

PMA Niger Phase 2 Survey Female Questionnaire

<p>READ THIS WARNING: This female questionnaire is not linked to a household questionnaire. ONLY continue if there is no linked female questionnaire under the "Edit Saved Form" Menu.</p>	
Press OK to continue	<input type="radio"/> OK
Did you check the Edit Saved forms menu for a linked female questionnaire?	<input type="radio"/> Yes <input type="radio"/> No
Provide your signature to acknowledge that there is no linked female questionnaire.	
Close and exit this form without saving. Look for a linked female questionnaire through the 'Edit Saved Forms' Menu.	
Region:	
Commune / Departement:	
Locality / Commune:	
Enumeration Area:	
Structure number:	
Household number:	
001a. Are you in the correct household? EA: \${EA} Structure #: \${structure} Household #: \${household}	<input type="radio"/> Yes <input type="radio"/> No
001a. Are you in the correct household? EA: \${EA} Household head: \${HQ_ODK_display_name}	<input type="radio"/> Yes <input type="radio"/> No
002. Your name:	
Is this your name?	<input type="radio"/> Yes <input type="radio"/> No
002. Enter your name below. <i>Please record your name</i>	
003a. Is this date and time correct? \${today_formatted}	<input type="radio"/> Yes <input type="radio"/> No
003b. Record the correct date and time.	Day: Month: Year:
004a. The following info is from the household questionnaire. Please review to make sure you are interviewing the correct respondent.	

004a. The following info is what you provided previously. Please review.	
Region: \${level1_unlinked}	
Commune / Department: \${level2_unlinked}	
Locality / Commune: \${level3_unlinked}	
Enumeration Area: \${EA_unlinked}	
Structure number: \${structure_unlinked}\${hq_structure}	
Household number: \${household_unlinked}\${hq_household}	
004b. Is the above information correct?	<input type="radio"/> Yes <input type="radio"/> No
005. CHECK: You should be attempting to interview \${firstname}. Is that correct? <i>If misspelled, select "yes" and update the name in question "010." If this is the wrong person, you have two options: (1) exit and ignore changes to this form. Open the correct form.</i> <i>Or (2) find and interview the person whose name appears above.</i>	<input type="radio"/> Yes <input type="radio"/> No
006. Is the respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
007. How well acquainted are you with the respondent?	<input type="radio"/> Very well acquainted <input type="radio"/> Well acquainted <input type="radio"/> Not well acquainted <input type="radio"/> Not acquainted
INFORMED CONSENT <i>Find the woman between the ages of 15-49 associated with this Female Questionnaire. The interview must have auditory privacy. Administer the consent procedures.</i>	
<p>My name is and I work for the National Institute of Statistics (INS) in collaboration with the Ministry of Public Health, Population and Social Affairs (DGP/SR/MSP/P/AS) and the Johns Hopkins Bloomberg School of Public Health (Baltimore, USA). We are currently conducting a survey in Niger on several topics related to reproductive health. This study aims to implement a performance monitoring system on family planning, including contraception and abortion, and health in general at the population and health facility level in Niger. The information we will collect will be used for research purposes and to formulate programmatic guidance for family planning in Niger.</p> <p>We are asking you to participate in the study because you have participated in a survey that we conducted last year and indicated that you would be willing to participate in a follow-up study. Although you previously consented to follow-up, you still have the right to decide not to participate at any time. However, we would be very grateful for your participation in the study, as the information we will collect will help inform the government and its partners to better plan health services. Many people across the country will be involved in this study. The interview should last about 1 hour, although the survey time for</p>	

<p>participants has ranged from 45 minutes to 1 hour and 45 minutes. Any information you provide will be strictly confidential and will not be shown to anyone outside the research team.</p> <p>This study is for public health surveillance. Additionally, there is one module for research purposes. You have the option to decline to participate in this module.</p> <p>Participation in this study is voluntary, and if there is any question you do not wish to answer, just let me know and I will move on to the next question; you may also stop the interview at any time. However, we hope that you will agree to participate as your opinion is important.</p> <p>Contact person for more information: Souleymane Alzouma Director of Surveys and Censuses, INS; PI, PMA Niger BP : 13416 Niamey Tel : +227 96 59 31 35 Email : smalzouma@ins.ne or soulalzou@yahoo.fr</p> <p>Before I start, do you have any questions on this survey?</p>	
<p>My name is and I work for the National Institute of Statistics (INS) in collaboration with the Ministry of Public Health, Population and Social Affairs (DGP/SR/MSP/P/AS) and the Johns Hopkins Bloomberg School of Public Health (Baltimore, USA). We are currently conducting a survey in Niger on several topics related to reproductive health. This study aims to implement a performance monitoring system on family planning, including contraception and abortion, and health in general at the population and health facility level in Niger. The information we will collect will be used for research purposes and to formulate programmatic guidance for family planning in Niger</p> <p>Your household was selected for this survey. We would be very grateful for your participation in the study. Many people across the country will be involved in this study. The information we will collect will help inform the government and its partners to better plan health services. The interview should last about 1 hour, although the survey time for participants has ranged from 45 minutes to 1 hour and 45 minutes. Any information you provide will be strictly confidential and will not be shown to anyone outside the research team.</p> <p>This study is for public health surveillance. Additionally, there is one module for research purposes. You have the option to decline to participate in this module.</p> <p>Participation in this study is voluntary, and if there is any question you do not wish to answer, just let me know and I will move on to the next question; you may also stop the interview at any time. However, we hope that you will agree to participate as your opinion is important.</p> <p>Contact person for more information: Souleymane Alzouma Director of Surveys and Censuses, INS; PI, PMA Niger BP : 13416 Niamey Tel : +227 96 59 31 35 Email : smalzouma@ins.ne or soulalzou@yahoo.fr</p> <p>Before I start, do you have any questions on this survey?</p>	
<p>008a. Read the verbal consent text. Then, ask: May I begin the interview now?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

