Female Questionnaire

G	How well acquainted are you with the respondent?	Very well acquainted..... 1 Well acquainted 2 Not well acquainted..... 3 Not acquainted 4	
G2	Has the respondent participated in a PMA2020 survey before?	Yes 1 No..... 0 Don't know-88 No response.....-99	

INFORMED CONSENT

Find the woman between the ages of 15-49 associated with this Female Follow Up Questionnaire. The interview must have auditory privacy. Read the following greeting:

Hello. My name is _____ and I am working for the Kinshasa School of Public Health in collaboration with the Ministry of Health. We are conducting a survey in Kinshasa and Kongo Central that asks women about various reproductive health issues. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. The survey usually takes between 15 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team. Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. At this time, do you want to ask me anything about the survey?

H	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes 1 No..... 0	Skip to K if No
	Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i>	GATHER SIGNATURE: Check box: <input type="checkbox"/>	
I	Interviewer's name: [Interviewer name from Household Questionnaire] <i>Mark your name as a witness to the consent process.</i>	<input type="text"/>	
J	Respondent's name [ODK will display the Respondent's name from linked Household Roster] <i>You may correct the spelling here if it is not correct, but you must be interviewing the person whose name appears below.</i>	<input type="text"/>	

Section 1 – Respondent's Background, Marital Status, HH characteristics

Now I would like to ask about your background and socioeconomic conditions.

0	In what month and year were you born? The age in the household roster is [AGE].	Month <input type="text"/> Year <input type="text"/>	
1	How old were you at your last birthday? <i>Must be more than 14. Must agree with FQ0.</i>	Age <input type="text"/>	
2	What is the highest level of school you attended?	Never Attended 0 Primary 1 Secondary 2 Tertiary..... 3	

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		No response -99	
3	<p>Are you currently married or living together with a man as if married?</p> <p><i>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</i></p>	No, never in union0 Yes, currently married1 Yes, living with a man2 Not currently in union: Divorced / separated3 Not currently in union: Widow4 No response -99	Skip to 8 if No, never in union
4	<p>Have you been married or lived with a man only once or more than once?</p>	Only once1 More than once2 No response -99	Skip to 5b if Only once
5a	<p>In what month and year did you start living with your FIRST husband / partner?</p> <p><i>Enter Jan 2020 for no response.</i></p>	Month <input type="text"/> Year <input type="text"/>	
	<p>[If ≤15 years old at marriage date ODK will display:] CHECK: Based on the response you entered in FQ5a, the respondent was possibly 15 years old or younger at the time of her first marriage. Did you enter FQ5a correctly?</p>	Yes1 No0	
5b	<p>Now I would like to ask about when you started living with your CURRENT or MOST RECENT husband / partner. In what month and year was that?</p> <p><i>Enter Jan 2020 for no response.</i></p>	Month <input type="text"/> Year <input type="text"/>	
	<p>[If ≤15 years old at marriage date ODK will display:] CHECK: Based on the response you entered in FQ5b, the respondent was possibly 15 years old or younger at the time of her first marriage. Did you enter FQ5b correctly?</p>	Yes1 No0	
	<p>CHECK 3: Currently married/cohabitating?</p>	Yes1 No0	Skip to 8 if No
6	<p>Does your husband / partner have other wives or does he live with other women as if married?</p>	Yes1 No0 Don't know -88 No response -99	
7	<p>Is your husband / partner living with you now or is he staying elsewhere?</p>	Living with respondent1 Staying elsewhere2 No response -99	
<p>Section 2 – Reproduction, Pregnancy & Fertility Preferences</p> <p><i>Now I would like to ask about all the births you have had during your life.</i></p>			
8a	<p>How many times have you given birth?</p> <p><i>Enter -99 for no response. 0 is a possible answer.</i></p>	Number <input type="text"/>	Skip to 13 if 0
	<p>Were all of those live births?</p> <p><i>If no, go back and change FQ8 to record only live birth events.</i></p>	Yes1 No0	Skip to 9 if 8 was 1
8b	<p>How many sons and daughters have you given birth to and who were born alive?</p>		

