

AFRICAN POPULATION & HEALTH RESEARCH CENTER (APHRC)
 NAIROBI URBAN HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM (NUHDSS)
UNWANTED PREGNANCY FORM (FEMALES AGED 15-49)

1.00 BACKGROUND

1.01 START TIME	_ _ _ _
1.02 FIELD WORKER'S CODE	_ _ _ _
1.03 DATE OF INTERVIEW (DD/MM/YYYY)	_ _ _ _ _ _ _ _ _
1.04 RESPONDENT'S NAME.....	
1.05 RESPONDENT'S ID	_ _ _ _ _ _ _ _ _ _
1.06 RESPONDENT'S HOUSEHOLD ID	_ _ _ _ _ _ _ _ _ _
1.07 ID OF ROOM WHERE RESPONDENT SLEEPS	_ _ _ _ _ _ _ _ _ _
1.08 RESPONDENT'S DATE OF BIRTH (FROM HRB)	_ _ _ _ _ _ _ _ _ _

CONSENT TO PARTICIPATE IN STUDY

Good morning/afternoon/evening. My name is _____ and I work for the African Population and Health Research Center. We are conducting a study to know the opinion and experiences of women on pregnancies that occurred at the time that it was not wanted and how women that have experienced such pregnancy managed it. As part of this study we are talking to a number of women and girls to collect information on their pregnancy and birth experiences, how these are related to unwanted pregnancy and how they were managed. In addition, we will collect information on your schooling, employment, marital status and duration of your stay in this settlement. The results of this study, (which will be presented to various institutions, including the government) will provide the much needed information to inform the designing of effective reproductive health and family planning policies and programs in addressing unwanted pregnancy among women in urban Kenya. All the responses you provide are confidential and will be used for the purposes of this study only. This interview is not expected to cause you any harm or discomfort. However, if you feel uncomfortable with certain questions, you can choose not to answer. We, however, hope that you will participate in this survey since your experiences are very important for the study. This interview will take about 1 hour of your time. Are you willing to participate?

YES..... 1 [CONTINUE] NO..... 2 [CLOSE AND DO NOT REPLACE]

We would also like to know if the research team may contact you in future should there be need for the investigators to carry out a follow-up study.

(PLEASE, EMPHASIZE THIS AS WE MAY NEED TO INTERVIEW THE RESPONDENT FOR THE QUALITATIVE PART)

YES..... 1 [CONTINUE] NO..... 2 [CONTINUE]

1.09 INTERVIEWER VISITS

VISITS

		1	2	3	FINAL VISIT
		DD /MM/YYYY	DD /MM/YYYY	DD /MM/YYYY	
DATE		_ / _ / _ _ _	_ / _ / _ _ _	_ / _ / _ _ _	DAY
INTERVIEWER CODE		_ _ _ _ _	_ _ _ _ _	_ _ _ _ _	MONTH
RESULT* [CODE A7]		_ _ _ _	_ _ _ _	_ _ _ _	YEAR
OTHER SPCFY					INT.CODE
					RESULT* [CODE A7]
NEXT VISIT DATE		_ _ _ _	_ _ _ _	_ _ _ _	OTHER SPCFY
TIME		_ _ _	_ _ _	_ _ _	TOTAL NO. OF VISITS
		HH MM	HH MM	HH MM	

Questionnaire serial No.