008b. Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i>	
Checkbox	<input type="checkbox"/>
WARNING: The respondent has not signed or checked the box, despite agreeing to be interviewed in the previous question. To conduct the survey, the respondent must sign or touch the checkbox. <i>You may go back to obtain a signature or check the box or you should go back to the previous question to indicate the respondent does not want to be interviewed.</i>	
009. Interviewer's name: \${your_name} <i>Mark your name as a witness to the consent process.</i>	<input type="checkbox"/>
009. Interviewer's name <i>Please record your name as a witness to the consent process. You previously entered "\${your_name_text}."</i>	
010. Respondent's first name. <i>You may correct the spelling here if it is not correct, but you must be interviewing the person whose name appears below.</i>	
011. Was this woman interviewed in Phase 1?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 1 – Respondent's Background, Marital Status, Employment, And Migration	
Now I would like to ask about your background and socioeconomic conditions.	
101. In what month and year were you born? The age in the household roster is \${hq_age}.	
101. In what month and year were you born?	
Month:	<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December <input type="checkbox"/> Do not know
Year:	Year:

102. How old were you at your last birthday? Age in the Household Roster: \${hq_age} <i>Must be more than 14. Must agree with 101.</i>	
Phase 1 Birthday: \${p1_fq_birthdate}	
WARNING: The age you entered for 102 is \${age}, which makes her ineligible for interview. She must be at least 15 years old and not more than 49 years old. If that age is not correct, go back to the previous screen and enter the correct age.	
102a. CHECK: Based on the response you entered in 101, the respondent's age is more than 1 year different than she answered during phase 1. Did you enter 101 correctly? Phase 1 age: \${p1_age} Age from this questionnaire: \${age}	<input type="radio"/> Yes <input type="radio"/> No
103. Have you attended school in the past 12 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
104. What is the highest level of school you attended? <i>Only record formal schooling. Do not record bible or koranic school or short courses.</i>	<input type="radio"/> Never attended <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Tertiary <input type="radio"/> No response
105. What is the highest [GRADE/ FORM / STANDARD / YEAR] you completed at that level? <i>Enter -99 for no response.</i>	
XS_101. How old were you when you left school?	
COV_1. Following the emergence of Coronavirus (COVID-19), schools were closed for a time. Were you attending school at that time?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
COV_2. Has your school reopened?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
COV_3. Did you resume school when your school opened after Coronavirus (COVID-19) restrictions were lifted?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
COV_4. Did you stop school in the past 12 months for any other reason than Coronavirus (COVID-19)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
107. What was the main reason for stopping your education?	<input type="radio"/> Finished education <input type="radio"/> Failed exams <input type="radio"/> Did not enjoy school <input type="radio"/> School was too far <input type="radio"/> Wanted to start working <input type="radio"/> Got married <input type="radio"/> Got pregnant

	<input type="radio"/> Parents did not want you to continue <input type="radio"/> Economic reasons <input type="radio"/> Menstruation / period <input type="radio"/> Illness <input type="radio"/> Other <input type="radio"/> No response
108. Are you currently enrolled in any training program?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
109. Are you currently married or living together with a man as if married? <i>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</i>	<input type="radio"/> Yes, currently married <input type="radio"/> Yes, living with a man <input type="radio"/> Not currently in union: Divorced / separated <input type="radio"/> Not currently in union: Widow <input type="radio"/> No, never in union <input type="radio"/> No response
110. What is the highest level of schooling your husband/partner attended, attended, no schooling, primary, secondary, or higher?	<input type="radio"/> Never attended <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Tertiary <input type="radio"/> No response
PL_101. Did you start living with your current husband / partner in past 12 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
111. How much were you involved in the decision to get married - very much, not very much or not at all?	<input type="radio"/> Very much <input type="radio"/> Not very much <input type="radio"/> Not at all <input type="radio"/> No response
112. How much do you think you will be involved in the decision to get married - very much, not very much or not at all?	<input type="radio"/> Very much <input type="radio"/> Not very much <input type="radio"/> Not at all <input type="radio"/> No response
113. Have you ever had a partner / boyfriend?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
XS_102. How old were you the first time you had a boyfriend or partner?	
114. Do you currently have a boyfriend or partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
XS_103. How many times have you been married or lived with a man as if married? <i>Enter -99 for no response.</i>	

<p>XS_104. In what month and year did you start living with your FIRST husband / partner? Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</p>	
<p>Month:</p>	<p> <input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know </p>
<p>Year:</p>	<p>Year:</p>
<p>Date cannot be in the future. You entered: \${husband_cohabit_start_first_lab} Today: \${today}</p>	
<p>Date of first living with husband/partner cannot be before respondent's birth. You entered: \${husband_cohabit_start_first_lab} Respondent's birth: \${birthdate_lab}</p>	
<p>Date of first living with husband/partner cannot be before respondent's birth. You entered: \${hcf_y_lab} Respondent's birth: \${birthdate_lab}</p>	
<p>XS_104a. CHECK: Based on the response you entered in XS_104, the respondent was possibly 15 years old or younger at the time of her first marriage. Did you enter XS_104 correctly?</p>	
<p> <input type="radio"/> Yes <input type="radio"/> No </p>	
<p>115. Now I would like to ask about when you started living with your CURRENT husband / partner. In what month was that? Select 'Do not know' for month to indicate 'No Response'.</p>	
<p>115. Now I would like to ask about when you started living with your CURRENT/MOST RECENT husband / partner. In what month and year was that? Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</p>	
<p>Month:</p>	<p> <input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June </p>