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		Number <input type="text"/>	
8c	<p>Have you ever given birth to a boy or girl who was born alive but later died?</p> <p><i>IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?</i></p>	<p>Yes1 No.....0</p>	Skip to 8e if No
8d	<p>How many have died?</p> <p><i>Enter -88 for do not know and -99 for No response. Change FQ8c to 'No' if zero deaths.</i></p>	Number <input type="text"/>	
	<p>READ THIS CHECK OUT LOUD: Just to make sure I have this right: you had a total of ____ birth(s) during your life, resulting in ____ son(s) or daughter(s) born alive.</p> <p>Is that correct?</p>	<p>Yes1 No.....0</p>	If no, go back and probe to correct 8a-c.
8e	<p>When was your FIRST birth?</p> <p><i>Please record the date of the first live birth. Date should be found by calculating forward or backward from memorable events if needed. Enter Jan 2020 for no response.</i></p>	<p>Month <input type="text"/> Year <input type="text"/></p>	
9	<p>When was your MOST RECENT birth?</p> <p><i>Please record the date of the MOST RECENT live birth. The date should be found by calculating backwards from memorable events if needed. Enter Jan 2020 for no response.</i></p>	<p>Month <input type="text"/> Year <input type="text"/></p>	Skip to 11 if not in last year and/or Q8 is 1
10	<p>When did you give birth before the most recent one?</p> <p><i>Please record the date of the birth before the last. The date should be found by calculating backwards from memorable events if needed. Enter Jan 2020 for no response.</i></p>	<p>Month <input type="text"/> Year <input type="text"/></p>	
11	<p>Is your last baby / child still alive?</p>	<p>Yes1 No.....0 Don't know.....-88 No response.....-99</p>	Skip to 13 if Yes
12	<p>When did your last baby / child die?</p> <p><i>Please record the date of the child's death. The date should be found by calculating backwards from memorable events if needed. Enter Jan 2020 for no response.</i></p>	<p>Month <input type="text"/> Year <input type="text"/></p>	
13	<p>When did your last menstrual period start?</p> <p><i>If you select days, weeks, months or years, you will enter a number for x on the next screen. Enter 0 days for today, not 0 weeks/months/years.</i></p>	<p>_____ days ago _____ weeks ago _____ months ago _____ years ago</p>	

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		Menopausal / Hysterectomy.....5 Before last birth6 Never menstruated.....7 No response -99	
14	Are you pregnant now?	Yes 1 No0 Unsure2 No response -99	Skip to 16 if No or Unsure
15	How many months pregnant are you? The most recent birth was: [Date of most recent birth] <i>Please record the number of completed months. Enter -88 for do not know, -99 for no response.</i>	Number of months <input type="text"/>	
	CHECK 14: Currently pregnant?	Yes 1 No0	16a if no 16b if yes
16a	Now I have some questions about the future. Would you like to have a/another child or would you prefer not to have any / any more children?	Have a/another child 1 No more.....2 Says she can't get pregnant.....3 Undecided / Don't know -88 No response -99	Skip to 17a if 1 and 18 for all other
16b	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	Have a/another child 1 No more/prefer no children2 Says she can't get pregnant.....3 Undecided / Don't know -88 No response -99	Skip to 17b if 1 and 18 for all other
17a	How long would you like to wait from now before the birth of a/another child? <i>If you select months or years, you will enter a number for x on the next screen. Select "Years" if more than 36 months.</i>	Months <input type="text"/> Years <input type="text"/> Soon / now 1 Says she can't get pregnant.....2 Other3 Don't know.....-88 No response -99	
17b	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? <i>If you select months or years, you will enter a number for x on the next screen. Select "Years" if more than 36 months.</i>	Months <input type="text"/> Years <input type="text"/> Soon / now 1 Says she can't get pregnant.....2 Other3 Don't know.....-88 No response -99	
	CHECK 8: Number of births	Number of births <input type="text"/>	Skip to 19 if 0 births and 14:

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	CHECK 14: Currently pregnant?	Yes..... 1 No.....0	No. Skip to 18a if 14: no and 18b if 14: yes
18a	Now I would like to ask a question about your last birth. At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / any more children at all?	Then1 Later2 Not at all3 No response..... -99	
18b	Now I would like to ask a question about your current pregnancy. At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / any more children at all?	Then1 Later2 Not at all3 No response..... -99	
Section 3A – Contraception			
<i>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</i>			
<i>An image will appear on the screen for some methods. If the respondent says that she has not heard of the method or if she hesitates to answer, read the probe aloud and show her the image, if available.</i>			
19	Have you ever heard of female sterilization? PROBE: Women can have an operation to avoid having any more children. [NO IMAGE]	Yes..... 1 No 0 No response.....-99	
19	Have you ever heard of male sterilization? PROBE: Men can have an operation to avoid having any more children. [NO IMAGE]	Yes..... 1 No 0 No response.....-99	
19	Have you ever heard of the contraceptive implant? PROBE: Women can have one or several small rods placed in their upper arm by a doctor or nurse, which can prevent pregnancy for one or more years. [IMAGE OF METHOD WILL APPEAR ON SCREEN]	Yes..... 1 No 0 No response.....-99	
19	Have you ever heard of the IUD? PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse. [IMAGE OF METHOD WILL APPEAR ON SCREEN]	Yes..... 1 No 0 No response.....-99	
19	Have you ever heard of injectables?	Yes..... 1 No 0	