2.0	SOCIO- DEMOGRAPHIC CHARACTERISTICS	
2.01	In what month and year were you born? PROBE FOR CLARIFICATION IF INCONSISTENT WITH COVER PAGE	MONTH..... <input type="text"/> DK/CR MONTH 98 YEAR <input type="text"/> DK/CR YEAR 9998
2.02	How old were you on your last birthday? [RECORD IN COMPLETED YEARS] [CHECK COVER PAGE] AND PROBE IF INCONSISTENT <input type="text"/>	
2.03	Have you ever attended school? (IF 'NO' SKIP TO 2.06)	YES 1 NO 2
2.04	What is the highest level of education you attained?	PRIMARY 1 SECONDARY 2 HIGHER 3 OTHER/ D/K 8
2.05	What is the highest (CLASS/FORM/YEAR) you completed at that level? CLASS	<input type="text"/>
2.06	Whats your CURRENT occupation? What do you MAINLY do for a living currently? [ENTER CODE FROM CODESHEET B9] ACTUAL OCCUPATION	<input type="text"/>
2.07	Some times different ethnic groups have different cultures and beliefs that influence their decisions, from which ethnic group do you come? <input type="text"/> CODE SHEET A6 <u>CODE LIST</u> KIK = Kikuyu EMB = Embu TAI = Taita LUH = Luhya KIS = Kisii TAV = Taveta LUO = Luo MIJ = Mijikenda MAS = Masai KAM = Kamba SWA = Swahili KAL = Kalenjin MER = Meru SOM = Somali OTH (SPECIFY)	
2.08	Are you currently; Married or Not married? [PROBE APPROPRIATELY] CURRENTLY MARRIED..... 01 LIVING TOGETHER..... 02 SEPARATED..... 03 DIVORCED..... 04 WIDOWED..... 05 NEVER MARRIED..... 06 REFUSAL..... 97 OTHER (SPECIFY)..... 96	
2.09	How long have you lived continuously in this community? M=MONTHS; Y=YEARS; D=DON'T KNOW; N=NO NUMERIC DURATION GIVEN FOR DURATION: 00=< ONE MONTH; 93= SINCE BIRTH; 97=REFUSAL; 98=DON'T KNOW	<input type="text"/> DURATION <input type="text"/>
	Questionnaire serial No.	<input type="text"/>

I would like to ask you some questions about all the pregnancies and live births you have ever had			
3.0 REPRODUCTION			
3.01	Have you ever been pregnant? [IF 'NO' SKIP TO 4.22]	YES NO	1 2
3.02	Are you pregnant now? [IF 'NO' or 'DK' SKIP TO 3.05]	YES NO REFUSAL D/K	1 2 7 8
3.03	How many months pregnant are you?	NUMBER OF COMPLETED MONTHS	<input type="text"/> <input type="text"/>
3.04	Please tell me , at the time you became pregnant, did you want to become pregnant then, did you want to become pregnant later, or you did not want to be at all?	YES, I WANTED TO BECOME PREGNANT THEN NO, I PREFERED TO BE PREGNANT LATER NO, I NEVER WANTED TO BECOME PREGNANT DONT' KNOW	1 2 3 8
3.05	Have you ever had a live birth?	YES NO	1 2
[IF NO, SKIP TO 4.01] CHECK: ANY RESPONDENT HERE THAT HAS NEVER GIVEN BIRTH MUST HAVE HAD A PREGNANCY THAT DID NOT RESULT INTO A LIVEBIRTH IN VIEW OF RESPONSE TO 3.01.			
3.06	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES NO	1 2
3.07	How many sons live with you? And how many daughters live with you? [IF NONE RECORD '00']	SONS AT HOME DAUGHTERS AT HOME	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.08	Do you have any sons or daughters to whom you have given birth and are alive but do not live with you?	YES NO	1 2
3.09	How many sons alive but do not live with you? And how many daughters alive but do not live with you? [IF NONE RECORD '00']	SONS ELSEWHERE DAUGHTERS ELSEWHERE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.10	Have you ever given birth to a boy or a girl who was born alive but later died? [IF NO, PROBE:] Any baby who cried or shown signs of life but did not survive	YES NO	1 2
3.11	How many sons have died? How many daughters have died? [IF NONE RECORD '00']	BOYS DEAD GIRLS DEAD	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.12	SUM ANSWERS TO 3.07, 3.09 AND 3.11 AND ENTER TOTAL	TOTAL	<input type="text"/> <input type="text"/>
3.13	CHECK 3.12 Just to be sure that I have this right, you have had a total of live births during your life. Is that correct?	YES NO	1 2
3.14	CHECK 3.12 [IF ONE OR MORE LIVE BIRTHS, ENTER "Y" IN THIS BOX AND PROCEED TO Q3.15 ELSE CONTINUE]		<input type="checkbox"/>