	<input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:
Date cannot be in the future. You entered: \${husband_cohabit_start_cur_lab} Today: \${today}	
Date of living with current / most recent husband/partner cannot be before respondent's birth. You entered: \${husband_cohabit_start_cur_lab} Respondent's birth: \${birthdate_lab}	
Date of living with current / most recent husband/partner cannot be before respondent's birth. You entered: \${hcr_y_lab} Respondent's birth: \${birthdate_lab}	
Date of living with current / most recent husband/partner cannot be before date respondent started living with first partner. You entered: \${husband_cohabit_start_cur_lab} Date started living with first partner: \${husband_cohabit_start_first_lab}	
Year of living with current / most recent husband/partner cannot be before year respondent started living with first partner. You entered: \${hcr_y_lab} Year started living with first partner: \${hcf_y_lab}	
115a. CHECK: Based on the response you entered in 115, the respondent was possibly 15 years old or younger at the time of her current or most recent marriage. Did you enter 115 correctly?	<input type="radio"/> Yes <input type="radio"/> No
LCL_101. Does your husband / partner have other wives or does he live with other women as if married?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
XS_105. How long have you been living continuously in [NAME OF CURRENT PLACE OF RESIDENCE]? <i>Enter answer in years.</i> <i>Enter 0 if less than 1 year. Enter -95 for always. Enter -96 for visitor. Enter -99 for no response.</i>	
XS_106. How long have you been living continuously in this particular house / structure? <i>Enter answer in years.</i> <i>Enter 0 if less than 1 year. Enter -95 for always. Enter -96 for visitor. Enter -99 for no response.</i>	

<p>116. In the last 12 months, for how many nights have you slept away from your community? PROBE: Community is the area where you are currently living Enter -99 for no response.</p>	
<p>117. In the last 12 months, for how many nights has your husband/partner slept away from your community? PROBE: Community is the area where you are currently living Enter -99 for no response.</p>	
<p>COV_5. You previously mentioned that you spent some time away from your current community this year, did you leave your current community to avoid being infected with Coronavirus (COVID-19)?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>118. 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. Aside from your own housework, have you done any work in the last seven days?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>119. Aside from your own housework, have you done any work in the last 12 months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>120. Are you paid in cash or kind for this work or are you not paid at all?</p>	<p><input type="radio"/> Cash <input type="radio"/> Cash and kind <input type="radio"/> In-kind <input type="radio"/> Not paid <input type="radio"/> No response</p>
<p>121. Who usually makes decisions about making large household purchases: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>
<p>122. Who usually makes decisions about making household purchases for daily needs: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>
<p>123. Who usually makes decisions about getting medical treatment for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>
<p>EMP_1. Who usually makes decisions about buying clothes for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>

<p>EMP_2. Who usually makes decisions about how your earnings will be used: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>
<p>EMP_3. Who usually makes decisions about how your husband/partner's earnings will be used: you, your husband/partner, you and your husband/partner jointly, or someone else?</p>	<p><input type="radio"/> Respondent <input type="radio"/> Husband/partner <input type="radio"/> Respondent and husband/partner <input type="radio"/> Someone else <input type="radio"/> No response</p>
<p>EMP_4. Do you own any land, either jointly or by yourself? PROBE: This does not include land owned only by your husband.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>EMP_5. Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?</p>	<p><input type="radio"/> More <input type="radio"/> Less <input type="radio"/> Same <input type="radio"/> No response</p>
<p>COV_6. Are you currently economically reliant on your husband/partner for basic needs?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>EMP_6. Did you take part in any of these activities over the past 30 days? <i>Read each option aloud and select if yes.</i></p>	<p><input type="checkbox"/> Agricultural work <input type="checkbox"/> Raising poultry / livestock <input type="checkbox"/> Producing ghee / cheese / butter <input type="checkbox"/> Collecting fuel / wood-cutting <input type="checkbox"/> Preparing food <input type="checkbox"/> Sewing / embroidery / crocheting <input type="checkbox"/> Producing straw products / carpets / textile / ropes <input type="checkbox"/> Offering services for others in a house, shop, or hotel <input type="checkbox"/> Independent paid work <input type="checkbox"/> Buying / selling goods in the market / the street / at home <input type="checkbox"/> Helping in construction work <input type="checkbox"/> Learning a skill <input type="checkbox"/> None of the above <input type="checkbox"/> No response</p>
<p>FIN_1. Do you currently have any savings for the future, such as a bank account, savings group, or cash?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FIN_2. Do you currently have any mobile money accounts (e.g. OrganeMoney, MKoudi, etc.) ?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>FIN_3. When it comes to managing your money and financial matters, what is your level of knowledge?</p>	<p><input type="radio"/> Not knowledgeable at all <input type="radio"/> Not very knowledgeable <input type="radio"/> Somewhat knowledgeable</p>

	<input type="radio"/> Very knowledgeable <input type="radio"/> No response
FIN_4. Do you know where to go for financial information or advice?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FIN_5. Do you have financial goals toward which you are working? PROBE: These are specific financial goals you have setup for yourself.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
Section 2 – Reproduction, Pregnancy & Fertility Preferences	
201. Now I would like to ask about all the births you have had during your life. Have you ever given birth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
202. How many times have you given birth? <i>Enter -99 for no response.</i>	
Note: This respondent reported in Phase 1 that she has given birth.	
PL_201. Have you had any births since \${p1_survey_date_lab}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
PL_202. When was that birth? <i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i> <i>CALENDAR: Enter the birth and duration of pregnancy in the calendar.</i>	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:
Date cannot be in the future. You entered: \${panel_birth_lab} Today: \${today}	