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	<p>PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p> <p>[IMAGE OF SAYANA PRESS AND DEPO PROVERA WILL APPEAR ON SCREEN]</p>	<p>No response.....-99</p>	
19	<p>Have you ever heard of the (birth control) pill?</p> <p>PROBE: Women can take a pill every day to avoid becoming pregnant.</p> <p>[IMAGE OF METHOD WILL APPEAR ON SCREEN]</p>	<p>Yes..... 1 No 0 No response.....-99</p>	
19	<p>Have you ever heard of emergency contraception?</p> <p>PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within five days to prevent pregnancy.</p> <p>[NO IMAGE]</p>	<p>Yes..... 1 No 0 No response.....-99</p>	
19	<p>Have you ever heard of condoms?</p> <p>PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</p> <p>[IMAGE OF METHOD WILL APPEAR ON SCREEN]</p>	<p>Yes..... 1 No 0 No response.....-99</p>	
19	<p>Have you ever heard of female condoms?</p> <p>PROBE: Women can put a sheath in their vagina before sexual intercourse.</p> <p>[IMAGE OF METHOD WILL APPEAR ON SCREEN]</p>	<p>Yes..... 1 No 0 No response.....-99</p>	
19	<p>Have you ever heard of the diaphragm?</p> <p>PROBE: Women can place a thin flexible disk in their vagina before sexual intercourse.</p> <p>[IMAGE OF METHOD WILL APPEAR ON SCREEN]</p>	<p>Yes..... 1 No 0 No response.....-99</p>	
19	<p>Have you ever heard of foam or jelly as a contraceptive method?</p> <p>PROBE: Women can place a suppository, jelly, or cream in their vagina before sexual intercourse to prevent pregnancy.</p>	<p>Yes..... 1 No 0 No response.....-99</p>	

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	[IMAGE OF METHOD WILL APPEAR ON SCREEN]		
19	<p>Have you ever heard of the standard days method or Cycle Beads?</p> <p>PROBE: A Woman can use a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she and her partner use a condom or do not have sexual intercourse.</p> <p>[IMAGE OF METHOD WILL APPEAR ON SCREEN]</p>	<p>Yes..... 1 No 0 No response.....-99</p>	
19	<p>Have you ever heard of the Lactational Amenorrhea Method or LAM?</p> <p>[NO DESCRIPTION; NO IMAGE]</p>	<p>Yes..... 1 No 0 No response.....-99</p>	
19	<p>Have you ever heard of the rhythm method?</p> <p>PROBE: Women can avoid pregnancy by not having sexual intercourse on the days of the month they think they can get pregnant.</p> <p>[NO IMAGE]</p>	<p>Yes..... 1 No 0 No response.....-99</p>	
19	<p>Have you ever heard of the withdrawal method?</p> <p>PROBE: Men can be careful and pull out before climax.</p> <p>[NO IMAGE]</p>	<p>Yes..... 1 No 0 No response.....-99</p>	
19	<p>Have you ever heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>Yes..... 1 No 0 No response.....-99</p>	
	CHECK 14: Currently pregnant?	<p>Yes..... 1 No 0</p>	Skip to 23 if yes
20	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	<p>Yes..... 1 No 0</p>	Skip to 23 if No

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21	<p>Which method or methods are you using?</p> <p>Probe: Anything else?</p> <p><i>Select all methods mentioned. Be sure to scroll to bottom to see all choices.</i></p>	<p>Female sterilization..... 1</p> <p>Male sterilization 2</p> <p>Implant 3</p> <p>IUD 4</p> <p>Injectable 5</p> <p>Pill 7</p> <p>Emergency Contraception 8</p> <p>Male Condom 9</p> <p>Female Condom 10</p> <p>Diaphragm 11</p> <p>Foam/Jelly 12</p> <p>Std. Days/Cycle beads 13</p> <p>LAM 14</p> <p>Rhythm method 30</p> <p>Withdrawal 31</p> <p>Other traditional method 39</p> <p>No response -99</p>		<p>Skip based on most effective method only</p> <p>If injectable is selected, skip to FQ21a</p> <p>If LAM is selected but not injectables, skip to 21b</p> <p>If FS or MS was selected without injectables or LAM, skip to 22</p> <p>If LAM, FS, MS, and injectables are not selected, skip to 26b</p>								
21a	<p>PROBE: Was the injection administered via syringe or small needle?</p> <p><i>Show the image to the respondent.</i></p> <p>[IMAGES OF BOTH INJECTION SYSTEMS WILL APPEAR ON SCREEN]</p>	<p>Syringe 1</p> <p>Small needle (Sayana Press) 2</p> <p>Both 3</p> <p>No response..... -99</p>		<p>Skip to CHECK FQ21</p>								
21b	<p>Are you breastfeeding to delay or avoid becoming pregnant?</p>	<p>Yes..... 1</p> <p>No 0</p> <p>No Response..... -99</p>										
	<p>CHECK FQ21: Using Female Sterilization and/or Male Sterilization?</p>	<p>Female Sterilization..... 1</p> <p>Male Sterilization 1</p> <p>None of the above -77</p>	<table border="1"> <tr> <td>Y</td> <td>N</td> </tr> <tr> <td>1</td> <td>0</td> </tr> <tr> <td>1</td> <td>0</td> </tr> <tr> <td>-77</td> <td></td> </tr> </table>	Y	N	1	0	1	0	-77		<p>Skip to 26b if -77</p>
Y	N											
1	0											
1	0											
-77												
22	<p>Did the provider tell you or your partner that this method was permanent?</p>	<p>Yes..... 1</p> <p>No 0</p> <p>No response..... -99</p>		<p>Skip to 26b</p>								
23	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>Yes..... 1</p> <p>No 0</p> <p>No response..... -99</p>										
	<p>CHECK 14: Currently pregnant?</p>	<p>Yes..... 1</p> <p>No 0</p>		<p>Skip to 24b if yes</p>								
24a	<p>You said that you are not currently using a contraceptive method. Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?</p>	<p>Yes..... 1</p> <p>No 0</p> <p>No response..... -99</p>										

