

# HOUSEHOLD SURVEY

## PURPOSE

A household survey was conducted at baseline to understand awareness, knowledge, attitudes, and use of the innovation among the target population. The data was used to guide scale-up strategy and to establish a baseline against which to measure scale-up progress. The survey was conducted again at endline to assess progress toward sustainable scale-up of the innovation and identify gaps.

## HOW IT WAS DEVELOPED AND USED

The household survey questionnaire was based on Demographic and Health Surveys (DHS) with additional questions added for Standard Days Method® (SDM)-specific variables and outcomes. The household surveys consisted of three (3) modules – a household questionnaire, a men's questionnaire, and a women's questionnaire – with the following sub sections:

- Characteristics/Demographics
- Exposure to Media
- Reproduction (for women only: number of children and pregnancies as well as current pregnancy status)
- Contraception/Family Planning Methods (for men and women: ever and current use of family planning/contraception; for men: current and ever use as well as knowledge of pregnancy risk, fertility, and breastfeeding),
- SDM/CycleBeads® (for men and women: awareness of the method, sources of information about the method, ever and current use, reasons for discontinuation, partner involvement in method use, satisfaction with the method, maximum cost allowable for purchase of CycleBeads,

source of procurement of CycleBeads and SDM counseling)

- Fertility Preferences (for men only: attitudes towards delaying pregnancy or having future children)
- Postpartum Family Planning and Return of Menses (for women only: post-partum health seeking behavior, family planning use, LAM knowledge and attitudes)
- Marriage and Sexual Activity (for women only: cohabitation with husband/partner, rank of wife in polygamous unions, sexual intercourse)
- Gender and Empowerment (for men and women: decision-making power, couple communication on household finances and sexual relations/family planning use)
- Husband's Background and Woman's Work (for women only: husband's age, education level, and occupation; as well as woman's occupation)

IRH selected DHS questions, adapted questions to the SDM context, and harmonized the three modules with input from IRH field staff and other stakeholders. To foster survey efficiency and quality within each country, endline questionnaires did not include some of the baseline questions; some questions were eliminated that collected information only applicable at baseline, and some questions were eliminated because they were not relevant in a specific country context.

All countries conducted household surveys of women and men (couples) at least once during the scale-up period and several conducted household surveys at two points in time. IRH developed the research protocols, received IRB approval, and then worked with field-based IRH staff and research organizations to obtain local IRB approval. Local research organizations were contracted to adapt the survey

instruments to local contexts, collect and analyze data and report preliminary findings, with IRH support throughout the process.

### ATTENTION TO VALUES

The household survey was a key source of information on values, measuring the core SDM innovation values explicitly and implicitly. Questions in the Gender and Empowerment, Contraception/Family Planning Methods, and SDM/CycleBeads sections addressed the values of gender equity, male involvement, and couple communication from both the male and female perspectives.

### LESSONS LEARNED

- The FAM Project Monitoring Plan proposed using household surveys to measure changes between baseline and endline, as is typically done in impact evaluation. Headquarters staff supporting the surveys was focused on impact evaluation, rather than program planning and monitoring. As a result, baseline data was effectively utilized for strategy-setting in only two of the scale-up countries. A revised focus on data use early in the scale-up process is recommended to improve this situation.
- In addition, when survey data were mined for use in programs, it was apparent that much of the collected data was not needed for program purposes. For example, the detailed information collected to measure socio-economic status was complicated to analyze and never used. In retrospect, it would have been more useful to have designed the survey to provide information specific to identifying gaps in the status of scale-up from a population perspective. More rapid methods, LQAS or sentinel sites, might be more effective in supporting the scale-up process (rather than simply evaluating it).
- The comparison of baseline results (often registering 'zero') to endline proved of

limited use. Instead, focusing measurement on how much change is enough to declare achievement of the scale-up tipping point might be more useful for the purposes of scale-up MLE. Conceptualizing desired relational changes, such as comparing SDM knowledge with another well-integrated FP method at endline, rather than focusing on changes between the beginning and end of a scale-up period (the classic impact evaluation approach), might yield more useful information.

- Working with local research organizations provides the possibility of utilization of in-country knowledge and resources for implementing the study protocol and surmounting any challenges that arise during the process. The general training manuals and dummy tables for analysis that accompanied each country's household survey resource packet were useful to guide local research organizations in preparing for and later analyzing collected data. Still, unless they had worked previously with FAM, research organizations often needed extensive orientation on the innovation in order to properly execute the data collection and then analyze the data. A global survey template was used across the five countries which could be adapted to each country's context proved a useful approach to standardize critical variables facilitating later cross-country analysis.

### KEY REFERENCES & RESOURCES

MEASURE DHS | <http://measuredhs.com/What-We-Do/Survey-Types/DHS.cfm> (Modules: Family Planning, Fertility and Fertility Preferences, Household and Respondent Characteristics, Maternal Health, Unmet Need, Women's Empowerment)

# HOUSEHOLD SURVEY

FAM PROJECT ENDLINE: HOUSEHOLD QUESTIONNAIRE																				
[NAME OF COUNTRY]																				
IDENTIFICATION																				
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER ..... HOUSEHOLD NUMBER ..... REGION ..... LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE ..... (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																			
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DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																
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RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																
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TIME	_____	_____																		
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																
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SUPERVISOR NAME _____ DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			FIELD EDITOR NAME _____ DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				OFFICE EDITOR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			KEYED BY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										

**HOUSEHOLD SCHEDULE**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY	
				What is (NAME'S) current marital status?	CIRCLE LINE NUMBER OF ALL MARRIED WOMEN AGED 15-49		CIRCLE LINE NUMBER OF ALL MARRIED MEN AGE		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
	Please give me the names of the persons above 10 years old who usually live in your household and guests of the household who stayed here last night starting with the head of the household  AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.  THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-10 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household?  SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER		
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	10	10

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = NIECE/NEPHEW BY BLOOD
- 10 = NIECE/NEPHEW BY MARRIAGE
- 11 = OTHER RELATIVE
- 12 = ADOPTED/FOSTER/STEPCHILD
- 13 = NOT RELATED
- 98 = DONT KNOW

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			M F	Y N	Y N	IN YEARS			
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20

TICK HERE IF CONTINUATION SHEET USED

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

2A) Just to make sure that I have a complete listing

Are there any other persons such as children above 10 years old that we have not listed? YES  → ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES  → ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES  → ADD TO TABLE NO

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HOUSEHOLD CHARACTERISTICS																								
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 TUBE WELL OR BOREHOLE ..... 21 DUG WELL PROTECTED WELL ..... 31 UNPROTECTED WELL ..... 32 WATER FROM SPRING PROTECTED SPRING ..... 41 UNPROTECTED SPRING ..... 42 RAINWATER ..... 51 TANKER TRUCK ..... 61 CART WITH SMALL TANK ..... 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) ..... 81 BOTTLED WATER ..... 91 OTHER _____ 96 (SPECIFY)																						
102	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM ..... 11 FLUSH TO SEPTIC TANK ..... 12 FLUSH TO PIT LATRINE ..... 13 FLUSH TO SOMEWHERE ELSE ..... 14 FLUSH, DON'T KNOW WHERE ..... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE ..... 21 PIT LATRINE WITH SLAB ..... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT ..... 23 COMPOSTING TOILET ..... 31 BUCKET TOILET ..... 41 HANGING TOILET/HANGING LATRINE ..... 51 NO FACILITY/BUSH/FIELD ..... 61 → 104 OTHER _____ 96 (SPECIFY)																						
103	Do you share this toilet facility with other households or people?	YES ..... 1 NO ..... 2																						
104	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) Electricity?</td> <td>ELECTRICITY .. . . . . . 1</td> <td>2</td> </tr> <tr> <td>b) A radio?</td> <td>RADIO .. . . . . . 1</td> <td>2</td> </tr> <tr> <td>c) A television?</td> <td>TELEVISION .. . . . . . 1</td> <td>2</td> </tr> <tr> <td>d) A mobile telephone?</td> <td>MOBILE TELEPHONE .. . . . . . 1</td> <td>2</td> </tr> <tr> <td>e) A non-mobile telephone?</td> <td>NON-MOBILE TELEPHONE .. . . . . . 1</td> <td>2</td> </tr> <tr> <td>f) A refrigerator?</td> <td>REFRIGERATOR .. . . . . . 1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) Electricity?	ELECTRICITY .. . . . . . 1	2	b) A radio?	RADIO .. . . . . . 1	2	c) A television?	TELEVISION .. . . . . . 1	2	d) A mobile telephone?	MOBILE TELEPHONE .. . . . . . 1	2	e) A non-mobile telephone?	NON-MOBILE TELEPHONE .. . . . . . 1	2	f) A refrigerator?	REFRIGERATOR .. . . . . . 1	2	
	YES	NO																						
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f) A refrigerator?	REFRIGERATOR .. . . . . . 1	2																						
105	What type of fuel does your household mainly use for cooking?	ELECTRICITY ..... 01 LPG ..... 02 NATURAL GAS ..... 03 BIOGAS ..... 04 KEROSENE ..... 05 COAL, LIGNITE ..... 06 CHARCOAL ..... 07 WOOD ..... 08 STRAW/SHRUBS/GRASS ..... 09 AGRICULTURAL CROP ..... 10 ANIMAL DUNG ..... 11 NO FOOD COOKED IN HOUSEHOLD ..... 95 OTHER _____ 96 (SPECIFY)																						