<p>First birth cannot be before respondent was 10 years of age. You entered: \${panel_birth_lab}</p> <p>Respondent's birth date: \${birthdate_lab}</p>	
<p>CALENDAR: Add a "birth" annotation next to the month \${panel_birth_lab} in the contraceptive calendar paper aid and enter the duration of the pregnancy.</p>	
<p>XS_201. When was your FIRST birth?</p> <p><i>Please record the date of the first live birth. Date should be found by calculating forward or backward from memorable events if needed.</i></p> <p><i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i></p> <p>CALENDAR: If the birth was after \${cc_start_date_lab} enter the birth and duration of pregnancy in the calendar.</p>	
<p>Month:</p>	<p> <input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know </p>
<p>Year:</p>	<p>Year:</p>
<p>Date cannot be in the future.</p> <p>You entered: \${first_birth_lab} Today: \${today}</p>	
<p>First birth cannot be before respondent was 10 years of age. You entered: \${first_birth_lab}</p> <p>Respondent's birth date: \${birthdate_lab}</p>	
<p>CALENDAR: Add a "birth" annotation next to the month \${first_birth_lab} in the contraceptive calendar paper aid and enter the duration of the pregnancy.</p>	
<p>XS_202. When was your MOST RECENT birth?</p> <p><i>Please record the date of the first live birth. Date should be found by calculating forward or backward from memorable events if needed.</i></p> <p><i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i></p> <p>CALENDAR: If the birth was after \${cc_start_date_lab} enter the birth and duration of pregnancy in the calendar.</p>	

Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:
Date cannot be in the future. You entered: \${recent_birth_lab} Today: \${today}	
Date of most recent birth cannot be before respondent was 10 years of age. You entered: \${recent_birth_lab} Respondent's birth date: \${birthdate_lab}	
Date of most recent birth must be at least 6 months after the first birth. You entered: \${recent_birth_lab} First birth: \${first_birth_lab}	
Year of most recent birth cannot be before first birth. You entered: \${rb_y_lab} Year of first birth: \${fb_y_lab}	
CALENDAR: Add a "birth" annotation next to the month \${recent_birth_lab} in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
XS_203. Have you had any other births since \${cc_start_date_lab}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
XS_204. When was that birth? <i>Please record the date of the MOST RECENT live birth. The date should be found by calculating backwards from memorable events if needed.</i> <i>Select 'Do not know' for month and '2030' for year to indicate 'No Response'.</i> CALENDAR: Enter the birth and duration of pregnancy in the calendar.	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June

	<input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:
XS_204 ERROR Go back and correct entry. Entry must be no earlier than: \${cc_start_date_lab} Date entered: \${other_birth_lab}	
CALENDAR: Add a "birth" annotation next to the month \${other_birth_lab} in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
XS_205. Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth since \${cc_start_date_lab}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
XS_206. When did that pregnancy end? Select 'Do not know' for month and '2030' for year to indicate 'No Response'. CALENDAR: Enter the termination and duration of pregnancy in the calendar.	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:
XS_206 ERROR Go back and correct entry. Entry must be no earlier than: \${cc_start_date_lab} Date entered: \${pregnancy_end_lab}	
CALENDAR: Add a "termination" annotation next to the month \${pregnancy_end_lab} in the contraceptive calendar paper aid and enter the duration of the pregnancy.	

<p>PL_203. Have you had a pregnancy that miscarried, was aborted, or ended in a stillbirth since \${p1_survey_date_lab}?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>PL_204. When did that pregnancy end? Select 'Do not know' for month and '2030' for year to indicate 'No Response'. CALENDAR: Enter the termination and duration of pregnancy in the calendar.</p>	
<p>Month:</p>	<p><input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know</p>
<p>Year:</p>	<p>Year:</p>
<p>CALENDAR: Add a "termination" annotation next to the month \${panel_preg_end_lab} in the contraceptive calendar paper aid and enter the duration of the pregnancy.</p>	
<p>203. Are you pregnant now?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/> No response</p>
<p>204. How many months pregnant are you?</p>	
<p>The most recent birth was: \${rec_birth_date}</p>	
<p>Please record the number of completed months. Enter -88 for do not know, -99 for No response. CALENDAR: Enter number of months pregnant in the calendar.</p>	
<p>Add a "pregnant" annotation next to the current date \${today_ym} in the contraceptive calendar paper aid.</p>	
<p>Add a "pregnant" annotation next to the most recent \${months_pregnant} months, including in \${today_ym}, in the contraceptive calendar paper aid.</p>	
<p>205. When did your last menstrual period start? If you select days, weeks, months, or years, you will enter a number for X on the next screen. Enter 0 days for today, not 0 weeks/months/years.</p>	<p><input type="radio"/> X days ago <input type="radio"/> X weeks ago <input type="radio"/> X months ago <input type="radio"/> X years ago</p>

	<input type="radio"/> Menopausal / Hysterectomy <input type="radio"/> Before last birth <input type="radio"/> Never menstruated <input type="radio"/> No response
You entered "Never menstruated" in 205 but the respondent indicates she previously gave birth. Is that what she said? <i>If no, return to the previous screen and change the response.</i>	<input type="radio"/> Yes <input type="radio"/> No
205. Enter \${menstrual_period_lab} <i>Enter 0 days for today, not 0 weeks/months/years.</i>	
You entered that the respondent is \${months_pregnant} months pregnant, but she said her last menstrual period started \${menstrual_period_value} (\${menstrual_period_lab}) ago. Is that what she said? <i>If no, return to the previous screen and change the response.</i>	<input type="radio"/> Yes <input type="radio"/> No
You entered "Never menstruated" in 205 but 203 indicates that the respondent is pregnant currently. Is that what she said? <i>If no, return to the previous screen and change the response.</i>	<input type="radio"/> Yes <input type="radio"/> No
206a. Now I would like to ask a question about your last birth. At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any more children at all?	<input type="radio"/> Then <input type="radio"/> Later <input type="radio"/> Not at all <input type="radio"/> No response
206b. Now I would like to ask a question about your current pregnancy. At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any children at all?	<input type="radio"/> Then <input type="radio"/> Later <input type="radio"/> Not at all <input type="radio"/> No response
207a. Before you became pregnant with your last birth, which best describes your situation? <i>Read response options and select one</i>	<input type="radio"/> You and your partner had agreed for you to get pregnant <input type="radio"/> You and your partner had discussed having children together but had not agreed for you to get pregnant <input type="radio"/> You and your partner had never discussed having children together <input type="radio"/> No response
207b. Before you became pregnant with your current pregnancy, which best describes your situation? <i>Read response options and select one</i>	<input type="radio"/> You and your partner had agreed for you to get pregnant <input type="radio"/> You and your partner had discussed having children together but had not agreed for you to get pregnant <input type="radio"/> You and your partner had never discussed having children together <input type="radio"/> No response
Now I have some questions about the future.	