Birth Histories

Now I would like to ask you details about your children. Please, give me names of all your live births, whether still alive or not, starting with the first one you had

RECORD NAMES OF ALL THE BIRTHS IN 3.12. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. NB: FOR Q3.27 AND Q3.29, REMEMBER TO ASK "BEFORE" FOR 1ST BIRTHS AND "AFTER" FOR LAST BIRTHS AND BOTH FOR SINGLE BIR

3.15	3.16	3.17	3.18	3.19	3.20	3.21	3.22	3.23	3.24	3.25	3.26	3.27	3.28	3.29
BIRTH ORDER	What name was given to your (first/next) baby? NAME	Is (NAME) a boy or girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YRS	IF DEAD: How old was (NAME) when he/she died? How many months old was he/she? ENTER DAYS IF < 1 MONTH; MONTHS IF < 1YR	At the time that you had the pregnancy, did you want to become pregnant then, did you want to become pregnant later, or you did not want to be at all?	IF UNWANTED ASK: Why? PROBE: Any other reason?	During this pregnancy, were you married or not?	What was your highest level of education then?	What was your occupation then?	Were there any other pregnancies between (NAME) OF PREVIOUS BIRTH) and (NAME) that did NOT result to a live birth?	IF 'YES', How many?	Were there other live bi between (N OF PREVIC BIRTH) and (NAME)?
01	BOY.. 1 MONTH [] [] DK 98 GIRL.. 2 YEAR [] [] [] [] DK 9998	YES ... 1 GO TO 3.20 NO... 2 GO TO 3.21	AGE IN YEARS [] [] DK 98 RECORD '00' IF <1 YEAR	DAYS ..1 [] [] DK 98 MONTHS.....2 [] [] DK 98 YEARS.....3 [] [] DK 98	THEN..... 1 LATER..... 2 NOT AT ALL. 3 DK..... 8	REASON	MARRIED..... 01 LIVING TOGETHER.....02 SEPARATED.....03 DIVORCED.....04 WIDOWED.....05 NEVER MARRIED.....06 REFUSAL.....97 OTHER (SPFY).....96	PRIMARY 1 SECONDARY 2 HIGHER 3 DK/CR 8	OCCUPATION [] [] C/SHEET B9 [] [] WRITE:	YES ... 1 GO TO Q3.28 NO..... 2 IF NO SKIP TO Q3.29	NO. OF LOST PREGNANCIES [] [] DK 98	YES ... 1 RECORD BIF IN NEXT RC NO..... 2 GO TO NE3 CHILD		
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BIRTH ORDER	What name was given to your (first/next) baby? NAME	Is (NAME) a boy or girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YRS	IF DEAD: How old was (NAME) when he/she died? How many months old was he/she? ENTER DAYS IF < 1 MONTH; MONTHS IF < 1 YR	At the time that you had the pregnancy, did you want to become pregnant then, did you want to become pregnant later, or you did not want to be at all?	IF UNWANTED ASK: Why? PROBE: Any other reason?	During this pregnancy, were you married or not?	What was your highest level of education then?	What was your occupation then?	Were there any other pregnancies between (NAME OF PREVIOUS BIRTH) and (NAME) that did NOT result to a live birth?	IF 'YES', How many?	Were there other live bi between (N/ OF PREVIC BIRTH) and (NAME)?