106	Do you have a separate room which is used as a kitchen?	YES ..... 1 NO ..... 2	
107	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND ..... 11 DUNG ..... 12 RUDIMENTARY FLOOR WOOD PLANKS ..... 21 PALM/BAMBOO ..... 22 FINISHED FLOOR PARQUET OR POLISHED WOOD ..... 31 VINYL OR ASPHALT STRIPS ..... 32 CERAMIC TILES ..... 33 CEMENT ..... 34 CARPET ..... 35  OTHER _____ 96 (SPECIFY)	
108	MAIN MATERIAL OF THE EXTERIOR WALLS. <b>(4)</b>  RECORD OBSERVATION.	NATURAL WALLS NO WALLS ..... 11 CANE/PALM/TRUNKS ..... 12 DIRT ..... 13 RUDIMENTARY WALLS BAMBOO WITH MUD ..... 21 STONE WITH MUD ..... 22 UNCOVERED ADOBE ..... 23 PLYWOOD ..... 24 CARDBOARD ..... 25 REUSED WOOD ..... 26 FINISHED WALLS CEMENT ..... 31 STONE WITH LIME/CEMENT ..... 32 BRICKS ..... 33 CEMENT BLOCKS ..... 34 COVERED ADOBE ..... 35 WOOD PLANKS/SHINGLES ..... 36  OTHER _____ 96 (SPECIFY)	
109	How many rooms in this household are used for sleeping?	ROOMS ..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
110	Does any member of this household own:	YES      NO WATCH ..... 1      2 BICYCLE ..... 1      2 MOTORCYCLE/SCOOTER ..... 1      2 ANIMAL-DRAWN CART ..... 1      2 CAR/TRUCK ..... 1      2 BOAT WITH MOTOR ..... 1      2	
111	Does any member of this household own any agricultural land?	YES ..... 1 NO ..... 2	→ 113
112	How many hectares of agricultural land do members of this household own?	HECTARES ..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> 95 OR MORE HECTARES ..... 95 DON'T KNOW ..... 98	
113	Does this household own any livestock, herds, other farm animals, or poultry?	YES ..... 1 NO ..... 2	→ END
114	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'.	CATTLE ..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> COWS/BULLS ..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> HORSES/DONKEYS/MULES ..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> GOATS ..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> SHEEP ..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> CHICKENS ..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	

## FAM PROJECT ENDLINE WOMEN'S QUESTIONNAIRE

[NAME OF COUNTRY]

### IDENTIFICATION

PLACE NAME _____ CLUSTER NUMBER ..... HOUSEHOLD NUMBER ..... REGION ..... URBAN/RURAL (URBAN=1, RURAL=2) ..... LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE ..... (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4) NAME AND LINE NUMBER OF WOMAN _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					

### INTERVIEWER VISITS

	1	2	3	FINAL VISIT							
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NAME _____ RESULT _____							
INTERVIEWER'S NAME	_____	_____	_____	NAME _____ RESULT _____							
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>							
TIME	_____	_____									

**\*RESULT CODES:**

- |               |                    |               |  |
|---------------|--------------------|---------------|--|
| 1 COMPLETED   | 4 REFUSED          | 7 OTHER _____ |  |
| 2 NOT AT HOME | 5 PARTLY COMPLETED | (SPECIFY)     |  |
| 3 POSTPONED   | 6 INCAPACITATED    |               |  |

LANGUAGE OF QUESTIONNAIRE 01 = ENGLISH 02 = FRENCH 03 = SPANISH 04 = HINDI	LANGUAGE OF INTERVIEW 01 = ENGLISH 02 = FRENCH 03 = SPANISH 04 = HINDI	NATIVE LANGUAGE OF RESPONDENT: 01 = ENGLISH 06 = OTHER 02 = FRENCH _____ 03 = SPANISH (SPECIFY) 04 = HINDI	TRANSLATOR USED YES..... 1 NO..... 2
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SUPERVISOR NAME _____ DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			FIELD EDITOR NAME _____ DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			OFFICE EDITOR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			KEYED BY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		



SECTION 1. RESPONDENT'S BACKGROUND AND EXPOSURE TO MEDIA			
SECTION 1A: RESPONDENT'S BACKGROUND			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DONT KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW YEAR ..... 9998	
102	How old were you at your last birthday? COMPARE AND CORRECT 101 AND/OR 102 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
103	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 107
104	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	
105	What is the highest (grade/form/year) you completed at that level?	GRADE ..... <input type="text"/> <input type="text"/>	
106	CHECK 104: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 108
107	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
108	What is your religion?	Categories country-specific	

<b>SECTION 1B: EXPOSURE TO MEDIA</b>			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	<p>Now let us talk about listening to radio, watching television, reading newspaper and use of cell phone</p> <p>Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?</p>	<p>ALMOST EVERY DAY ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>LESS THAN ONCE A WEEK ..... 3</p> <p>NOT AT ALL ..... 4</p>	→ 111
110	<p>Can you tell me the names of newspapers or magazines you read regularly?</p>	<p>Newspapers</p> <p>Country specific categories</p> <p>Magazines</p> <p>Country specific categories</p>	
111	<p>Do you watch television almost every day, at least once a week, less than once a week or not at all?</p>	<p>ALMOST EVERY DAY ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>LESS THAN ONCE A WEEK ..... 3</p> <p>NOT AT ALL ..... 4</p>	→ 114
112	<p>What are the main TV channels you watch regularly?</p>	<p>Country specific categories</p>	
113	<p>What type of programs do you generally watch?</p>	<p>Country specific categories</p>	
114	<p>Do you listen to the radio almost every day, at least once a week less than once a week or not at all?</p>	<p>ALMOST EVERY DAY ..... 1</p> <p>AT LEAST ONCE A WEEK ..... 2</p> <p>LESS THAN ONCE A WEEK ..... 3</p> <p>NOT AT ALL ..... 4</p>	→ 117

115	What channels on the radio do you listen to?	Country specific categories	
116	What type of programs do you generally listen to?	Country specific categories	
117	In your opinion, what media should be used to communicate family planning messages?  Any other? CIRCLE ALL MENTIONED	RADIO..... A TELEVISION..... B NEWSPAPERS/MAGAZINES..... C LEAFLET/HANDOUTS..... D POSTERS..... E FOLK MEDIA..... F INTERPERSONAL COMMUNICATION G CELL PHONE..... H NONE..... I OTHER..... J (SPECIFY)	
118	Do you own a cell phone?	YES..... 1 NO..... 2	→ 121
119	Can you find a cell phone to use if you want to send or receive messages?	YES..... 1 NO..... 2	→ 201
120	From where would you find one? Any other? CIRCLE ALL MENTIONED	HUSBAND..... A NEIGHBOR..... B FRIEND..... C FAMILY MEMBER..... D COMMERCIAL PLACE..... E OTHER..... F	
121	How often do you send or receive text messages with a cell phone?	NEVER..... 1 SEVERAL TIMES PER MONTH..... 2 SEVERAL TIMES PER WEEK..... 3 SEVERAL TIMES PER DAY..... 4 OTHER..... 5 (SPECIFY)	

<b>SECTION 2. REPRODUCTION</b>											
<b>NO.</b>	<b>QUESTIONS AND FILTERS</b>	<b>CODING CATEGORIES</b>	<b>SKIP</b>								
201	Now I would like to ask you about all the births you have during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206								
202	I would like to know about all the children you have who are alive, whether they live with you or not. Do you have any sons or daughters to whom you have who are alive?	YES ..... 1 NO ..... 2	→ 208								
203	How many sons do you have?  And how many daughters do you have?  IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr><tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr></table> DAUGHTERS AT HOME ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr><tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr></table>									→
206	SUM ANSWERS TO 203 AND 205 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 10px;"></td><td style="width: 20px; height: 10px;"></td></tr></table>									
208	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 210								
209	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you want to have any (more) children at all?	THEN ..... 1 LATER ..... 2 NOT AT ALL ..... 3	→ 211								

210	<p>When did your last menstrual period start?</p> <p>ENSURE THAT ANSWERS ARE FOR FIRST DAY OF THE LAST PERIOD</p> <p>_____</p> <p style="text-align: center;">(DATE, IF GIVEN)</p>	<p>DAYS AGO ..... 1</p> <p>WEEKS AGO ..... 2</p> <p>MONTHS AGC ..... 3</p> <p>YEARS AGO ..... 4</p> <p>NOT SURE/DONT KNOW ..... 5</p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY ..... 994</p> <p>BEFORE LAST BIRTH ..... 995</p> <p>NEVER MENSTRUATE ..... 996</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
211	<p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DONT KNOW ..... 8</p>	<table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table> <span style="font-size: 24px;">→</span> 301								
212	<p>Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?</p> <p>READ ALL OPTIONS</p>	<p>JUST BEFORE HER PERIOD BEGINS ..... 1</p> <p>DURING HER PERIOD. .... 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED. .... 3</p> <p>HALFWAY BETWEEN TWO PERIODS. .... 4</p> <p>OTHER _____ #</p> <p style="text-align: center;">(SPECIFY)</p> <p>DONT KNOW ..... #</p>									

**SECTION 3. FAMILY PLANNING METHODS**

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. BEGIN BY ASKING QUESTION 301. FOR EACH METHOD MENTIONED SPONTANEOUSLY CIRCLE CODE 1. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRC 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you heard of (METHOD)?	302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children. Yes ..... 1 No ..... 2	Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children. Yes ..... 1 No ..... 2	Have you ever had a partner who had an operation to avoid having any more children? YES ..... 1 NO ..... 2
03	PILL Women can take a pill every day to avoid becoming pregnant. Yes ..... 1 No ..... 2	YES ..... 1 NO ..... 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse. Yes ..... 1 No ..... 2	YES ..... 1 NO ..... 2
05	INJECTABLES (or Depo) Women can have an injection by a provider that stops them from becoming pregnant for one or more months. Yes ..... 1 No ..... 2	YES ..... 1 NO ..... 2
06	IMPLANTS (or NORPLANT) Women can have one or more rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years. Yes ..... 1 No ..... 2	YES ..... 1 NO ..... 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse. Yes ..... 1 No ..... 2	YES ..... 1 NO ..... 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse. Yes ..... 1 No ..... 2	YES ..... 1 NO ..... 2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse. Yes ..... 1 No ..... 2	YES ..... 1 NO ..... 2
10	FOAM OR JELLY Women can place a suppository, jelly, or in their their vagina before sexual intercourse. Yes ..... 1 No ..... 2	YES ..... 1 NO ..... 2
11	SDM (CYCLEBEADS) A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse Yes ..... 1 No ..... 2	YES ..... 1 NO ..... 2
12	LACTATIONAL AMENORRHEA METHOD (LAM) If a woman's period has not returned in the first 6 months after her baby is born, she can avoid pregnancy by only breastfeeding her baby on baby's cue, day and night Yes ..... 1 No ..... 2	YES ..... 1 NO ..... 2
13	RHYTHM: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant Yes ..... 1 No ..... 2	YES ..... 1 NO ..... 2
14	WITHDRAWAL Men can be careful and pull out before climax. Yes ..... 1 No ..... 2	YES ..... 1 NO ..... 2
15	EMERGENCY CONTRACEPTION as an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy Yes ..... 1 No ..... 2	YES ..... 1 NO ..... 2
16	Have you heard of any other ways or methods that women and men can use to avoid pregnancy? _____ (SPECIFY)	YES ..... 1 NO ..... 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 302: NOT A SINGLE "YES" <input type="checkbox"/> AT LEAST ONE "YES" <input type="checkbox"/> (NEVER USED) ↓ (EVER USED)		→ 306
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 306
305	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
306	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/> ↓		→ 401
307	CHECK 208: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> ↓		→ 401
308	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	→ 401
309	Which method are you using? CIRCLE ALL MENTIONED	FEMALE STERILIZATION A MALE STERILIZATION B PILL ..... C IUD ..... D INJECTABLES E IMPLANTS ..... F CONDOM ..... G FEMALE CONDOM H DIAPHRAGM ..... I FOAM/JELLY ..... J SDM (CYCLEBEADS)..... M LACTATIONAL AMEN. METHOD... K RHYTHM..... L WITHDRAWAL..... N  OTHER _____ X	