<p>208a. Would you like to have a child or would you prefer not to have any children?</p>	<p><input type="radio"/> Have a child <input type="radio"/> Prefer no children <input type="radio"/> Says she can't get pregnant <input type="radio"/> Undecided / Do not know <input type="radio"/> No response</p>
<p>208a. Would you like to have another child or would you prefer not to have any more children?</p>	<p><input type="radio"/> Have another child <input type="radio"/> No more <input type="radio"/> Says she can't get pregnant <input type="radio"/> Undecided / Do not know <input type="radio"/> No response</p>
<p>208b. After the child you are expecting now, would you like to have another child or would you prefer not to have any more children?</p>	<p><input type="radio"/> Have another child <input type="radio"/> No more <input type="radio"/> Says she can't get pregnant <input type="radio"/> Undecided / Do not know <input type="radio"/> No response</p>
<p>209a. How long would you like to wait from now before the birth of a child? <i>If you select months or years, you will enter a number for X on the next screen.</i> <i>Select "Years" if more than 36 months.</i> <i>Please check that you correctly entered the value for months/years.</i></p>	<p><input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> Says she can't get pregnant <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>209a. How long would you like to wait from now before the birth of another child? <i>If you select months or years, you will enter a number for X on the next screen.</i> <i>Select "Years" if more than 36 months.</i> <i>Please check that you correctly entered the value for months/years.</i></p>	<p><input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> Says she can't get pregnant <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>209b. After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? <i>If you select months or years, you will enter a number for X on the next screen.</i> <i>Select "Years" if more than 36 months.</i> <i>Please check that you correctly entered the value for months/years.</i></p>	<p><input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> Says she can't get pregnant <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>209c. Enter the number of $\{waitchild\}$ you would like to wait:</p>	
<p>210a. When you found out you were pregnant, how did you feel?</p>	<p><input type="radio"/> Very happy <input type="radio"/> Sort of happy <input type="radio"/> Mixed happy and unhappy <input type="radio"/> Sort of unhappy <input type="radio"/> Very unhappy <input type="radio"/> No response</p>
<p>210b. If you got pregnant now, how would you feel?</p>	<p><input type="radio"/> Very happy <input type="radio"/> Sort of happy <input type="radio"/> Mixed happy and unhappy</p>

	<input type="radio"/> Sort of unhappy <input type="radio"/> Very unhappy <input type="radio"/> No response
COV_7. Have you changed your mind about wanting to get pregnant due to concerns about Coronavirus (COVID-19)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>Section 3 – Contraception</p> <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. An image will appear on the screen for some methods. If the respondent says that she has not heard of the method or if she hesitates to answer, read the probe aloud and show her the image, if available.</p>	
301a. Have you ever heard of female sterilization? PROBE: Women can have an operation to avoid having any more children.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301b. Have you ever heard of male sterilization? PROBE: Men can have an operation to avoid having any more children.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301c. Have you ever heard of the contraceptive implant? PROBE: Women can have one or several small rods placed in her upper arm by a doctor or nurse, which can prevent pregnancy for one or more years. [implant_150x300.png]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301d. Have you ever heard of the IUD? PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse. [IUD_150x300.png]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301e. Have you ever heard of injectables? PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. [sayana_depo_150x300.jpg]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301f. Have you heard that there is a type of injectable that you can inject yourself? [sayana_only.jpg]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301g. From whom did you hear about it?	<input type="radio"/> Provider <input type="radio"/> Community health worker <input type="radio"/> Pharmacist <input type="radio"/> Friend <input type="radio"/> Husband/partner <input type="radio"/> Other family member <input type="radio"/> Radio/TV <input type="radio"/> Books/Magazine <input type="radio"/> Advertisement/Flyer

	<input type="radio"/> Other <input type="radio"/> No response
301h. Have you ever heard of the (birth control) pill? PROBE: Women can take a pill every day to avoid becoming pregnant. [pill_150x300.png]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301i. Have you ever heard of emergency contraception? PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within five days to prevent pregnancy.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301j. Have you ever heard of male condoms? PROBE: Men can put a rubber sheath on their penis before sexual intercourse. [male_condom_150x300.png]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301k. Have you ever heard of female condoms? PROBE: Women can put a sheath in their vagina before sexual intercourse. [female_condom_150x300.png]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301n. Have you ever heard of the standard days method or Cycle Beads? PROBE: A Woman can use a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she and her partner use a condom or do not have sexual intercourse. [SDM-beads_only.png]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301o. Have you ever heard of the Lactational Amenorrhea Method or LAM?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301p. Have you ever heard of the rhythm method? PROBE: Women can avoid pregnancy by not having sexual intercourse on the days of the month they think they can get pregnant.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301q. Have you ever heard of the withdrawal method? PROBE: Men can be careful and pull out before climax.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301r. Have you ever heard of any other ways or methods that women or men can use to avoid pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
302. Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
303. Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