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CHECK PREVIOUS TABLE		
3.30	Did you have any live births BEFORE the birth of (NAME OF FIRST BIRTH)? (YES=1; NO=2) IF YES, INCLUDE THE BIRTH IN THE BIRTH HISTORY TABLE AND ASK APPROPRIATE QUESTIONS	<input type="checkbox"/>
3.31	Have you had any live births since the birth of (NAME OF LAST BIRTH)? (YES=1; NO=2) IF YES, INCLUDE THE BIRTH IN THE BIRTH HISTORY TABLE AND ASK APPROPRIATE QUESTIONS	<input type="checkbox"/>
3.32	Before (NAME OF 1ST BIRTH), did you have any other pregnancy that did not result into a live birth? IF NO, SKIP TO 3.33	1
	NOTE: LOST PREGNANCIES INCLUDE STILL BIRTHS	2
3.32 B	[IF 'YES' ASK]; How many?	<input type="checkbox"/>
3.33	After (NAME OF LAST BIRTH), did you have any other pregnancy that did not result into a live birth? IF NO SKIP TO 3.34	1
	NOTE: LOST PREGNANCIES INCLUDE STILL BIRTHS	2
3.33 B	[IF 'YES' in 3.32 ASK]; How many?	<input type="checkbox"/>
CHECK TOTAL BIRTHS		
3.34	a) TOTAL NUMBER OF LIVE BIRTHS	<input type="checkbox"/>
	b) TOTAL NUMBER OF DEATHS	<input type="checkbox"/>
	c) TOTAL NUMBER OF LOST PREGNANCIES	<input type="checkbox"/>
3.35	TO BE FILLED AFTER COMPLETING 3.15-3.29: COMPARE 3.12 WITH 3.34a AND CIRCLE THE CORRECT RESPONSE Numbers are the same <input type="checkbox"/> Numbers are different <input type="checkbox"/> (PROBE AND RECONCILE)	
	CHECK LIST: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED <input type="checkbox"/>	
	FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED <input type="checkbox"/>	
	FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED <input type="checkbox"/>	
	FOR AGE AT DEATH: 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS <input type="checkbox"/>	
RECORD NUMBER OF LOST PREGNANCIES FROM 3.34 INTO 4.02 THEN GO TO 4.03		
PREGNANCIES NOTE: Q4.01 & 4.02 APPLY ONLY FOR THOSE WHO SAID 'NO' IN Q3.05		
CHECK IF Q3.34c WAS SKIPPED; IF NOT, SKIP TO 4.03.		
4.01	Have you ever had a pregnancy that did not result into a live birth? IF NO, SKIP TO 4.22	1 2
4.02	IF YES; How many times have you experienced this in your life? IF ONE OR MORE OF SUCH PREGNANCIES, ENTER "Y" IN THIS BOX AND PROCEED TO Q4.03 ELSE GO TO 4.22	NO. OF TIMES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Now I would like to ask you details about all pregnancies that did NOT result into live births. Please, tell me (start with the MOST RECENT one and go back in time to the very first) RECORD ALL LOST PREGNANCIES IN 4.02 OR 3.34c