SECTION 4. SDM (CYCLEBEADS) MODULE			
No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 301(13 (EVER HEARD OF THE SDM (CYCLEBEADS)		
	HEARD OF SDM (CYCLEBEADS) <input type="checkbox"/> HAS NOT HEARD OF THE SDM (CYCLEBEADS) <input type="checkbox"/>		500
402	How did you hear about the SDM (CycleBeads)?	HEALTH TALK..... A	
	CIRCLE ALL MENTIONED	POSTER IN HEALTH CENTER..... B	
	PROBE: Anybody or anywhere else?	POSTER IN PHARMACY..... C	
		POSTER ELSEWHERE..... D	
		BROCHURE/FLIER..... E	
		STREET THEATER..... F	
		WALL PAINTING..... G	
		LOUDSPEAKER..... H	
		RADIO..... I	
		TV..... J	
		NEWSPAPER..... K	
		MAGAZINE..... L	
		HEALTH PROVIDER..... M	
		COMMUNITY HEALTH WORKER..... N	
		PHARMACIST..... O	
		SPOUSE..... P	
		MOTHER..... Q	
		MOTHER IN LAW..... R	
		SISTER..... S	
		OTHER RELATIVE..... T	
		FRIEND/NEIGHBOR..... U	
		OTHER _____ X	
		(SPECIFY)	
		CANT REMEMBER..... Y	
		DONT KNOW..... Z	
403	Now I would like to ask you about your opinion about the SDM (CycleBeads). Please tell me if you agree, disagree with the following statements, or if you don't know		
			AGREES YES NO DK
	A. The SDM (CycleBeads) is hard to understand	HARD TO UNDERSTAND.....	1 2 8
	B. The SDM (CycleBeads) is hard for your partner to understand	HARD FOR PARTNER TO UNDERSTAND....	1 2 8
	C. The SDM (CycleBeads) is easy to use	EASY TO USE	1 2 8
	D. The SDM (CycleBeads) is an effective method in preventing pregnancy when used correctly	EFFECTIVE.....	1 2 8
	E. The SDM (CycleBeads) is affordable	AFFORDABLE.....	1 2 8
	F. The SDM (CycleBeads) is hard to obtain	HARD TO OBTAIN.....	1 2 8
	G. Few women use SDM (CycleBeads) in your community	USED BY FEW WOMEN IN COMMUNITY..	1 2 8
	H. Use of SDM (CycleBeads) is against your religious beliefs	AGAINST MY RELIGIOUS BELIEFS.....	1 2 8
	I. The SDM (CycleBeads) is acceptable to men	ACCEPTABLE TO MEN.....	1 2 8
	J. The SDM (CycleBeads) does not have side effects	DOES NOT HAVE SIDE EFFECTS.....	1 2 8
	K. The SDM (CycleBeads) does not cause health problems	DOES NOT CAUSE HEALTH PROBLEMS....	1 2 8
	L. The SDM (CycleBeads) interferes with sexual relationships	INTERFERES WITH SEXUAL R/SHIPS.....	1 2 8



<p>404</p>	<p>CHECK 302(13) (EVER USED THE SDM (CYCLEBEADS))</p> <p>USED THE SDM (CYCLEBEADS) <input type="checkbox"/> DID NOT USE THE SDM (CYCLEBEADS) <input type="checkbox"/></p>		<p>445</p>
<p>405</p>	<p>When you first learned to use the SDM (CycleBeac were you giv en CycleBeads? SHOW CYCLEBEADS</p>	<p>YES..... 1 NO..... 2 DON'T KNOW..... 8</p>	
<p>406</p>	<p>When you first learned to use the SDM (CycleBeac were you giv en a calendar? SHOW A CALENDAR</p>	<p>YES..... 1 NO..... 2 DON'T KNOW..... 8</p>	
<p>407</p>	<p>When you first learned to use the SDM (CycleBeac were you giv en an insert/with information? SHOW AN INSERT</p>	<p>YES..... 1 NO..... 2 DON'T KNOW..... 8</p>	
<p>408</p>	<p>Were you told to keep track of your cycle lengths t sure they were within range before using SDM (CyeleBeds)?</p>	<p>YES..... 1 NO..... 2 DON'T KNOW..... 8</p>	
<p>409</p>	<p>CHECK 309 (CURRENTLY USING THE SDM (CYCLEBEADS))</p> <p>NOT USING SDM (CYCLEBEADS) <input type="checkbox"/> USING SDM (CYCLEBEADS) <input type="checkbox"/></p>		<p>423</p>
<p>QUESTIONS FOR SDM (CYCLEBEADS) USERS WHO DISCONTINUED</p>			
<p>410</p>	<p>CHECK 405 (WAS GIVEN CYCLEBEADS)</p> <p>YES <input type="checkbox"/> NO OR DONT KNOW <input type="checkbox"/></p>		<p>413</p>
<p>411</p>	<p>SHOW AND GIVE THEM CYCLEBEADS</p> <p>Please show me how to use CycleBeads</p> <p>CIRCLE ALL SHOWN THEN PROBE BY ASKING: What else can you tell me about how to use CybleBeads?</p>	<p>MOVE RING TO RED BEAD FIRST DAY OF CYCLE... A MOVE RING ONE BEAD EACH DAY..... B MOVE RING IN THE DIRECTION OF ARROW..... C AVOID UNPROTECTED SEX ON WHITE BEAD DAYS... D UNPROTECTED SEX OK ON BROWN BEAD DAYS... E MARK FIRST DAY OF PERIOD ON CALENDAR..... F OTHER _____ X (SPECIFY) DONT KNOW ..... Z</p>	
<p>412</p>	<p>When you began using the SDM (CycleBeads), did use CycleBeads to keep track of your fertile days?</p>	<p>YES..... 1 NO..... 2</p>	
<p>413</p>	<p>Were you using anything else to keep track of your days?</p>	<p>YES..... 1 NO..... 2 DONT KNOW..... 8</p>	<p>415</p>

414	What were you using?	CALENDAR ..... 1 OTHER ..... 2 (SPECIFY) DONT KNOW ..... 8	→ 416
415	CHECK 406 (WAS GIVEN CALENDAR)  YES <input type="checkbox"/> ↓ NO OR DONT KNOW <input type="checkbox"/>	→	417
416	Please explain how you used the calendar to help track of your fertile days?  RECORD ALL MENTIONED	MARK FIRST DAY OF PERIOD ..... A MARK FERTILE DAYS 8-19 ..... B AVOID UNPROTECTED SEX ON FERTILE DAYS ..... C COMPARE DATE IF NOT SURE WHERE RING SHOULD BE ON CYCLEBEADS ..... D IF MY CYCLES ARE NOT REGULAR I NEED TO USE CONDOM OR ABSTAIN ..... E IF MY CYCLES ARE NOT REGULAR I NEED TO SEE MY PROVIDER ..... F DID NOT USE THE CALENDAR ..... G  OTHER ..... X (SPECIFY) DONT KNOW ..... Z	
417	When you were using the SDM (CycleBeads), did you ever get your period before the day you reached the dark brown bead, or after you reached the last bead?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
418	What should a woman do if this (i.e period before dark brown bead or period after the last bead) happens twice in one year?  RECORD ALL MENTIONED	CONTINUE USING METHOD ..... A WAIT TO SEE IF IT HAPPENS AGAIN ..... B STOP METHOD AND SEE A PROVIDER ..... C NEEDED TO ABSTAIN OR USE CONDOM ..... D SWITCH TO ANOTHER METHOD ..... E  OTHER ..... X (SPECIFY) DONT KNOW ..... Z	
419	How long did you use the SDM (CycleBeads) before you stopped?	MONTHS ..... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEARS ..... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>  CANT REMEMBER ..... 9 7 DONT KNOW ..... 9 8	

420	Why did you stop using the SDM (CycleBeads)?  RECORD ALL MENTIONED	BECAME PREGNANT ..... A HAD TWO CYCLES OUT OF RANGE/ IRREGULAR CYCLES ..... B CONCERNED ABOUT EFFECTIVENESS ..... C HUSBAND CONCERNED ABOUT EFFECTIVENESS . D DOESN'T UNDERSTAND THE METHOD ..... E LOST CYCLEBEADS ..... F PARTNER DISAPPROVED OF METHOD ..... G INCONVENIENT/DIFFICULT TO USE ..... H TOO MANY DAYS TO AVOID SEX DURING FERTILE DAYS ..... I DESIRED PREGNANCY ..... J MARITAL DISSOLUTION ..... K FAMILY MEMBERS DISLIKED METHOD ..... L OTHER _____ X (SPECIFY) DONT KNOW ..... Z	
421	Did your husband help you use the SDM (CycleBeads)?	YES..... 1 NO..... 2	441
422	What did your husband do to help you use the SDM (CycleBeads)?  MARK ALL MENTIONED	MOVE RING ON CYCLEBEADS ..... A MARK CALENDAR ..... B REMIND ME TO MOVE THE RING ..... C ASK ME IF WE CAN HAVE UNPROTECTED SEX . . . D NOT HAVE SEX ON WHITE BEAD/FERTILE DAYS . . . E USE CONDOM ON WHITE BEADS/FERTILE DAYS . F USE WITHDRAWAL ON WHITE BEADS/FERTILE DAY G BUY CONDOMS ..... H FOLLOW INSTRUCTIONS ON HOW TO USE METH I OTHER _____ X (SPECIFY) DONT KNOW ..... Z	441
QUESTIONS FOR CURRENT SDM (CycleBeads) USERS			
423	How long have you been using the SDM (CycleBeads)?	MONTHS. . . . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> YEARS..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  CAN'T REMEMBER ..... 9 7 DONT KNOW ..... 9 8	
424	CHECK 405 (WAS GIVEN CYCLEBEADS)  YES <input style="width: 20px; height: 20px;" type="checkbox"/> NO OR DONT KNOW <input style="width: 20px; height: 20px;" type="checkbox"/>		429
424a	SHOW AND GIVE THEM CYCLEBEADS  Please show me how to use CycleBeads  CIRCLE ALL SHOWN THEN PROBE BY ASKING: What else can you tell me about how to use CycleBeads?	MOVE RING TO RED BEAD FIRST DAY OF CYCLE. . . A A MOVE RING ONE BEAD EACH DAY. .... B MOVE RING IN THE DIRECTION OF ARROW. .... C AVOID UNPROTECTED SEX ON WHITE BEAD DAYS. . D UNPROTECTED SEX OK ON BROWN BEAD DAYS. . . E MARK FIRST DAY OF PERIOD ON CALENDAR. .... F  OTHER _____ X (SPECIFY) DONT KNOW ..... Z	