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24b	Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?	Yes..... 1 No 0 No response.....-99	
25	In the last 12 months, have you ever done something or used a method to delay or avoid getting pregnant?	Yes..... 1 No 0 No response.....-99	Skip to 41 if No
26	Which method did you use most recently? Probe: Anything else? <i>Select most effective method (highest method on list). Scroll to bottom to see all choices.</i>	Implant 3 IUD 4 Injectable 5 Pill 7 Emergency Contraception 8 Male Condom 9 Female Condom 10 Diaphragm 11 Foam/Jelly 12 Std. Days/Cycle beads 13 LAM 14 Rhythm method 30 Withdrawal 31 Other traditional method 39 No response -99	Skip to FQ26b unless injectables selected
26a	PROBE: Was the injection administered via syringe or small needle? <i>Show the image to the respondent.</i> [IMAGES OF BOTH INJECTION SYSTEMS WILL APPEAR ON SCREEN]	Syringe 1 Small needle (Sayana Press) 2 Both 3 No response.....-99	
26b	Before you started using [MOST RECENT / CURRENT METHOD], did you talk with your husband / partner about using a contraceptive method?	Yes..... 1 No 0 Don't know -88 No response.....-99	
27	When did you begin using your [MOST RECENT / CURRENT METHOD]? <i>Calculate backwards from memorable events if needed.</i> Age at first use: [Age from FQ20] Most Recent Birth: [mm-yyyy] Current Marriage: [mm-yyyy] <i>Must be at least the ages she started using a contraceptive method (FQ20).</i> <i>Must be before today. Respondent must be at least 10 years old.</i> <i>Enter Jan 2020 for no response.</i>	Month <input type="text"/> Year <input type="text"/>	

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	CHECK 20: Currently using contraceptives?	Yes 1 No 0	Skip to 30 if Yes
28	When did you stop using your [MOST RECENT METHOD]? <i>Please record the date.</i> <i>The date should be found by calculating backwards from memorable events if needed.</i> <i>Must be after FQ27.</i> <i>Enter Jan 2020 for no response.</i>	Month <input type="text"/> Year <input type="text"/>	
29	Why did you stop using your (MOST RECENT METHOD)?	Infrequent sex / husband away..... 1 Became pregnant while using 2 Wanted to become pregnant 3 Husband / partner disapproved 4 Wanted more effective method..... 5 No method available 6 Health concerns..... 7 Fear of side effects 8 Lack of access / too far..... 9 Costs too much..... 10 Inconvenient to use 11 Fatalistic..... 12 Difficult to get pregnant / menopausal 13 Interferes with body's processes ... 14 Other 15 Don't know-88 No response-99	
30	You first started using [CURRENT/MOST RECENT METHOD] in [DATE FROM FQ27]. Where did you get it at that time? <i>Scroll to bottom to see all choices.</i>	PUBLIC SECTOR: NATIONAL HOSPITAL.....11 FAMILY PLANNING CLINIC..... 12 HEALTH CENTRE/POSTE DE SANTE.....13 MATERNITY.....14 COMMUNITY HEALTH VOLUNTEER.....15 REGIONAL HOSPITAL.....16 PRIVATE MEDICAL SECTOR: PRIVATE HOSPITAL/CLINIC..... 21 PHARMACY22 NGO.....23 PRIVATE HEALTH CENTER.....24 PRIVATE PRACTICE25 PRIVATE DOCTOR26 MOBILE NURSE.....27 Community health worker (ASC).....28 Community-based medical student.....29 OTHER SOURCE: BOUTIQUE.....31 RELIGIOUS INSTITUTION.....32 FRIEND/RELATIVE33 BAR/NIGHT CLUB.....34 LIGABLO/KIOSK.....35 CHAYEUR.....36 OTHER 37 NO RESPONSE..... -99	