<p>304. Which method or methods are you using? PROBE: Anything else? Select all methods mentioned. SCROLL TO THE BOTTOM to see all choices.</p>	<input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> Standard Days/Cycle beads <input type="checkbox"/> LAM <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other traditional method <input type="checkbox"/> No response
<p>Check here to acknowledge you considered all options.</p>	<input type="radio"/>
<p>LCL_301. PROBE: Was the injection administered via syringe or small needle? Show the image to the respondent. [sayana_depo_150x300.jpg]</p>	<input type="radio"/> Syringe <input type="radio"/> Small needle (Sayana Press) <input type="radio"/> No response
<p>LCL_302. Who administered the injection?</p>	<input type="radio"/> Self <input type="radio"/> Partner/husband <input type="radio"/> Other family/friend <input type="radio"/> Doctor/nurse/midwife <input type="radio"/> Pharmacist/Drug shop employee <input type="radio"/> CHW <input type="radio"/> Another user I know <input type="radio"/> No response
<p>305. Does your husband/partner know that you are using \${current_method_label}?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>305. Does your husband/partner know that you are using family planning?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>LCL_303. Did the provider tell you or your partner that this method was permanent?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>306. If you needed family planning, where would you go?</p>	<input type="radio"/> Pharmacy - public <input type="radio"/> Maternity Central <input type="radio"/> Center of Madonna and Child <input type="radio"/> Maternity CHR <input type="radio"/> Maternity HD <input type="radio"/> Health Center <input type="radio"/> Community-based distribution site <input type="radio"/> Case de santé <input type="radio"/> Mobile clinic

	<input type="radio"/> Private hospital or clinic <input type="radio"/> Pharmacy - private <input type="radio"/> Mobile clinic (private) <input type="radio"/> Center ANBEF <input type="radio"/> Kiosk Routier <input type="radio"/> Polyclinic or Private clinic <input type="radio"/> Boutique <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Friend / parent <input type="radio"/> Walking pharmacy <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No Response
<p>307. Why would you choose this location?</p>	<input type="checkbox"/> Close to home <input type="checkbox"/> Discreet location <input type="checkbox"/> Know confidentiality will be respected <input type="checkbox"/> Have the method that I want <input type="checkbox"/> Providers have a good reputation <input type="checkbox"/> Recommend by friend/relative <input type="checkbox"/> Method available for low cost/free <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>308. Please tell me if you agree or disagree with the following statement: I would feel too shy or embarrassed to get family planning at a clinic, health center or physician's office if needed. PROBE: This question is specifically about your feelings.</p>	<input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> No response
<p>309. Please tell me if you agree or disagree with the following statement: I would feel too shy or embarrassed to get family planning at the pharmacy or chemist if needed. PROBE: This question is specifically about your feelings.</p>	<input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> No response
<p>310. You said that you are not currently using a contraceptive method. Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>311. Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>312. When do you think you will start using a method?</p>	<input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> After the birth of this child <input type="radio"/> Do not know <input type="radio"/> No response
<p>Enter $\{fp_start_lab\}$:</p>	

<p>313. What method do you think you will use?</p>	<input type="radio"/> Female sterilization <input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Standard Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional method <input type="radio"/> No response		
<p>314. Who would you prefer to have administer the injectable? <i>Read all options</i></p>	<input type="radio"/> Health professional <input type="radio"/> Self <input type="radio"/> Partner/friend/family <input type="radio"/> Do not know <input type="radio"/> No response		
<p>315. Would your husband/partner be supportive of you using family planning?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response		
<p>316. Before you started using \${current_method_label}, had you discussed the decision to delay or avoid pregnancy with your husband/partner?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response		
<p>317. Would you say that using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together?</p>	<input type="radio"/> Mainly respondent <input type="radio"/> Mainly husband/partner <input type="radio"/> Joint decision <input type="radio"/> Other <input type="radio"/> No response		
<p>Now I'm going to ask you a few sensitive questions about your relationship with your husband/partner. You do not have to answer these questions if you do not want to. We can pause at any time. If you do not feel comfortable answering any of the questions, let me know and I will either move onto the next statement or skip this section entirely.</p> <p><i>Check for the presence of others. Before continuing, make every effort to ensure privacy.</i></p>			
<p>318. In the last 12 months has your husband/partner: 1 = Yes 0 = No -99 = No Response</p>			
<p>318a. Made you feel bad or treated you badly for wanting to use a FP method to delay or prevent pregnancy?</p> <p>318b. Tried to force or pressure you to become pregnant?</p> <p>318c. Said he would leave you if you did not get pregnant?</p>	<p>1</p> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<p>0</p> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<p>-99</p> <input type="radio"/> <input type="radio"/> <input type="radio"/>

<p>318d. Told you he would have a baby with someone else if you did not get pregnant?</p> <p>318e. Taken away your family planning or kept you from going to the clinic to get family planning?</p>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
<p>319. Since what month and year have you been using <code>#{current_method_label}</code> without stopping? <i>Calculate backwards from memorable events if needed.</i> CALENDAR: Enter episode of contraceptive use in the calendar.</p>			
<p>Most Recent Birth: <code>#{rec_birth_date}</code></p>			
<p>Recent miscarriage, abortion, stillbirth: <code>#{pregnancy_end_lab}</code></p>			
<p>Current Marriage: <code>#{rec_husband_date}</code></p>			
<p>Month:</p>	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know		
<p>Year:</p>			<p>Year:</p>
<p>Date cannot be in the future. You entered: <code>#{begin_using_full_lab}</code> Today: <code>#{today}</code></p>			
<p>Date of starting <code>#{current_method_label}</code> cannot be before 10 years of age. You entered: <code>#{begin_using_full_lab}</code> Respondent's birth date: <code>#{birthdate_lab}</code></p>			
<p>Date of starting <code>#{current_method_label}</code> without stopping cannot be before most recent birth. You entered: <code>#{begin_using_full_lab}</code> Most recent birth: <code>#{recent_birth_lab}</code></p>			
<p>Date of starting <code>#{current_method_label}</code> without stopping cannot be before most recent birth. You entered: <code>#{bus_y_lab}</code> Most recent birth: <code>#{rb_y_lab}</code></p>			
<p>Date of starting <code>#{current_method_label}</code> without stopping cannot be before recent miscarriage, abortion, or stillbirth. You entered: <code>#{begin_using_full_lab}</code> Recent miscarriage, abortion, or stillbirth: <code>#{pregnancy_end_lab}</code></p>			