433	<p>What will you do if you get your period after the last bead?</p> <p style="text-align: center;">CIRCLE ALL MENTIONED</p>	<p>USE CONDOM ..... A</p> <p>ABSTAIN ..... B</p> <p>SEE MY PROVIDER ..... C</p> <p>GET ANOTHER METHOD ..... D</p> <p>WAIT TO SEE IF THIS HAPPENS AGAIN ..... E</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
434	<p>What should you do if when using SDM (CycleBead you get your period before the dark brown bead or after the last bead twice in a year?</p>	<p>CONTINUE USING METHOD ..... A</p> <p>WAIT TO SEE IF IT HAPPENS AGAIN ..... B</p> <p>STOP METHOD AND SEE A PROVIDER ..... C</p> <p>NEEDED TO ABSTAIN OR USE CONDOM ..... D</p> <p>SWITCH TO ANOTHER METHOD ..... E</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
437	<p>Does your husband help you use the SDM ? (CycleBeads)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	▶ 439
438	<p>What does your husband do to help you use the SDM (CycleBeads)?</p> <p style="text-align: center;">CIRCLE ALL MENTIONED</p>	<p>MOVE RING ON CYCLEBEADS. .... A</p> <p>MARK CALENDAR. .... B</p> <p>REMINDS ME TO MOVE THE RING. .... C</p> <p>ASK ME IF WE CAN HAVE UNPROTECTED SEX. .... D</p> <p>NOT HAVE SEX ON WHITE BEAD/FERTILE DAYS. .... E</p> <p>USE CONDOM ON WHITE BEADS/FERTILE DAYS. .... F</p> <p>USE WITHDRAWAL ON WHITE BEADS/FERTILE DAY G</p> <p>BUY CONDOM. .... H</p> <p>FOLLOW INSTRUCTIONS ON HOW TO USE METH I</p> <p>OTHER _____ x (SPECIFY)</p> <p>DON'T KNOW. .... Z</p>	
439	<p>In general, would you say you are very satisfied, somewhat satisfied, or not satisfied with the SDM (CycleBeads)?</p>	<p>VERY SATISFIED. .... 1</p> <p>SOMEWHAT SATISFIED. .... 2</p> <p>NOT SATISFIED. .... 3</p>	
440	<p>Do you plan to continue using the method?</p>	<p>YES. .... 1</p> <p>NO. .... 2</p> <p>DON'T KNOW. .... 8</p>	

QUESTIONS FOR CURRENT AND FORMER SDM (CYCLEBEADS) USERS			
441	<p>Who taught you how to use SDM (CycleBeads)?</p> <p>Anybody else?</p> <p>CIRCLE ALL MENTIONED</p>	<p>GOVERNMENT CLINIC PROVIDER..... A            NGO CLINIC PROVIDER..... B            PRIVATE CLINIC/DOCTOR..... C            CBD WORKER..... D            PHARMACIST..... E</p> <p>SPOUSE..... F            MOTHER..... G            MOTHER IN LAW..... H            SISTER..... I            OTHER RELATIVE..... L            FRIEND/NEIGHBOR..... K</p> <p>READ AN INSERT..... L</p> <p>OTHER _____ X            (SPECIFY)</p> <p>CANT REMEMBER..... Y            DONT KNOW..... Z</p>	
442	<p>Where did you first obtain CycleBeads?</p>	<p>GOVERNMENT RUN CLINIC..... A            NGO CLINIC..... B            PRIVATE CLINIC/DOCTOR'S OFFICE..... C            CBD..... D            PHARMACY..... E</p> <p>SPOUSE..... F            MOTHER..... G            MOTHER IN LAW..... H            SISTER..... I            OTHER RELATIVE..... L            FRIEND/NEIGHBOR..... K</p> <p>OTHER _____ X            (SPECIFY)</p> <p>CANT REMEMBER..... Y            DONT KNOW..... Z</p>	
443	<p>Did you pay for CycleBeads?</p>	<p>YES..... 1            NO..... 2            CANT REMEMBER..... 7            DONT KNOW..... 8</p>	<p>445</p>
444	<p>How much did you pay for CycleBeads?</p>	<p>\$ or symbol for local currency <input type="text"/> <input type="text"/></p> <p>DONT REMEMBER..... 0 0</p>	

QUESTIONS FOR ALL WHO HEARD OF THE SDM (CycleBeads) (USERS AND NON-USERS)			
445	If you wanted to buy CycleBeads and the price was the beads alone, would you buy them?	YES..... 1 NO..... 2 DON'T KNOW..... 8	448
446	If the price of CyceBeads was X+2, would you still purchase them?	YES..... 1 NO..... 2 DON'T KNOW..... 8	448
447	What would be the most you would pay for Cyclebeads?	\$ or symbol for local currency <input type="text"/> <input type="text"/> DON'T KNOW..... 0 0	
448	If you wanted to buy CycleBeads and the price was X-2 for the beads alone, would you buy them?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
449	What would be the most you would pay for Cyclebeads?	<input type="text"/> <input type="text"/> DON'T KNOW..... 0 0	
450	If you were going to purchase Cyclebeads, where would you like to find them for sale?  CIRCLE ALL MENTIONED	GOVERNMENT RUN CLINIC..... A NGO CLINIC..... B PRIVATE CLINIC/DOCTOR'S OFFICE..... C CBD..... D PHARMACY..... E OTHER _____ X (SPECIFY) DON'T KNOW..... Z	
451	Have you talked about SDM (CycleBeads) with anyone?	YES..... 1 NO..... 2 DON'T KNOW..... 8	500
452	Whom did you talk about SDM (CycleBeads) with?  CIRCLE ALL MENTIONED	SPOUSE..... A PROVIDER..... B MOTHER..... C MOTHER IN LAW..... D SISTER..... E ANOTHER RELATIVE..... F FRIEND/NEIGHBOR..... G OTHER _____ X (SPECIFY) CAN'T REMEMBER..... Y DON'T KNOW..... Z	

SECTION 5: LAM MESSAGES RECEIVED DURING ANTENATAL CARE			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
500	CHECK: 202 IF THE WOMAN HAS A LIVING BIOLOGICAL CHILD	YES..... 1 NO..... 2	→
501	What is the age of your youngest living child?  NAME _____  IF MONTHS, CIRCLE 1 AND WRITE NUMBER OF MONTHS IN BOXES. IF YEARS, CIRCLE 2 AND WRITE NUMBER OF YEARS IN BOXES.	MONTHS..... 1 <input type="text"/> <input type="text"/>  YEARS..... 2 <input type="text"/> <input type="text"/>	
502	CHECK 501: AGE OF YOUNGEST CHILD CHECK 208: CURRENTLY PREGNANT LESS THAN 12 MONTHS <input type="checkbox"/> OLDER THAN 12 <input type="checkbox"/> OR CURRENTLY PREGNANT <input type="checkbox"/> MONTHS		→
503	Now I would like to ask a few questions about the time while you were pregnant with your youngest child (or with your current pregnancy). Did you see anyone for prenatal care while you were pregnant with (NAME) (or during your current pregnancy)?	YES..... 1 NO..... 2	→
504	Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND CIRCLE ALL PERSONS MENTIONED	DOCTOR..... A NURSE/MIDWIFE..... B AUXILIARY NURSE..... C TRADITIONAL BIRTH ATTENDANT..... D COMMUNITY HEALTH WORKER..... E OTHER _____ X SPECIFY	
505	During your prenatal check:  a. Did the health provider tell you to feed (NAME) only breastmilk and no other foods or liquids?  b. Did the health provider tell you about any family planning methods?  c. Did the health provider tell you about LAM?  d. Did the health provider explain that it is better for your health and the health of your baby if you wait until your baby is at least 2 years old to get pregnant again?	YES..... 1 NO..... 2  YES..... 1 NO..... 2  YES..... 1 NO..... 2  YES..... 1 NO..... 2	

SECTION 5: INFANT FEEDING							
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
506	<p><b>CHECK 501</b></p> <p>YOUNGEST CHILD 6 TO 24 MONTHS OF AGE <input type="checkbox"/></p> <p>YOUNGEST CHILD LESS THAN 6 MONTHS OF AGE <input type="checkbox"/></p> <p>YOUNGEST CHILD GREATER THAN 24 MONTHS <input type="checkbox"/></p>	<p>→</p> <p>→</p>	511  523				
507	<p>Now I would like to ask you some questions on how you routinely feed your youngest child.</p> <p>Did you ever breastfeed (NAME)?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	→				
508	<p>How long after birth did you first put (NAME) to the breast?</p> <p>IF IMMEDIATELY, CIRCLE 000.</p> <p>IF LESS THAN 1 HOUR, CIRCLE 1, WRITE '00' HOURS.</p> <p>IF LESS THAN 24 HOURS, CIRCLE 1 AND WRITE NUMBER OF HOURS.</p> <p>IF DAYS, CIRCLE 2 AND WRITE NUMBER OF DAYS.</p>	<p>IMMEDIATELY..... 0 0 0</p> <p>HOURS..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW..... 9 9 8</p>					
509	<p>In the first 3 days after delivery, was (NAME) given anything to drink other than breast milk?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	→				
510	<p>What was (NAME) given during that time?</p> <p>Anything else?</p> <p>CIRCLE ALL LIQUIDS MENTIONED.</p>	<p>MILK (OTHER THAN BREAST MILK)..... A</p> <p>PLAIN WATER..... B</p> <p>SUGAR OR GLUCOSE WATER..... C</p> <p>SUGAR-SALT-WATER SOLUTION..... D</p> <p>FRUIT JUICE..... E</p> <p>INFANT FORMULA..... F</p> <p>TEA/INFUSIONS..... G</p> <p>HONEY..... H</p> <p>OTHER _____ X</p> <p>DON'T KNOW..... Z</p>					
511	<p>Are you still breastfeeding (NAME)?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	→				
512	<p>How many months did you breastfeed (NAME)?</p>	<p>MONTHS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW..... 9 8</p>			→  →		