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31	When you obtained your [MOST RECENT / CURRENT METHOD], were you told by the provider about side effects or problems you might have with a method to delay or avoid getting pregnant?	Yes..... 1 No 0 No response -99	Skip to 33 if No
32	Were you told what to do if you experienced side effects or problems?	Yes..... 1 No 0 No response -99	
33	At that time, were you told by the family planning provider about methods of family planning other than the [MOST RECENT/CURRENT METHOD] that you could use?	Yes..... 1 No 0 No response -99	
34	During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?	Yes..... 1 No 0 No response -99	Skip to 36 if yes
35	Why didn't you obtain the method you wanted?	Method out of stock that day 1 Method not available at all 2 Provider not trained to provide the method..... 3 Provider recommended a different method..... 4 Not eligible for method..... 5 Decided not to adopt a method 6 Too costly 7 Other 8 No response -99	
36	During that visit, who made the final decision about what method you got?	You alone..... 1 Provider 2 Partner 3 You and provider 4 You and partner 5 Other 6 No response -99	

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	<p>CHECK 30: You first started using [CURRENT/MOST RECENT METHOD] in [DATE FROM FQ27]. Where did you get it at that time?</p>	<p>PUBLIC SECTOR: NATIONAL HOSPITAL.....11 FAMILY PLANNING CLINIC..... 12 HEALTH CENTRE/POSTE DE SANTE.....13 MATERNITY.....14 COMMUNITY HEALTH VOLUNTEER.....15 REGIONAL HOSPITAL.....16</p> <p>PRIVATE MEDICAL SECTOR: PRIVATE HOSPITAL/CLINIC..... 21 PHARMACY22 NGO.....23 PRIVATE HEALTH CENTER.....24 PRIVATE PRACTICE25 PRIVATE DOCTOR26 MOBILE NURSE.....27 Community health worker (ASC)28 Community-based medical student.....29</p> <p>OTHER SOURCE: BOUTIQUE.....31 RELIGIOUS INSTITUTION.....32 FRIEND/RELATIVE33 BAR/NIGHT CLUB.....34 LIGABLO/KIOSK.....35 CHAYEUR.....36 OTHER 37 NO RESPONSE..... -99</p>	<p>Skip to 41 if 30 is 33 OR 37</p>
37	<p>Would you return to this provider? Provider: [Type of Provider from FQ30]</p>	<p>Yes..... 1 No 0 No response -99</p>	
38	<p>Would you refer your relative or friend to this provider / facility?</p>	<p>Yes..... 1 No 0 No response -99</p>	
39	<p>In the last 12 months, have you paid any fees for family planning services (including the most current method)?</p>	<p>Yes..... 1 No 0</p>	<p>Skip to 41 if No</p>
40	<p>How much did you pay? <i>Enter all prices in Congolese Francs. Enter -88 if respondent does not know, -99 for no response.</i></p>	<p>Fee <input type="text"/></p>	


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40a	<p>Where did you obtain [CURRENT METHOD] the last time?</p> <p><i>Scroll to bottom to see all choices.</i></p>	<p>PUBLIC SECTOR: NATIONAL HOSPITAL.....11 FAMILY PLANNING CLINIC..... 12 HEALTH CENTRE/POSTE DE SANTE.....13 MATERNITE.....14 COMMUNITY HEALTH VOLUNTEER.....15 REGIONAL HOSPITAL.....16</p> <p>PRIVATE MEDICAL SECTOR: PRIVATE HOSPITAL/CLINIC..... 21 PHARMACY22 NGO.....23 PRIVATE HEALTH CENTER.....24 PRIVATE PRACTICE 25 PRIVATE DOCTOR 26 MOBILE NURSE.....27 FIELDWORKER.....28 Community health worker (ASC).....28 Community-based medical student.....29</p> <p>OTHER SOURCE: BOUTIQUE.....3 1 RELIGIOUS INSTITUTION.....32 FRIEND/RELATIVE 33 BAR/NIGHT CLUB.....34 LIGABLO/KIOSK.....35 CHAYEUR.....36 OTHER 37 NO RESPONSE..... -99</p>	
41	<p>Have you ever done anything or tried in any way to delay or avoid getting pregnant?</p>	<p>Yes1 No0 No response -99</p>	<p>Skip to 43 if No</p>
41b	<p>How old were you when you first used a method to delay or avoid getting pregnant?</p> <p>The respondent said she was [age from FQ1] years old at her last birthday.</p> <p><i>Enter the age in years. Enter -88 if respondent does not know. Enter -99 if there is no response. Cannot be younger than 9.</i></p>	<p>Age <input data-bbox="1086 1507 1307 1576" type="text"/></p>	
41c	<p>How many living children did you have at that time, if any?</p> <p>Note: the respondent said that she gave birth [number of live births] times in FQ8.</p> <p><i>Enter -99 for no response</i></p>	<p>Number <input data-bbox="1086 1827 1307 1897" type="text"/></p>	