<p>Date of starting \${current_method_label} without stopping cannot be before recent miscarriage, abortion, or stillbirth. You entered: \${bus_y_lab} Recent miscarriage, abortion, or stillbirth: \${ab_y_lab}</p>	
<p>Add an annotation for \${current_method_label} next to the current date \${today_ym} in the contraceptive calendar paper aid.</p>	
<p>Add an annotation for \${current_method_label} from \${ccal_start_date_label} to the current date \${today_ym} in the contraceptive calendar paper aid.</p>	
<p>320. You first started using \${current_method_label} on \${start_date_lab}. Where did you or your partner get it at that time? <i>Scroll to bottom to see all choices.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Pharmacy - public <input type="radio"/> Maternity Central <input type="radio"/> Center of Madonna and Child <input type="radio"/> Maternity CHR <input type="radio"/> Maternity HD <input type="radio"/> Health Center <input type="radio"/> Community-based distribution site <input type="radio"/> Case de santé <input type="radio"/> Mobile clinic <input type="radio"/> Private hospital or clinic <input type="radio"/> Pharmacy - private <input type="radio"/> Mobile clinic (private) <input type="radio"/> Center ANBEF <input type="radio"/> Kiosk Routier <input type="radio"/> Polyclinic or Private clinic <input type="radio"/> Boutique <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Friend / parent <input type="radio"/> Walking pharmacy <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No Response
<p>320. Where did you or your partner get \${current_method_label} when you first started using it? <i>Scroll to bottom to see all choices.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Pharmacy - public <input type="radio"/> Maternity Central <input type="radio"/> Center of Madonna and Child <input type="radio"/> Maternity CHR <input type="radio"/> Maternity HD <input type="radio"/> Health Center <input type="radio"/> Community-based distribution site <input type="radio"/> Case de santé <input type="radio"/> Mobile clinic <input type="radio"/> Private hospital or clinic <input type="radio"/> Pharmacy - private <input type="radio"/> Mobile clinic (private) <input type="radio"/> Center ANBEF <input type="radio"/> Kiosk Routier <input type="radio"/> Polyclinic or Private clinic <input type="radio"/> Boutique

	<input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Friend / parent <input type="radio"/> Walking pharmacy <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No Response
Check here to acknowledge you considered all options.	<input type="radio"/>
321. When you obtained your \${current_method_label}, were you told by the provider about side effects or problems you might have with a method to delay or avoid pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
322. Were you told what to do if you experienced side effects or problems?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
IMP_301. CHECK. In question 304, the respondent mentioned that she had been using implants. Is that correct? <i>If she says she is not currently using implants, please verify her answer and go back to 304 and select the correct method.</i>	<input type="radio"/> Yes <input type="radio"/> No
IMP_302. At the visit when the implant was inserted, were you told for how long the implant would protect you from pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
IMP_303. How long were you told ? <i>If you select months or years, you will enter a number for X on the next screen. Please check that you correctly entered the value for months/years.</i>	<input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Do not know <input type="radio"/> No response
IMP_303. Enter the number of \${implant_duration_lab} you were told: <i>If more than 12 months record in years</i>	
IMP_304. Were you told where you could go to have the implant removed? Provider: \${provider_label}	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
323. At that time, were you told by the family planning provider about methods of family planning other than the \${current_method_label} that you could use?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
324. At that time, were you told that you could switch to a different method in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
325. During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Did not have a preference <input type="radio"/> No response

<p>326. Why didn't you obtain the method you wanted?</p>	<p> <input type="radio"/> Method out of stock that day <input type="radio"/> Method not available at all <input type="radio"/> Provider not trained to provide the method <input type="radio"/> Provider recommended a different method <input type="radio"/> Not eligible for method <input type="radio"/> Decided not to adopt a method <input type="radio"/> Too costly <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>327a. During that visit, who made the final decision about what method you got?</p>	<p> <input type="radio"/> You alone <input type="radio"/> Provider <input type="radio"/> Partner <input type="radio"/> You and provider <input type="radio"/> You and partner <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>327b. Who made the final decision to use rhythm?</p>	<p> <input type="radio"/> You alone <input type="radio"/> Provider <input type="radio"/> Partner <input type="radio"/> You and provider <input type="radio"/> You and partner <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>327b. Who made the final decision to use LAM?</p>	<p> <input type="radio"/> You alone <input type="radio"/> Provider <input type="radio"/> Partner <input type="radio"/> You and provider <input type="radio"/> You and partner <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>328. Would you return to this provider? Provider: \${provider_label}</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>329. Would you refer your relative or friend to this provider / facility? Provider: \${provider_label}</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>330. When you started using \${current_method_label}, did you feel pressured by your provider to accept a specific method?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>

	<input type="radio"/> Did not have a preference <input type="radio"/> No response
<p>331. Which method did you feel pressured to use?</p>	<input type="radio"/> Female sterilization <input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Standard Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional method <input type="radio"/> No response
<p>332. Right before you started using \${current_method_label} in \${begin_using_full_lab}, were you doing something else or using a different method to delay or avoid getting pregnant?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>333. Which method were you using?</p>	<input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Standard Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional method <input type="radio"/> No response
<p>LCL_304. PROBE: Was the injection administered via syringe or small needle? [sayana_depo_150x300.jpg]</p>	<input type="radio"/> Syringe <input type="radio"/> Small needle (Sayana Press) <input type="radio"/> No response
<p>IMP_305. In the past 12 months, have you tried to have your current implant removed?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>IMP_306. Where did you go or who attempted to remove your implant?</p>	<input type="radio"/> Pharmacy - public <input type="radio"/> Maternity Central <input type="radio"/> Center of Madonna and Child <input type="radio"/> Maternity CHR <input type="radio"/> Maternity HD <input type="radio"/> Health Center <input type="radio"/> Community-based distribution site