513	CHECK 501: AGE OF YOUNGEST CHILD  6 MONTHS OF AGE OR LESS <input type="checkbox"/> OLDER THAN 6 MONTHS <input type="checkbox"/>		
514	How many times did you breastfeed (NAME) from 6:00 in the morning until 10:00 in the evening yesterday?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. (ADAPT TIMES TO LOCAL CONTEXT)	NUMBER OF DAYTIME FEEDINGS. . . . . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
515	How many times did you breastfeed (NAME) from 10:00 in the evening until 6:00 in the morning yesterday?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. (ADAPT TIMES TO LOCAL CONTEXT)	NUMBER OF NIGHTTIME FEEDINGS. . . . . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
516	So, that would be (ADD 513 AND 514) total number of breastfeeds yesterday. Is that correct?	TOTAL NUMBER OF FEEDINGS. . . . . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
517	During the last month, was there any occasion when you went more than 6 hours without breastfeeding day or night?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. . . . . 8	
518	During the last month, was there any occasion when you went more than 10 hours without breastfeeding day or night?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. . . . . 8	
519	Did you feed (NAME) anything other than breastmilk yesterday?  PROBE: Solid, semi-solid/mushy foods, liquids? DEVELOP COUNTRY-SPECIFIC	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. . . . . 8	
520	How many times did you give (NAME) foods or liquids other than breastmilk yesterday?  IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES. . . . . <input style="width: 20px; height: 20px;" type="text"/>  DON'T KNOW. . . . . 8	
521	Did you breastfeed (NAME) first before giving her/him other foods or liquids?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. . . . . 8	
522	Did you breastfeed (NAME) immediately after feeding (NAME) other foods or liquids?	YES. . . . . 1 NO. . . . . 2 DON'T KNOW. . . . . 8	

SECTION 5 POSTPARTUM FAMILY PLANNING AND RETURN OF MENSES									
523	<p>Next, I would like to ask you some questions on your use of family planning after the delivery of your youngest child.</p> <p>Did you see a health provider about your health or or the health of your child after the birth of your youngest child?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	→						
524	<p>Why did you see the health provider?</p> <p>CIRCLE ALL ANSWERS MENTIONED</p> <p>Probe: WERE THERE ANY OTHER REASONS YOU WENT TO SEE THE HEALTH PROVIDER?</p>	<p>FAMILY PLANNING..... A</p> <p>CHILD IMMUNIZATION..... B</p> <p>GROWTH MONITORING..... C</p> <p>CHILD SICK..... D</p> <p>INFANT FEEDING PROBLEM/QUESTION.... E</p> <p>I WAS SICK..... F</p> <p>CHECK MY HEALTH AFTER BIRTH..... G</p> <p>OTHER _____ X</p>							
525	<p>How soon did you see a health provider after (NAME's) birth?</p> <p>IF DAYS, CIRCLE 1 AND WRITE DAYS</p> <p>IF WEEKS, CIRCLE 2 AND WRITE WEEKS</p> <p>IF MONTHS, CIRCLE 3 AND WRITE MONTHS</p> <p>IF NEVER SAW A PROVIDER CIRCLE 996</p>	<p>DAYS AFTER BIRTH ..... 1</p> <p>WEEKS AFTER BIRTH ..... 2</p> <p>MONTHS AFTER BIRTH ..... 3</p> <p>NEVER SAW A PROVIDER ..... 996</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
526	<p>Whom did you see?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND CIRCLE ALL PERSONS MENTIONED.</p>	<p>DOCTOR..... A</p> <p>NURSE/MIDWIFE..... B</p> <p>AUXILIARY NURSE..... C</p> <p>TRADITIONAL BIRTH ATTENDANT..... D</p> <p>COMMUNITY HEALTH WORKER..... E</p> <p>OTHER _____ X</p>							

527	<p>After (NAME) was born:</p> <p>a. Did the health provider tell you to feed (NAME) only breastmilk and no other foods or liquids?</p> <p>b. Did the health provider tell you about any family planning methods?</p> <p>c. Did the health provider tell you about LAM?</p> <p>d. Did the health provider explain that it is better for you health and the health of your baby if you wait until your baby is at least 2 years old to get pregnant again?</p>	<p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p> <p>YES..... 1 NO..... 2</p>												
528	Did you use a method of family planning?	<p>YES..... 1 →</p> <p>NO..... 2</p>												
529	<p>If no, why not?</p> <p style="text-align: center;">RECORD ALL THAT APPLY</p>	<p>NOT MENSTRUATING..... A</p> <p>NOT SEXUALLY ACTIVE..... B →</p> <p>DON'T WANT TO INTERFERE WITH BREASTFEEDING..... C</p> <p>AFRAID OF SIDE EFFECTS..... D</p> <p>CANNOT AFFORD/TOO EXPENSIVE..... E</p> <p>NOT AVAILABLE..... F</p> <p>OTHER _____ X</p> <p>DON'T KNOW..... Z</p>												
530	<p>How old was (NAME) when you started using a family planning method?</p> <p>IF DAYS, CIRCLE 1 AND WRITE DAYS IF WEEKS, CIRCLE 2 AND WRITE WEEKS IF MONTHS, CIRCLE 3 AND WRITE MONTHS IF YEARS, CIRCLE 4 AND WRITE YEARS</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">DAYS ..... 1</td> <td style="width: 5%; text-align: center;">1</td> <td style="width: 15%;"></td> </tr> <tr> <td>WEEKS ..... 2</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>MONTHS ..... 3</td> <td style="text-align: center;">3</td> <td></td> </tr> <tr> <td>YEARS ..... 4</td> <td style="text-align: center;">4</td> <td></td> </tr> </table> <p>HAVE NOT USED A FAMILY PLANNING METHOD ..... 996</p>	DAYS ..... 1	1		WEEKS ..... 2	2		MONTHS ..... 3	3		YEARS ..... 4	4	
DAYS ..... 1	1													
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MONTHS ..... 3	3													
YEARS ..... 4	4													
531	<p>What method of family planning did you use?</p> <p>PROBE: DID YOU USE ANYTHING ELSE?</p> <p style="text-align: center;">CIRCLE ALL ANSWERS MENTIONED</p>	<p>FEMALE STERILIZATION..... A</p> <p>MALE STERILIZATION..... B</p> <p>IUD..... C</p> <p>INJECTABLES..... D</p> <p>IMPLANTS..... E</p> <p>CONDOM..... F</p> <p>FEMALE CONDOM..... G</p> <p>DIAPHRAGM..... H</p> <p>FOAM/JELLY..... I</p> <p>LAM..... J</p> <p>RHYTHM..... K</p> <p>STANDARD DAYS METHOD (CYCLBEADS)..... L</p> <p>WITHDRAWAL..... M</p> <p>PILLS (COMBINED HORMONES)..... N</p> <p>PILL (PROGESTIN ONLY)..... O</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>												

532	Has your menstrual period returned since the birth of (NAME)?	YES..... 1 NO..... 2 →																
533	After birth, when did your last menstrual period start?  DO NOT COUNT BLEEDING WITHIN THE FIRST 8 WEEKS POSTPARTUM.  _____ (DATE, IF GIVEN)  <b>PROBE: USE A LOCAL CALENDAR AND USE EVENTS OR HOLIDAYS IN THE COMMUNITY TO HELP WOMEN REMEMBER THE DATE</b>  IF DAYS, CIRCLE 1 AND WRITE DAYS IF WEEKS, CIRCLE 2 AND WRITE WEEKS IF MONTHS, CIRCLE 3 AND WRITE MONTHS IF YEARS, CIRCLE 4 AND WRITE YEARS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">DAYS AGO</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>WEEKS AGO</td> <td style="text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>MONTHS AGO</td> <td style="text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>YEARS AGO</td> <td style="text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table> IN MENOPAUSE/HAS HAD HYSTERECTOMY? 994  BEFORE LAST BIRTH.....995  NEVER MENSTRUATED.....996	DAYS AGO	1			WEEKS AGO	2			MONTHS AGO	3			YEARS AGO	4		
DAYS AGO	1																	
WEEKS AGO	2																	
MONTHS AGO	3																	
YEARS AGO	4																	
SECTION 5 LAM KNOWLEDGE AND ATTITUDES																		
534	Do you think a woman who is breastfeeding can become pregnant?	YES..... 1 NO..... 2 DON'T KNOW ..... 8																
535	Do you think a woman can become pregnant before her menstrual period returns, after she had a baby?	YES..... 1 NO..... 2 DON'T KNOW ..... 8																
536	CHECK 301(11) HEARD OF LAM <input type="checkbox"/> HAS NOT HEARD OF LAM <input type="checkbox"/>	→																
537	I would like to ask you some questions on LAM and hear some of your opinions about LAM, as well.  How did you first hear about LAM?  CIRCLE ALL RESPONSES MENTIONED	HEALTH TALK IN COMMUNITY/STREET THEATRE A POSTER IN HEALTH CENTER..... B POSTER IN PHARMACY..... C POSTER ELSEWHERE..... D BROCHURE/FLIER..... E WALL PAINTING ..... F  RADIO..... G TELEVISION..... H  HEALTH PROVIDER AT HEALTH CENTER/CLINIC. I HEALTH PROVIDER AT MATERNITY WARD /LABOR AND DELIVERY..... J COMMUNITY HEALTH WORKERS..... K PHARMACIST..... L SPOUSE..... M MOTHER..... N MOTHER IN LAW..... O RELATIVE..... P FRIEND/NEIGHBOR..... Q CAN'T REMEMBER..... R DON'T KNOW..... Z OTHER _____... s (SPECIFY)																