Female Questionnaire

42	<p>Which method did you first use to delay or avoid getting pregnant?</p> <p><i>Do not read the method choices. Be sure to scroll to bottom to see all choices.</i></p>	<p>Female sterilization 1 Male sterilization 2 Implant 3 IUD 4 Injectable 5 Pill 7 Emergency Contraception 8 Male Condom 9 Female Condom 10 Diaphragm 11 Foam/Jelly 12 Std. Days/Cycle beads 13 LAM 14 Rhythm method 30 Withdrawal 31 Other traditional method..... 39 No response -99</p>	<p>If Injectables is selected, go to 42a</p>
42a	<p>PROBE: Was the injection administered via syringe or small needle?</p> <p><i>Show the image to the respondent.</i></p> <p>[IMAGES OF BOTH INJECTION SYSTEMS WILL APPEAR ON SCREEN]</p>	<p>Syringe 1 Small needle (Sayana Press) 2 Both 3 No response -99</p>	
	<p>CHECK 16: Desire for future child?</p> <p>CHECK 17: 2 or more years before next child?</p> <p>CHECK 20: Currently using contraceptive method?</p>	<p>Have a/another child 1 No more/none..... 2 Says she can't get pregnant..... 3 Undecided / Don't know -88</p> <p>No more/none..... 1 Less than 2 years 2 2 or more years 3</p> <p>Yes, using contraceptive 1 No, not using contraceptive..... 0</p>	<p>Ask 43 to non-users (current or ever) who do not want a/another child or not before 2 years.</p>
43	<p>You said that you do not want any / anymore children and that you are not using a method to avoid pregnancy.</p> <p>Can you tell me the reason why you are not using a method to prevent pregnancy?</p> <p>PROBE: Any other reason?</p> <p><i>RECORD ALL REASONS MENTIONED.</i></p> <p><i>Cannot select "Do Not Know" or "No response" with other options.</i></p> <p><i>Cannot select "Not married" if FQ3 is "Yes, currently married".</i></p> <p><i>Scroll to the bottom to see all choices.</i></p>	<p>Not married..... 1 Infrequent sex / husband away 2 Menopausal/Hysterectomy..... 3 Subfecund / infecund 4 Not menstruated since last birth..... 5 Breastfeeding 6 Husband away for many days..... 7 Up to God / fatalistic..... 8 Respondent opposed 9 Husband / partner opposed..... 10 Others opposed..... 11 Religious prohibition 12 Knows no method 13 Knows no source..... 14 Fear of side effects..... 15 Health concerns 16 Lack of access / too far 17 Costs too much 18 Preferred method n No method available 20 Inconvenient to use 21</p>	

Female Questionnaire

		Interferes with body's processes....22 Takes too much time away from regular duties / too busy to go get one.....23 Intention to use one but did not get a chance to go to the clinic yet.....24 Mother-in-law opposed.....25 Other36 Don't know.....-88 No response-99																	
44	In the last 12 months, were you visited by a community health worker who talked to you about family planning?	Yes1 No0 No response-99																	
44a	In the last 12 months, did you participate in a group talk at the community level about family planning?	Yes..... 1 No 0 No response-99																	
45	In the last 12 months, have you visited a health facility for care for yourself or your children? <i>For any health services</i>	Yes..... 1 No 0 No response-99	Skip to 47 if no																
46	Did any staff member at the health facility speak to you about family planning methods?	Yes..... 1 No 0 No response-99																	
47	In the last few months have you:																		
	Heard about family planning on the radio? Seen anything about family planning on the television?..... Read about family planning in a newspaper or magazine?	<table border="1"> <thead> <tr> <th></th> <th><u>Yes</u></th> <th><u>No</u></th> <th><u>NR</u></th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>1</td> <td>0</td> <td>-99</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> <td>-99</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> <td>-99</td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	<u>NR</u>	1	0	-99	1	0	-99	1	0	-99	
	<u>Yes</u>	<u>No</u>	<u>NR</u>																
.....	1	0	-99																
.....	1	0	-99																
.....	1	0	-99																
47b	Have you seen this image before? Show the logo to the respondent. 	Yes..... 1 No 0 Don't know/Don't recall.....-88 No response-99	Skip to 47d if 0, -88, or -99																
47b 1	Where did you see this image? PROBE: Anywhere else? <i>Select all that apply.</i>	In a health center 1 In the street 2 In a pharmacy 3 On a billboard4 On the TV5 On a leaflet6 On a community health agent's vest...7																	