* Miscarriage=[Uninduced exit of foetus <28 weeks] : Abortion=[Induced exit of foetus <28 weeks] Still birth=[Exit of dead foetus from mother at full term]

4.03	4.04	4.05	4.06	4.07	4.08	4.09	4.10	4.11	4.12
Pregnancy Order (REFER TO SPECIFIC PREGNANCIES)	Did this pregnancy end in a miscarriage, abortion or still birth?*/ What happened?	How many months pregnant were you when it ended?	In what month and year did this pregnancy end?	At the time you had the pregnancy, did you want to become pregnant then, later, or you did not want to be at all?	IF UNWANTED ASK: Why? PROBE : Any other?	Where were you living when the pregnancy ended?	During this pregnancy, were you married or not?	What was your highest level of education then?	What was your occupation then?
01	MISCARIAGE. 1 ABORTION.... 2 STILL BIRTH.. 3 OTHER..... 6 REFUSED..... 7	MONTHS <input type="text"/> <input type="text"/> DK 98 00 IF < 1 ENTER '00' FOR < 1 MONTH	MONTH <input type="text"/> <input type="text"/> DK 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK 9998	THEN 1 LATER 2 NOT AT ALL 3 DK 8 IF 2 OR 3, GO TO Q4.08	REASON	C/SHEET A5 <input type="text"/>	MARRIED..... 01 LIVING TOGETHER 02 SEPARATED..... 03 DIVORCED..... 04 WIDOWED..... 05 NEVER MARRIED.. 06 REFUSAL..... 97 OTHER (SPFY)..... 96	PRIMARY 1 SECONDARY 2 HIGHER 3 DK/CR 8	OCCUPATION <input type="text"/> <input type="text"/> C/SHEET B9 WRITE:
02	MISCARIAGE. 1 ABORTION.... 2 STILL BIRTH.. 3 OTHER..... 6 REFUSED..... 7	MONTHS <input type="text"/> <input type="text"/> DK 98 00 IF < 1 ENTER '00' FOR < 1 MONTH	MONTH <input type="text"/> <input type="text"/> DK 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK 9998	THEN 1 LATER 2 NOT AT ALL 3 DK 8 IF 2 OR 3, GO TO Q4.08	REASON	C/SHEET A5 <input type="text"/>	MARRIED..... 01 LIVING TOGETHER 02 SEPARATED..... 03 DIVORCED..... 04 WIDOWED..... 05 NEVER MARRIED.. 06 REFUSAL..... 97 OTHER (SPFY)..... 96	PRIMARY 1 SECONDARY 2 HIGHER 3 DK/CR 8	OCCUPATION <input type="text"/> <input type="text"/> C/SHEET B9 WRITE:
03	MISCARIAGE. 1 ABORTION.... 2 STILL BIRTH.. 3 OTHER..... 6 REFUSED..... 7	MONTHS <input type="text"/> <input type="text"/> DK 98 00 IF < 1 ENTER '00' FOR < 1 MONTH	MONTH <input type="text"/> <input type="text"/> DK 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK 9998	THEN 1 LATER 2 NOT AT ALL 3 DK 8 IF 2 OR 3, GO TO Q4.08	REASON	C/SHEET A5 <input type="text"/>	MARRIED..... 01 LIVING TOGETHER 02 SEPARATED..... 03 DIVORCED..... 04 WIDOWED..... 05 NEVER MARRIED.. 06 REFUSAL..... 97 OTHER (SPFY)..... 96	PRIMARY 1 SECONDARY 2 HIGHER 3 DK/CR 8	OCCUPATION <input type="text"/> <input type="text"/> C/SHEET B9 WRITE:
04	MISCARIAGE. 1 ABORTION.... 2 STILL BIRTH.. 3 OTHER..... 6 REFUSED..... 7	MONTHS <input type="text"/> <input type="text"/> DK 98 00 IF < 1 ENTER '00' FOR < 1 MONTH	MONTH <input type="text"/> <input type="text"/> DK 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK 9998	THEN 1 LATER 2 NOT AT ALL 3 DK 8 IF 2 OR 3, GO TO Q4.08	REASON	C/SHEET A5 <input type="text"/>	MARRIED..... 01 LIVING TOGETHER 02 SEPARATED..... 03 DIVORCED..... 04 WIDOWED..... 05 NEVER MARRIED.. 06 REFUSAL..... 97 OTHER (SPFY)..... 96	PRIMARY 1 SECONDARY 2 HIGHER 3 DK/CR 8	OCCUPATION <input type="text"/> <input type="text"/> C/SHEET B9 WRITE:
05	MISCARIAGE. 1 ABORTION.... 2 STILL BIRTH.. 3 OTHER..... 6 REFUSED..... 7	MONTHS <input type="text"/> <input type="text"/> DK 98 00 IF < 1 ENTER '00' FOR < 1 MONTH	MONTH <input type="text"/> <input type="text"/> DK 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK 9998	THEN 1 LATER 2 NOT AT ALL 3 DK 8 IF 2 OR 3, GO TO Q4.08	REASON	C/SHEET A5 <input type="text"/>	MARRIED..... 01 LIVING TOGETHER 02 SEPARATED..... 03 DIVORCED..... 04 WIDOWED..... 05 NEVER MARRIED.. 06 REFUSAL..... 97 OTHER (SPFY)..... 96	PRIMARY 1 SECONDARY 2 HIGHER 3 DK/CR 8	OCCUPATION <input type="text"/> <input type="text"/> C/SHEET B9 WRITE:

4.13	4.14	4.15	4.16	4.17	4.18	4.19	4.20
Did you receive antenatal care during the pregnancy?	How many times did you go for antenatal care during this pregnancy?	Who provided the ANC services?	Who paid for the ANC services?	Who was responsible for your food and other nutritional needs during this pregnancy?	During this pregnancy, did you continue with your normal daily activities such as work, school?	During the pregnancy, did you change your residence or you continued to live in your usual residence?	IF CHANGED: Why? REASONS
YES . 1 GO TO 4.14	NO. OF TIMES <input type="text"/> <input type="text"/>	NONE 0 DOCTOR 1	SELF 1 PARTNER 2	SELF 1 PARTNER 2	YES 1	CHANGED... 1 STAYED... 2	<input type="text"/> <input type="text"/> <input type="text"/>
NO .. 2 GO TO 4.17	DK/CR 98	NURSE/MIDWIFE 2 CHW 3 TBA 4 DK/ CR 7 OTHER (SPECIFY) 6	OTHER RELATIVE 3 OTHER NON RELATIVE 4 FREE 5 DK/CR 7	OTHER RELATIVE 3 OTHER NON RELATIVE 4 FREE 5 DK/CR 7	NO 2	DK/CR 8 IF CHANGED GO TO 4.20 ELSE GO TO NEXT ROW	C/SHEET A3
YES . 1 GO TO 4.14	NO. OF TIMES <input type="text"/> <input type="text"/>	NONE 0 DOCTOR 1	SELF 1 PARTNER 2	SELF 1 PARTNER 2	YES 1	CHANGED... 1 STAYED... 2	<input type="text"/> <input type="text"/> <input type="text"/>
NO .. 2 GO TO 4.17	DK/CR 98	NURSE/MIDWIFE 2 CHW 3 TBA 4 DK/ CR 7 OTHER (SPECIFY) 6	OTHER RELATIVE 3 OTHER NON RELATIVE 4 FREE 5 DK/CR 7	OTHER RELATIVE 3 OTHER NON RELATIVE 4 FREE 5 DK/CR 7	NO 2	DK/CR 8 IF CHANGED GO TO 4.20 ELSE GO TO NEXT ROW	C/SHEET A3
YES . 1 GO TO 4.14	NO. OF TIMES <input type="text"/> <input type="text"/>	NONE 0 DOCTOR 1	SELF 1 PARTNER 2	SELF 1 PARTNER 2	YES 1	CHANGED... 1 STAYED... 2	<input type="text"/> <input type="text"/> <input type="text"/>
NO .. 2 GO TO 4.17	DK/CR 98	NURSE/MIDWIFE 2 CHW 3 TBA 4 DK/ CR 7 OTHER (SPECIFY) 6	OTHER RELATIVE 3 OTHER NON RELATIVE 4 FREE 5 DK/CR 7	OTHER RELATIVE 3 OTHER NON RELATIVE 4 FREE 5 DK/CR 7	NO 2	DK/CR 8 IF CHANGED GO TO 4.20 ELSE GO TO NEXT ROW	C/SHEET A3
YES . 1 GO TO 4.14	NO. OF TIMES <input type="text"/> <input type="text"/>	NONE 0 DOCTOR 1	SELF 1 PARTNER 2	SELF 1 PARTNER 2	YES 1	CHANGED... 1 STAYED... 2	<input type="text"/> <input type="text"/> <input type="text"/>
NO .. 2 GO TO 4.17	DK/CR 98	NURSE/MIDWIFE 2 CHW 3 TBA 4 DK/ CR 7 OTHER (SPECIFY) 6	OTHER RELATIVE 3 OTHER NON RELATIVE 4 FREE 5 DK/CR 7	OTHER RELATIVE 3 OTHER NON RELATIVE 4 FREE 5 DK/CR 7	NO 2	DK/CR 8 IF CHANGED GO TO 4.20 ELSE GO TO NEXT ROW	C/SHEET A3
YES . 1 GO TO 4.14	NO. OF TIMES <input type="text"/> <input type="text"/>	NONE 0 DOCTOR 1	SELF 1 PARTNER 2	SELF 1 PARTNER 2	YES 1	CHANGED... 1 STAYED... 2	<input type="text"/> <input type="text"/> <input type="text"/>
NO .. 2 GO TO 4.17	DK/CR 98	NURSE/MIDWIFE 2 CHW 3 TBA 4 DK/ CR 7 OTHER (SPECIFY) 6	OTHER RELATIVE 3 OTHER NON RELATIVE 4 FREE 5 DK/CR 7	OTHER RELATIVE 3 OTHER NON RELATIVE 4 FREE 5 DK/CR 7	NO 2	DK/CR 8 IF CHANGED GO TO 4.20 ELSE GO TO NEXT ROW	C/SHEET A3