538	<p>Please tell me what you know about LAM</p> <p>PROBE: Anything else?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>LAM PROTECTS AGAINST PREGNANCY / LAM IS EFFECTIVE. . . . . A</p> <p>LAM LASTS UNTIL CHILD IS 6 MONTHS OF A B</p> <p>I MUST BREASTFEED MY BABY WHENEVER MY BABY IS HUNGRY. . . . . C</p> <p>ONLY GIVE THE BABY BREASTMILK. . . . . D</p> <p>DO NOT GIVE THE BABY OTHER FOODS OR LIQUIDS . . . . . E</p> <p>LAM IS BREASTFEEDING. . . . . F</p> <p>LAM PREVENTS RETURN OF MY MENSTRUAL PERIOD . . . . . G</p> <p>I NEED TO CHANGE TO ANOTHER METHOD WHEN LAM NO LONGER WORKS FOR ME H</p> <p>LAM HAS NO SIDE EFFECTS. . . . . I</p> <p>LAM IS NATURAL . . . . . J</p> <p>LAM IS AFFORDABLE/ NO FORMULA TO BUY K</p> <p>OTHER _____ X</p> <p>OTHER _____ Y</p>																																												
539	<p>If a woman is breastfeeding to prevent pregnancy, when do you think breastfeeding will no longer work for her?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>BABY IS 6 MONTHS OLD. . . . . A</p> <p>WHEN MENSTRUAL PERIOD RETURNS. . . . . B</p> <p>WHEN SHE GIVES THE BABY OTHER FOODS AND LIQUIDS. . . . . C</p> <p>WHEN SHE STOPS BREASTFEEDING. . . . . D</p> <p>OTHER _____ X</p> <p>DON'T KNOW. . . . . Z</p>																																												
540	<p>Now I would like to ask you about your opinion about LAM.</p> <p>Please tell me if you agree or disagree with the following statements, or if you don't know.</p> <p>a LAM is low cost for my family.</p> <p>b LAM can be used by women that do not have enough food to eat.</p> <p>c LAM is difficult to use.</p> <p>d LAM is accepted by women in this community.</p> <p>e LAM is an effective method to prevent pregnancy.</p> <p>f LAM goes against religious beliefs.</p> <p>g LAM is beneficial for the health of my child.</p> <p>h LAM is beneficial for my health.</p> <p>i LAM interferes with my sexual life.</p> <p>j LAM provides time for women to think about another method of contraception.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>LOW COST. . . . . 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>NOT ENOUGH TO EAT. . . . . 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>DIFFICULT TO USE. . . . . 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>ACCEPTED . . . . . 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>EFFECTIVE METHOD. . . . . 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>AGAINST RELIGION. . . . . 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>HEALTH OF CHILD. . . . . 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>MY HEALTH. . . . . 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>INTERFERES SEX. . . . . 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>THINK OF OTHER METHOD. . . 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	LOW COST. . . . . 1	2	8		NOT ENOUGH TO EAT. . . . . 1	2	8		DIFFICULT TO USE. . . . . 1	2	8		ACCEPTED . . . . . 1	2	8		EFFECTIVE METHOD. . . . . 1	2	8		AGAINST RELIGION. . . . . 1	2	8		HEALTH OF CHILD. . . . . 1	2	8		MY HEALTH. . . . . 1	2	8		INTERFERES SEX. . . . . 1	2	8		THINK OF OTHER METHOD. . . 1	2	8	
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SECTION 6 MARRIAGE AND SEXUAL ACTIVITY			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD , RECORD 00.	NAME _____  LINE NO. .... <input type="text"/> <input type="text"/>	
602	Is your husband/partner living with you now or is he staying elsewhere?	LIVING TOGETHER. .... 1 STAYING ELSEWHERE. .... 2	
<b>COUNTRIES WHERE POLYGAMY/ MULTIPLE WIVES</b>			
603	Besides yourself, does your husband/partner have other wives or does he live with other women as if married?	YES. .... 1 NO. .... 2 DON'T KNOW. .... 8	<input type="checkbox"/> 606
604	Including yourself, in total, how many wives or partners does your husband live with now as if married? _____	Total number of wives and live-in partners DON'T KNOW. .... 9 8	
605	Are you the first, second, ....wife?	RANK. .... <input type="text"/> <input type="text"/> DON'T KNOW. .... 9 8	
606	When was the last time you had sexual intercourse? days, weeks, months or years ago?  RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO. .... 1 <input type="text"/> <input type="text"/> WEEKS AGO. .... 2 <input type="text"/> <input type="text"/> MONTHS AGO. .... 3 <input type="text"/> <input type="text"/> YEARS AGO. .... 4 <input type="text"/> <input type="text"/> DON'T KNOW. .... 9 9 8	

SECTION 8: HUSBAND'S BACKGROUND AND WOMAN'S WORK			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
802	Did your husband/partner ever attend school?	YES ..... 1 NO ..... 2	→ 805
803	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3 DON'T KNOW ..... 8	→ 805
804	What was the highest (grade/form/year) he completed at that level?	YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	
805	What is your husband's/partner's occupation That is, what kind of work does he mainly do?	AGRICULTURE..... 1 LABORER/INDUSTRY/TECHNICAL... 2 SALES (STREET, MARKET)..... 3 SALES (SHOP)..... 4 SERVICES..... 5 PROFESSIONAL/ADMINISTRATIVE... 6 OTHER _____ 7 (SPECIFY)	
806	Aside from your housework, are you currently working?	YES ..... 1 NO ..... 2	→ 901
807	What is your occupation. That is, what kind of work do you mainly do?	AGRICULTURE..... 1 LABORER/INDUSTRY/TECHNICAL... 2 SALES (STREET, MARKET)..... 3 SALES (SHOP)..... 4 SERVICES..... 5 PROFESSIONAL/ADMINISTRATIVE... 6 OTHER _____ 7 (SPECIFY)	
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES ..... 1 NO ..... 2	

SECTION 7. FERTILITY PREFERENCES											
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
701	CHECK 309/309A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 801								
702	CHECK 208 NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any children? 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/NONE. . . . . 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED. . . . . 4 DONT KNOW . . . . . 5	→ 801								
703	CHECK 208 NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS. . . . . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS . . . . . 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW . . . . . 993 SAYS SHE CAN'T GET PREGNANT 994 OTHER _____ 996 (SPECIFY) DONT KNOW. . . . . 998									skips deleted



**FAM PROJECT ENDLINE  
MEN'S QUESTIONNAIRE**

[NAME OF COUNTRY]

**IDENTIFICATION**

PLACE NAME _____	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																		
CLUSTER NUMBER .....																			
HOUSEHOLD NUMBER .....																			
REGION .....																			
URBAN/RURAL (URBAN=1, RURAL=2) .....																			
LARGE CITY/SMALL CITY/TOWN/COUNTRYSII .....																			
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																			
NAME AND LINE OF MAN _____																			

**INTERVIEWER VISITS**

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	NAME
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		<input type="text"/>

\*RESULT CODES:

- |               |                    |
|---------------|--------------------|
| 1 COMPLETED   | 4 REFUSED          |
| 2 NOT AT HOME | 5 PARTLY COMPLETED |
| 3 POSTPONED   | 6 OTHER _____      |
- (SPECIFY)

LANGUAGE OF QUESTIONNAIRE 01 = ENGLISH 02 = FRENCH 03 = SPANISH 04 = HINDI	LANGUAGE OF INTERVIEW 01 = ENGLISH 02 = FRENCH 03 = SPANISH 04 = HINDI	NATIVE LANGUAGE OF RESPONDENT: 01 = ENGLISH 06 = OTHER 02 = FRENCH _____ 03 = SPANISH (SPECIFY) 04 = HINDI	TRANSLATOR USED YES..... 1 NO..... 2
--	--	--	--

SUPERVISOR NAME _____ DATE _____ <input type="text"/>	FIELD EDITOR NAME _____ DATE _____ <input type="text"/>	OFFICE EDITOR <input type="text"/>	KEYED BY <input type="text"/>
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<b>SECTION 1. RESPONDENT'S BACKGROUND AND EXPOSURE TO MEDIA</b>			
<b>SECTION 1A: RESPONDENT'S BACKGROUND</b>			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	Now I would like to ask a few questions about yourself  Are you currently married or living with a partner as if married?	YES ..... 1  NO ..... 2	→ END
102	Do you have one wife/partner or more than one wife/partner?  IF ONLY ONE WIFE, RECORD '01'.  IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES/ PARTNERS ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
103	How old is your partner/wife (s)  _____ (NAME)  _____ (NAME)  _____ (NAME)  _____ (NAME)  IF NO PARTNER/WIFE 15-49 YRS END INTERVIEW	AGE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  AGE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  AGE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  AGE ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
104	In what month and year were you born?	MONTH ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DONT KNOW MONTH ..... 8  YEAR ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DONT KNOW YEAR ..... 8	
105	How old were you at your last birthday?  COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DONT KNOW ..... 8	
106	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 110
107	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	
108	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM/YEAR ..... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	

109	CHECK 107:  PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> OR HIGHER <input type="checkbox"/> → GO TO 111	
110	Now I would like you to read this sentence to me.  SHOW CARD TO RESPONDENT.  IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5
111	Are you currently working?	YES ..... 1 NO ..... 2      → 113
112	What is your occupation, that is, what kind of work do you mainly do?	AGRICULTURE ..... 1 LABORER/INDUSTRY/TECHNICAL ..... 2 SALES (STREET, MARKET) ..... 3 SALES (SHOP) ..... 4 SERVICES ..... 5 PROFESSIONAL/ADMINISTRATIVE ..... 6 OTHER ..... 7
113	What is your religion?	Categories country-specific
<b>SECTION 1B: EXPOSURE TO MEDIA</b>		
114	Now let us talk about listening to radio, watching television, reading newspaper and use of cell phone  Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4      → 116
115	Can you tell me the names of newspapers or magazines you read regularly?	Newspapers Country specific categories  Magazines Country specific categories
116	Do you watch television almost every day, at least once a week less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4      → 119
117	What are the main TV channels you watch regularly?	Country specific categories
118	What type of programs do you generally watch?	Country specific categories
119	Do you listen to the radio almost every day, at least once a week less than once a week or not at all?	ALMOST EVERY DAY ..... 1 AT LEAST ONCE A WEEK ..... 2 LESS THAN ONCE A WEEK ..... 3 NOT AT ALL ..... 4      → 122