Female Questionnaire

		Other..... 8 Don't know/Don't recall..... -88 No response -99	
47c	<p>What is this image trying to say?</p> <p><i>Select all that apply.</i></p>	<p>Family planning..... 1 Birth spacing..... 2 Reproductive health..... 3 The family unit 4 Other..... 5 Don't know -88 No response -99</p>	
47d	<p>Have you seen the billboard that states “How many children do you want?”, and shows the FP logo ?</p> <p>Show a photo of the billboard to the respondent.</p> 	<p>Yes..... 1 No 0 Don't know/Don't recall..... -88 No response -99</p>	<p>Skip to 48 if 0, - 88 or -99</p>
47e	<p>What is this image trying to say?</p> <p><i>Select all that apply.</i></p>	<p>Family planning..... 1 Birth spacing..... 2 Reproductive health..... 3 The family unit 4 Other 5 Don't know / Don't recall..... -88 No response -99</p>	
<p>CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p> <p><i>Verbally prepare the respondent for sexual activity questions.</i></p>			
48	<p>How old were you when you first had sexual intercourse?</p> <p><i>The respondent said she was [age from FQ1] years old at her last birthday.</i></p> <p><i>[She has had x live births.]</i></p> <p><i>Enter the age in years.</i></p> <p><i>Enter -77 if she never had sex.</i></p> <p><i>Enter -88 if respondent does not know.</i></p> <p><i>Enter -99 for no response.</i></p>	<p>Age <input type="text"/></p>	<p>Skip to MM_1 if - 77</p>

Female Questionnaire

	<p>[If age at first sex <10 years:]</p> <p>You have entered that the respondent was X years old when she first had sexual intercourse. Is this what she said?</p> <p><i>Go back and correct FQ48 if it is not correct.</i></p>	<p>Yes1</p> <p>No.....0</p>	
49	<p>When was the last time you had sexual intercourse?</p> <p><i>If less than 12 months ago, answer must be recorded in months, weeks, or days.</i></p> <p><i>Enter 0 days for today.</i></p> <p><i>You will enter a number for X on the next screen.</i></p>	<p>_____ days ago</p> <p>_____ weeks ago</p> <p>_____ months ago</p> <p>_____ years ago</p>	

Female Questionnaire

Section 4 – Exposure to Mass Media			
<i>Now I would like to talk in more detail about your exposure to family planning information through mass media.</i>			
MM_1	Did you watch the television show ‘Libala Ya Bosembo’ within the past 6 months?	Yes 1 No.....0 No response..... -99	Skip to MM_6 if 0 or -99
MM_2	At the end of each libala ya bosembo show a message is given. The last time you watched the show, what messages had the greatest impression on you? ? PROBE: What else? <i>Select all that apply.</i>	Couple communication.....1 Harmony in the family2 Family planning methods3 Antenatal care4 Care for mother and child’s health in the postpartum period5 Amenorrheic period after pregnancy 6 Birth spacing7 Breast feeding8 Other9 Don’t know / Don’t recall -88 No response..... -99	
MM_3	Did they talk about using family planning methods during the show?	Yes 1 No.....0 Don’t know / Don’t recall -88 No response..... -99	Skip to MM_6 if 0, -88 or -99
MM_4	Did you speak with someone about the family planning messages from the television show ‘Libala Ya Bosembo?’	Yes 1 No.....0 Don’t know / Don’t recall -88 No response..... -99	Skip to MM_6 if 0, -88 or -99
MM_5	With whom did you speak? PROBE: Anyone else? <i>Select all that apply.</i>	Medical provider 1 Spouse2 Other relatives3 Friends/neighbors4 Pharmacist/pharmacist’s aid5 Outreach worker6 People at a seminar/community meeting7 Other8 Don’t know / Don’t recall -88 No response..... -99	
MM_6	Have you ever watched the mini-television show called “Elengi”?	Yes 1 No.....0 No response..... -99	Skip to MM_8 if 0 or -99
MM_7	Last time you watched the mini-television show Elengi, what was it about? PROBE: What else? <i>Select all that apply.</i>	Couple communication..... 1 Harmony in the family2 Family planning methods3 Antenatal care4 Care for mother and child’s health in the postpartum period5 Amenorrheic period after pregnancy 6 Birth spacing7 Breast feeding8	

Female Questionnaire

		Other9 Don't know / don't recall -88 No response -99	
MM_8	Have you ever called the telephone hotline '3-2-1'?	Yes1 No.....0 No response -99	Skip to SE_1 if 0 or -99
MM_9	The last time you called the hotline 3-2-1, what did you want information about? PROBE: Anything else? Select all that apply.	Family planning service locations ...1 Information about family planning methods.....2 Side-effects of FP methods3 Post-abortion care4 Post intimate partner violence care..5 HIV/AIDS6 Health in general7 Other8 Don't know..... -88 No response -99	

Section 5 – Perceived self-efficacy in contraceptive use

Now I would like to talk about your level of confidence in your ability to access and use family planning methods. If you are not currently married or have a regular partner, try to imagine how you would respond if you were currently in union.