4.21	TO BE FILLED AFTER COMPLETING 4.03- 4.20: COMPARE 3.34c or 4.02 WITH TOTAL LOST PREGNANCIES LISTED Numbers are the same <input type="checkbox"/> Numbers are different <input type="checkbox"/> (PROBE AND RECONCILE)	
4.22	Are you CURRENTLY doing anything to avoid getting pregnant? IF NO, SKIP TO 4.24	YES 1 NO 2
4.23	What method are you CURRENTLY using? FEMALE STERILISATION..... A MALE STERILISATION B PILL C IUD (E.G COIL) D INJECTABLES (DEPO) E IMPLANTS F MALE CONDOMS G FEMALE CONDOMS H LACTATIONAL AMENORRHEA METHOD (LAM) I RHYTHM METHOD (SAFE DAYS) J WITHDRAWAL K EMERGENCY CONTRACEPTION (E.G E-PILL) L DIAPHRAGM M SPERMICIDE (F=GEL, FOAM) N OTHER (SPECIFY) 98	CIRCLE ALL MENTIONS [MULTIPLE RESPONSES EXPECTED] DO NOT PROMPT
4.24	REPRODUCTIVE INTENTIONS Would you like to have another child / a child now or in the future? IF YES, SKIP TO 4.26 IF NO, GOTO 4.25	YES 1 NO 2
4.25	IF NO; Why not? GO TO 4.27	
4.26	IF YES ASK; How soon would you like to have the child? SPECIFY DURATION IN YEARS. ENTER 00 IF LESS THAN 1 YEAR	<input type="text"/> <input type="text"/> NON-NUMERIC RESPONSE 96 D/K 98
4.27	CHECK CURRENT CONTRACEPTIVE USE BEHAVIOR. IF A NON-USER, AND WANTS TO SPACE OR STOP CHILDBEARING, DISCUSS THIS BRIEFLY AND ASK IF THE RESPONDENT WANTS TO BE REFERRED TO A FAMILY PLANNING CLINIC ACCEPTED REFERRAL <input type="checkbox"/> DECLINED REFERRAL <input type="checkbox"/>	
4.28	RECORD ANY GENERAL COMMENTS ABOUT INTERVIEW	
5.01	END TIME	____ ____ HH MM
5.02	OFFICE/FIELD CHECK DETAILS	
5.03	FIELD SUPERVISOR'S/TEAM LEADER'S CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.04	DATA ENTRY CLERK'S CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>