120	What channels on the radio do you listen to?	Country specific categories	
121	What type of programs do you generally listen to?	Country specific categories	
122	In your opinion, what media should be used to communicate family planning messages?  Any other? CIRCLE ALL MENTIONED	RADIO ..... A TELEVISION..... B NEWSPAPERS/MAGAZINES..... C LEAFLET/HANDOUTS ..... D POSTERS ..... E FOLK MEDIA..... F INTERPERSONAL COMMUNICATION G CELL PHONE..... H NONE ..... I OTHER ..... J (* SPECIFY)	
123	Do you own a cell phone?	YES ..... 1 NO ..... 2	→ 126
124	Can you find a cell phone to use if you need to send or receive messages?	YES..... 1 NO..... 2	→ 201
125	From where would you find one? Any other? CIRCLE ALL MENTIONED	WIFE..... A NEIGHBOUR..... B FRIEND..... C FAMILY MEMBER..... D COMMERCIAL PLACE..... E OTHER..... F	
126	How often do you send or receive text messages with a cell phone?	NEVER ..... 1 SEVERAL TIMES PER MONTH ..... 2 SEVERAL TIMES PER WEEK ..... 3 SEVERAL TIMES PER DAY..... 4 OTHER ..... 5 (SPECIFY)	

<b>SECTION 3. CONTRACEPTION</b>			
<p>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. BEGIN BY ASKING QUESTION 301. FOR EACH METHOD MENTIONED SPONTANEOUSLY, ASK: CODE 1. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 2 CIRCLED, ASK 302 IF APPLICABLE</p>			
301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
U1	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
U2	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	Have you ever had an operation to avoid having any more children? YES ..... 1 NO ..... 2
U3	PILL Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
U4	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2	
U5	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2	
U6	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2	
U7	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
U8	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2	
U9	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES ..... 1 NO ..... 2	
U10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2	
U11	SDM (CYCLEBEADS) A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2 DONT KNOW ..... 8
U12	LACTATIONAL AMENORRHEA METHOD (LAM) If a woman's period has not returned in the first 6 months after her baby is born, she can avoid pregnancy by only breastfeeding her baby on baby's cue, day and night	YES ..... 1 NO ..... 2	
U13	RHYTHM: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2 DONT KNOW ..... 8
U14	WITHDRAWAL Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
U15	EMERGENCY CONTRACEPTION as an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy	YES ..... 1 NO ..... 2	
U16	Any other methods	YES ..... 1 _____ (SPECIFY) (SPECIFY) NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain times when a woman is more likely to become pregnant if she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 305
304	Is this time just before her period begins, during her period right after her period has ended, or halfway between two periods, when she is on white beads, in days 8-19 of cycle when she notices secretions?	JUST BEFORE HER PERIOD BEGINS ..... 01 DURING HER PERIOD ..... 02 RIGHT AFTER HER PERIOD HAS ENDED ..... 03 HALFWAY BETWEEN TWO PERIODS ..... 04 OTHER _____ 96 (SPECIFY) DON'T KNOW ..... 98	
305	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES ..... 1 NO ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8	
306	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		<input type="checkbox"/> → 310
307	Have you and your wife/wives ever used anything or tried in any way to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2	<input type="checkbox"/> → 401
308	What have you used or done?  CORRECT 302 AND 307 (AND 301 IF NECESSARY).		

309	<p>CHECK 302 (02):</p> <p style="text-align: center;">             MAN NOT STERILIZED <input type="checkbox"/>      MAN STERILIZED <input type="checkbox"/> </p> <p style="text-align: right; margin-right: 20px;">→ 401</p>		
310	<p>Are you and your wife/wives currently doing something using any method to delay or avoid getting pregnant?</p> <p>YES ..... 1</p> <p>NO ..... 2</p> <p style="text-align: right; margin-right: 20px;">→ 401</p>		
311	<p>Which method are you using?</p> <p>CIRCLE ALL MENTIONED</p>	<p>FEMALE STERILIZATION ..... A</p> <p>MALE STERILIZATION ..... B</p> <p>PILL ..... C</p> <p>IUD ..... D</p> <p>INJECTABLES ..... E</p> <p>IMPLANTS ..... F</p> <p>CONDO ..... G</p> <p>FEMALE CONDC ..... H</p> <p>DIAPHRAG ..... I</p> <p>FOAM/JELLY ..... J</p> <p>LACTATIONAL AMEN. METH ..... K</p> <p>RHYTHM ..... L</p> <p>SDM (CYCLEBEADS) ..... M</p> <p>WITHDRAWAL ..... N</p> <p>OTHER _____ X</p> <p style="text-align: center;">(SPECIFY)</p>	

SECTION 4. SDM (CYCLEBEADS) MODULE			
No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 301( EVER HEARD OF THE SDM (CYCLEBEADS)		
	HEARD OF SDM <input type="checkbox"/> HAS NOT HEARD <input type="checkbox"/> (CYCLEBEDS) OF THE SDM (CYCLEBEADS)		501
402	How did you hear about the SDM (CycleBeads)?  CIRCLE ALL MENTIONED  PROBE: Anybody or anywhere else?	HEALTH TALK. . . . . A POSTER IN HEALTH CENTER. . . . . B POSTER IN PHARMACY. . . . . C POSTER ELSEWHERE. . . . . D BROCHURE/FLIER. . . . . E STREET THEATER. . . . . F WALL PAINTING. . . . . G LOUDSPEAKER . . . . . H RADIO. . . . . I TV. . . . . J NEWSPAPER. . . . . K MAGAZINE. . . . . L  HEALTH PROVIDER. . . . . M COMMUNITY HEALTH WORKER. . . . . N PHARMACIST. . . . . O  SPOUSE. . . . . P MOTHER. . . . . Q MOTHER IN LAW. . . . . R SISTER. . . . . S OTHER RELATIVE. . . . . T FRIEND/NEIGHBOR. . . . . U  OTHER _____ X (SPECIFY)  CAN'T REMEMBER. . . . . Y DON'T KNOW. . . . . Z	



403	Now I would like to ask you about your opinion about the SDM (CycleBeads). Please tell me if you agree, disagree with the following statements, or if you don't know	AGREES			
		YES	NO	DK	
	A. The SDM (CycleBeads) is hard [for man] to understand	HARD TO UNDERSTAND. ....	1	2	8
	B. The SDM (CycleBeads) is hard for your partner to understand	HARD FOR PARTNER TO UNDERSTAND. ....	1	2	8
	C. The SDM (CycleBeads) is easy to use	EASY TO USE. ....	1	2	8
	D. The SDM (CycleBeads) is an effective method in preventing pregnancy when used correctly	EFFECTIVE. ....	1	2	8
	E. The SDM (CycleBeads) is affordable	AFFORDABLE. ....	1	2	8
	F. The SDM (CycleBeads) is hard to obtain	HARD TO OBTAIN. ....	1	2	8
	G. Few couples use SDM (CycleBeads) in your community	USED BY FEW COUPLES IN COMMUNITY. ....	1	2	8
	H. Use of SDM (CycleBeads) is against your religious beliefs	AGAINST MY RELIGIOUS BELIEFS. ....	1	2	8
	I. The SDM (CycleBeads) is acceptable to men	ACCEPTABLE TO MEN. ....	1	2	8
	J. The SDM (CycleBeads) does not have side effects	DOES NOT HAVE SIDE EFFECTS. ....	1	2	8
	K. The SDM (CycleBeads) does not cause health problems	DOES NOT CAUSE HEALTH PROBLEMS. ....	1	2	8
	L. The SDM (CycleBeads) interferes with sexual relationships	INTERFERES WITH SEXUAL R/SHIPS. ....	1	2	8

404	CHECK 302(13) (EVER USED THE SDM (CYCLEBEADS))  USED THE SDM (CYCLEBEADS) <input type="checkbox"/> DID NOT USE THE SDM (CYCLEBEADS) <input type="checkbox"/>		445
↓			
409	CHECK 309 (CURRENTLY USING THE SDM (CYCLEBEADS))  NOT USING SDM (CYCLEBEADS) <input type="checkbox"/> USING SDM (CYCLEBEADS) <input type="checkbox"/>		423
↓			
QUESTIONS FOR SDM (CYCLEBEADS) USERS WHO DISCONTINUED			
411	SHOW AND GIVE THEM CYCLEBEADS  Please show me how a couple can use CycleBeads  CIRCLE ALL SHOWN THEN PROBE BY ASKING: What else can you tell me about how to use CycleBeads?	MOVE RING TO RED BEAD FIRST DAY OF CYCLE..... A MOVE RING ONE BEAD EACH DAY..... B MOVE RING IN THE DIRECTION OF ARROW..... C AVOID UNPROTECTED SEX ON WHITE BEAD DAYS..... D UNPROTECTED SEX OK ON BROWN BEAD DAYS..... E MARK FIRST DAY OF PERIOD ON CALENDAR..... F  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	→
418	What should a woman who uses the SDM (CycleBeads) do if she gets her period before the day she reach brown bead or period the last bead twice in one  RECORD ALL MENTIONED	CONTINUE USING METHOD ..... A WAIT TO SEE IF IT HAPPENS AGAIN ..... B STOP METHOD AND SEE A PROVIDER ..... C NEEDS TO ABSTAIN OR USE CONDOM ..... D SWITCH TO ANOTHER METHOD ..... E  OTHER _____ X (SPECIFY)  DON'T KNOW ..... Z	→
419	How long did you use the SDM (CycleBeads) before stopped?	MONTHS ..... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEARS ..... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>  CAN'T REMEMBER ..... 9 7 DON'T KNOW ..... 9 8	