	How confident are you that:	Very Confident	Confident	Somewhat confident	Not very confident	Not at all confident
SE_1	You can start a conversation with your husband/spouse/partner about family planning/birth spacing?	5	4	3	2	1
SE_2	You can convince your husband/spouse/partner to use a method of family planning/birth spacing?	5	4	3	2	1
SE_3	You can go to a site where methods of family planning / birth spacing are available if you decide to use one?	5	4	3	2	1
SE_4	You can get a method of family planning / birth spacing if you decide to use one?	5	4	3	2	1
SE_5	You could use a method of family planning / birth spacing, even if your husband/partner does not want to?	5	4	3	2	1
SE_6	You can use a method of family planning / birth spacing, even if none of your friends or neighbors use one?	5	4	3	2	1
SE_7	You can use a method of family / child spacing planning, even if your religious leader does not think you should use it?	5	4	3	2	1
SE_8	You will continue to use a method of family planning / birth spacing, even if you experience side effects?	5	4	3	2	1

Female Questionnaire

Section 6 – Diarrheal Disease Among Children																								
<i>Now I would like to ask about your water practices.</i>																								
50	How many children under age 5, if any, live in this household for which you are the primary caregiver?	Number <input style="width: 100px; height: 20px;" type="text"/>																						
<p>Starting with the youngest child, I'd like to ask you some questions.</p> <p>[ODK Will repeat the FQ51-FQ53 each child under age 5.]</p>																								
51	In what month and year was this child born? ENTER JAN 2020 FOR NO RESPONSE.	Month <input style="width: 100px; height: 20px;" type="text"/> Year <input style="width: 100px; height: 20px;" type="text"/>																						
52	The last time this child passed stools, what was done to dispose of the stools? FOR ALL FECES, NORMAL OR DIARRHEA. Children use a latrine / toilet..... Leave waste where it is Bury waste in field / yard Dispose of waste in latrine / toilet..... Dispose of waste with rubbish / garbage Dispose of waste with waste water Use it as manure Burn it No response	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"><u>Yes</u></th> <th style="width: 50%;"><u>No</u></th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">-99</td><td style="text-align: center;">0</td></tr> </tbody> </table>	<u>Yes</u>	<u>No</u>	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	-99	0
<u>Yes</u>	<u>No</u>																							
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53	In the past 7 days, has this child had diarrhea? <i>Diarrhea is determined as perceived by mother/ caretaker. If the respondent is not sure what we mean by diarrhea, tell her it means "three or more runny stools per day."</i>	Yes..... 1 No 0 No Response..... -99																						
54	Is it you or your spouse who is military/police personnel?	1) Myself 2) Spouse 3) Son 4) Daughter 5) Other (specify): _____																						
55	In total how many members of your immediate family are part of the FARDC?	Number _____																						

Female Questionnaire

56	What is your/his rank in this service?	1	Soldier 1 st class
		2	Soldier 2 nd class
		3	Corporal
		4	Sargent
		5	Sargent major
		6	1 st Sargent
		7	1 st Sargent Adjoint
		8	Adjudant de 2 ^{eme} classe
		9	Adjudant
		10	Adjudant in chef
		11	Second Lieutenant
		12	Lieutenant
		13	Captain
		14	Major
		15	Lieutenant Colonel
		16	Colonel
		17	General Bragadier
		18	Lieutenant General
		19	General of Army Corps
		20	General or Army
57	Have you seen a billboard or banner about family planning that shows a military family?	0 No 1 Yes 88 Don't know	
58	In what province were you born? If Kinshasa, skip to question "K"	List provinces	
59	For how many years have you lived in Kinshasa? 0=less than one year	_____ Years	
<p>Thank the respondent for her time <i>The respondent is finished, but there are still 2 more questions for you to complete outside the home.</i></p>			
LOCATION			
K	<p>Location</p> <p><i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6m.</i></p> <p><i>GPS coordinates can only be collected when outside.</i></p>	Record Location	
QUESTIONNAIRE RESULT			
L	<p>How many times have you visited this household to interview this female respondent?</p>	<p>1st time 1</p> <p>2nd time 2</p> <p>3rd time 3</p>	
M	<p>Questionnaire result</p> <p><i>Record the result of the Female Questionnaire</i></p>	<p>Completed 1</p> <p>Not at home 2</p> <p>Postponed 3</p> <p>Refused 4</p> <p>Partly completed 5</p> <p>Incapacitated 6</p>	