420	<p>Why did you stop using the SDM (CycleBeads)?</p> <p style="text-align: center;">RECORD ALL MENTIONED</p>	<p>WIFE BECAME PREGNANT ..... A</p> <p>WIFE HAD TWO CYCLES OUT OF RANGE/ IRREGULAR CYCLES ..... B</p> <p>CONCERNED ABOUT EFFECTIVENESS ..... C</p> <p>WIFE CONCERNED ABOUT EFFECTIVENESS ..... D</p> <p>DOESN'T UNDERSTAND THE METHOD ..... E</p> <p>LOST CYCLEBEADS ..... F</p> <p>DISAPPROVE OF METHOD ..... G</p> <p>INCONVENIENT/DIFFICULT TO USE ..... H</p> <p>TOO MANY DAYS TO AVOID SEX DURING FERTILE DAYS ..... I</p> <p>DESIRED PREGNANCY ..... J</p> <p>MARITAL DISOLUTION ..... K</p> <p>FAMILY MEMBERS DISLIKED METHOD ..... L</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	
421	<p>Did you do anything to help your wife use the SDM (CycleBeads)?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	→ 445
422	<p>What did you do to help your wife use the SDM (CycleBeads)?</p> <p style="text-align: center;">MARK ALL MENTIONED</p>	<p>MOVE RING ON CYCLEBEADS ..... A</p> <p>MARK CALENDAR ..... B</p> <p>REMINDE HER TO MOVE THE RING ..... C</p> <p>ASK HER IF WE CAN HAVE UNPROTECTED SEX ..... D</p> <p>NOT HAVE SEX ON WHITE BEAD/FERTILE DAYS ..... E</p> <p>USE CONDOM ON WHITE BEADS/FERTILE DAYS ..... F</p> <p>USE WITHDRAWAL ON WHITE BEADS/FERTILE DAYS ... G</p> <p>BUY CONDOMS ..... H</p> <p>FOLLOW INSTRUCTIONS ON HOW TO USE METHOD... I</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	all to 445
QUESTIONS FOR CURRENT SDM (CycleBeads) USERS			
423	<p>How long have you been using the SDM (CycleBeads)?</p>	<p>MONTHS..... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> YEARS..... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>CAN'T REMEMBER ..... 9 7</p> <p>DON'T KNOW ..... 9 8</p>	
424a	<p>SHOW AND GIVE THEM CYCLEBEADS</p> <p>Please show me how a couple can use CycleBeads</p> <p style="text-align: center;">CIRCLE ALL SHOWN THEN PROBE BY ASKING: What else can you tell me about how to use CycleBeads?</p>	<p>MOVE RING TO RED BEAD FIRST DAY OF CYCLE..... A</p> <p>MOVE RING ONE BEAD EACH DAY..... B</p> <p>MOVE RING IN THE DIRECTION OF ARROW..... C</p> <p>AVOID UNPROTECTED SEX ON WHITE BEAD DAYS..... D</p> <p>UNPROTECTED SEX OK ON BROWN BEAD DAYS..... E</p> <p>MARK FIRST DAY OF PERIOD ON CALENDAR..... F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW ..... Z</p>	

434	What should a woman who uses the SDM (CycleBeads) do if she gets her period before the day she reaches the brown bead or after the last bead twice in one year?  CIRCLE ALL MENTIONED	CONTINUE USING THE METHOD ..... A WAIT TO SEE IF IT HAPPENS AGAIN ..... B STOP AND SEE A PROVIDER ..... C NEED TO ABSTAIN OR USE CONDOM ..... D SWITCH TO ANOTHER METHOD ..... E  OTHER _____ XX (SPECIFY)  DONT KNOW ..... ZZ	
437	Do you help your wife use the SDM (CycleBeads)?	YES ..... 1 NO ..... 2	→ 439
438	What do you do to help your wife use the SDM (CycleBeads)?  CIRCLE ALL MENTIONED	MOVE RING ON CYCLEBEADS..... A MARK CALENDAR..... B REMINDS HER TO MOVE THE RING..... C ASK HER IF WE CAN HAVE UNPROTECTED SEX..... D NOT HAVE SEX ON WHITE BEAD/FERTILE DAYS..... E USE CONDOM ON WHITE BEADS/FERTILE DAYS..... F USE WITHDRAWAL ON WHITE BEADS/FERTILE DAYS.... G BUY CONDOM..... H FOLLOW INSTRUCTIONS ON HOW TO USE METHOD... I  OTHER _____ X (SPECIFY) DONT KNOW..... Z	
439	In general, would you say you are very satisfied, somewhat satisfied, or not satisfied with the SDM (CycleBeads)?	VERY SATISFIED..... 1 SOMEWHAT SATISFIED..... 2 NOT SATISFIED..... 8	
440	Do you plan to continue using the method?	YES..... 1 NO..... 2 DONT KNOW..... 8	
	QUESTIONS FOR ALL WHO HEARD OF THE SDM (CycleBeads) (USERS AND NON-USERS)		
445	If you wanted to buy CycleBeads and the price was the same as the price of the beads alone, would you buy them?	YES..... 1 NO..... 2 DONT KNOW..... 8	→ 448
446	If the price of CycleBeads was X+2, would you still purchase them?	YES..... 1 NO..... 2 DONT KNOW..... 8	→ 448

447	What would be the most you would pay for Cyclebeads?	\$ or symbol for local currency <input type="text"/> <input type="text"/> DONT KNOW..... 0 0	
448	If you wanted to buy CycleBeads and the price w for the beads alone, would you buy them?	YES..... 1 NO..... 2 DONT KNOW..... 8	
449	What would be the most you would pay for Cyclebeads?	<input type="text"/> <input type="text"/> DONT KNOW ..... 0 0	
450	If you were going to purchase Cyclebeads, where would you like to find them for sale?  CIRCLE ALL MENTIONED	GOVERNMENT RUN CLINIC..... A NGO CLINIC..... B PRIVATE CLINIC/DOCTOR'S OFFICE..... C CBD..... D PHARMACY..... E  OTHER _____ X (SPECIFY)  DONT KNOW..... Z	
451	Have you talked about SDM (CycleBeads) with a	YES..... 1 NO..... 2 DONT KNOW..... 8	} 501
452	Whom did you talk about SDM (CycleBeads) with  CIRCLE ALL MENTIONED	SPOUSE..... A PROVIDER..... B MOTHER..... C MOTHER IN LAW..... D SISTER..... E ANOTHER RELATIVE..... F FRIEND/NEIGHBOR..... G  OTHER _____ X (SPECIFY)  CAN'T REMEMBER..... Y DONT KNOW..... Z	all to 501

SECTION 5: FERTILITY PREFERENCES			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	(Is your wife/partner/Are any of your wives/partners) currently pregnant?	YES ..... 1 NO ..... 2 UNSURE ..... 3	
502	CHECK 501:  YES, WIFE/WIVES/ PREGNANT <input type="checkbox"/> NO WIFE/PARTNER PREGNANT OR UNSURE <input type="checkbox"/>  Now I have some questions about the future. After the child(ren) your wife/wives/partner(s) is/are expecting now or would you prefer not to have any (more) children at all? Now I have some questions for the future. Would you like to have (a/another) child?	HAVE A/ANOTHER CHILD ..... 1 NO MORE/NONE ..... 2 WIFE/WIVES INFECUND/STERILIZED ..... 3 UNDECIDED/DONT KNC ..... 8	→ 504 → 601 → 504
503	How long would you like to wait from now before the birth of (a/another) child ?	MONTHS ..... 1 YEARS ..... 2 SOON/NOW ..... 993 OTHER _____ 996 (SPECIFY) DONT KNOW ..... 998	
504	In the next few weeks, if you discovered that your wife/partner was pregnant, would that be a big problem, a small problem or no problem for you?	BIG PROBLEM ..... 1 SMALL PROBLEM ..... 2 NO PROBLEM ..... 3	
505	CHECK 311: USING A FAMILY PLANNING METHOD?		
	NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/>		→ 601
506	Do you think you will use a family planning method to delay or avoid pregnancy at any time in the future?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	

SECTION 6: GENDER AND EMPOWERMENT						
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
601	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:	HUS- BAND	WIFE	BOTH EQUAL- LY	DON'T KNOW, DEPENDS	
	a) making large household purchases?	a) 1	2	3	8	
	b) making small daily household purchases?	b) 1	2	3	8	
	c) deciding when to visit family, friends or relatives?	c) 1	2	3	8	
	d) deciding what to do with the money the wife earns for her work?	d) 1	2	3	8	
	e) deciding how many children to have and when to have them?	e) 1	2	3	8	
602	Sometimes a husband is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified in hitting or beating his wife in the following situations...	YES	NO		DON'T KNOW, DEPENDS	
	a) If she leaves the house without telling him?	a) 1	2		8	
	b) If she neglects the children?	b) 1	2		8	
	c) If she argues with him?	c) 1	2		8	
	d) If she refuses to have sex with him?	d) 1	2		8	
	e) If she burns the food?	e) 1	2		8	
603	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that he use a condom?	YES .....			1	
		NO .....			2	
		DON'T KNOW.....			8	
604	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...	YES	NO		DON'T KNOW, DEPENDS	
	a) She is tired and not in the mood?	a) 1	2		8	
	b) She has recently given birth?	b) 1	2		8	
	c) She knows her husband has sex with other women?	c) 1	2		8	
	d) She knows her husband has a sexually transmitted disease	d) 1	2		8	
	e) She is on her fertile days and does not want to get pregnant	e) 1	2		8	
605	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...	YES	NO		DON'T KNOW, DEPENDS	
	a) Get angry and reprimand her?	a) 1	2		8	
	b) Refuse to give her money or other means of financial support?	b) 1	2		8	
	c) Use force and have sex with her even if she doesn't want to?	c) 1	2		8	
	d) Go and have sex with another woman?	d) 1	2		8	

606	<p>Would you say that using family planning is mainly a woman's decision, mainly a man's decision, another person in the household's decision, or should be decided jointly by the man and woman?</p>	<p>             MAINLY WOMAN'S ..... 1              MAINLY MAN'S ..... 2              JOINT DECISION ..... 3              ANOTHER FAMILY MEMBER ..... 4              OTHER _____ 5              (SPECIFY)         </p>	
607	<p>Now I want to ask you about your wife's/partner's views on family planning.</p> <p>Do you think that your wife/partner approves or disapproves of couples using a family planning method to avoid pregnancy?</p>	<p>             APPROVES ..... 1              DISAPPROVES ..... 2              DON'T KNOW ..... 8         </p>	
608	<p>How often have you talked to your wife/partner about family planning in the past year?</p>	<p>             NEVER ..... 1              ONCE OR TWICE ..... 2              MORE OFTEN ..... 3         </p>	
609	<p>CHECK 302</p> <p style="text-align: center;">             NEITHER <input type="checkbox"/> HE OR SHE              STERILIZED                      STERILIZED <input type="checkbox"/> </p>		END
610	<p>Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?</p>	<p>             SAME NUMBER ..... 1              MORE CHILDREN ..... 2              FEWER CHILDREN ..... 3              DON'T KNOW ..... 8         </p>	