	<input type="radio"/> Case de santé <input type="radio"/> Mobile clinic <input type="radio"/> Private hospital or clinic <input type="radio"/> Pharmacy - private <input type="radio"/> Mobile clinic (private) <input type="radio"/> Center ANBEF <input type="radio"/> Kiosk Routier <input type="radio"/> Polyclinic or Private clinic <input type="radio"/> Boutique <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Friend / parent <input type="radio"/> Walking pharmacy <input type="radio"/> Self <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
IMP_307. Why were you not able to have your implant removed?	<input type="checkbox"/> Facility not open <input type="checkbox"/> Qualified provider not available <input type="checkbox"/> Provider attempted but could not remove the implant <input type="checkbox"/> Provider refused <input type="checkbox"/> Cost of removal services <input type="checkbox"/> Travel cost <input type="checkbox"/> Provider counseled against removal <input type="checkbox"/> Told to return another day <input type="checkbox"/> Referred elsewhere <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
334. Have you ever done anything or tried in any way to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
XS_301. How old were you when you first used a method to delay or avoid getting pregnant? The respondent said she was \${age} years old at her last birthday. Enter the age in years. Enter -88 if the respondent does not know. Enter -99 if there is no response. Cannot be younger than 9.	
Check: You entered that the respondent first used family planning at the age of \${age_at_first_use}. Is that what she said? Go back and change XS_301 if that is not correct.	<input type="radio"/> Yes <input type="radio"/> No
335. How many living children did you have at that time, if any? Note: the respondent said that she gave birth \${birth_events} times in 202. Enter -99 for no response.	
WARNING: you entered that the respondent gave birth \${birth_events} times in 202, and you entered that the respondent had \${age_at_first_use_children} children alive at the	<input type="radio"/> Yes <input type="radio"/> No

<p>time she first used a method to delay or avoid getting pregnant in 335. Is this what the respondent said? <i>It may be that the answers to 202 and 335 are correct. This screen is a warning for verification.</i></p>	
<p>336. Have you used emergency contraception at any time in the last 12 months? PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within five days to prevent pregnancy.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>337. You said that you do not want a child soon and that you are not using a method to avoid pregnancy.</p>	
<p>337. You said that you do not want another child soon and that you are not using a method to avoid pregnancy.</p>	
<p>337. You said that you do not want any children and that you are not using a method to avoid pregnancy.</p>	
<p>337. You said that you do not want any more children and that you are not using a method to avoid pregnancy.</p>	
<p>Can you tell me why you are not using a method to prevent pregnancy? PROBE: Any other reason? RECORD ALL REASONS MENTIONED Cannot select "Not Married" if 109 is "Yes, currently married". <i>Scroll to bottom to see all choices.</i></p>	<p><input type="checkbox"/> Not married <input type="checkbox"/> Infrequent sex / Not having sex <input type="checkbox"/> Menopausal / Hysterectomy <input type="checkbox"/> Subfecund / Infecund <input type="checkbox"/> Not menstruated since last birth <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Husband away for multiple days <input type="checkbox"/> Up to God / fatalistic <input type="checkbox"/> Respondent opposed <input type="checkbox"/> Husband / partner opposed <input type="checkbox"/> Others opposed <input type="checkbox"/> Religious prohibition <input type="checkbox"/> Knows no method <input type="checkbox"/> Knows no source <input type="checkbox"/> Fear of side effects <input type="checkbox"/> Health concerns <input type="checkbox"/> Lack of access / too far <input type="checkbox"/> Costs too much <input type="checkbox"/> Preferred method not available <input type="checkbox"/> No method available <input type="checkbox"/> Inconvenient to use <input type="checkbox"/> Interferes with body's processes <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response</p>
<p>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>
<p>COV_8. Can you tell me if any of the following Coronavirus (COVID-19) related reasons contribute to why you are not using a method to prevent pregnancy? <i>Read each option aloud and select if yes.</i></p>	<p><input type="checkbox"/> Healthcare facility or doctor's office closed, appointment not possible, services not available <input type="checkbox"/> Desired product(s) not available</p>

	<input type="checkbox"/> Unable to access services because of government restrictions on movement <input type="checkbox"/> Fear of being infected with COVID-19 at healthcare facilities <input type="checkbox"/> Other <input type="checkbox"/> None of the above <input type="checkbox"/> No response			
338. Would you say that not using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together?	<input type="radio"/> Mainly respondent <input type="radio"/> Mainly husband/partner <input type="radio"/> Joint decision <input type="radio"/> Other <input type="radio"/> No response			
339. In the last 12 months, were you visited by a community health worker who talked to you about family planning?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response			
340. In the last 12 months, have you visited a health facility or camp for care for yourself? <i>For any health services.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response			
340. In the last 12 months, have you visited a health facility or camp for care for yourself or your children? <i>For any health services.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response			
341. Did any staff member at the health facility speak to you about family planning methods?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response			
342. In the last 12 months have you: 1 = Yes 0 = No -99 = No Response				
	1	0	-99	
342a. Heard about family planning on the radio?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
342b. Seen anything about family planning on the television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
342c. Read about family planning in a newspaper or magazine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
342d. Received a voice or text message about family planning on a mobile phone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
342e. Seen anything on social media about family planning that is Facebook, Viber, Twitter, WhatsApp or others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
343. People have different opinions about family planning. In your community, would you say most people, some people or few people have the following opinions about family planning: 1 = Most 2 = Some 3 = Few -99 = No Response				
	1	2	3	-99
343a. Adolescents who use family planning are promiscuous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
343b. Using family planning preserves a woman's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
343c. Family planning is only for women who are married.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

343d. Women who use family planning can better support their children's schooling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
343e. Family planning is only for women who don't want any more children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
343f. People who use family planning have a better quality of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
344. Now, we would now like to know about your personal opinions about these issues. Do you strongly agree, agree, disagree, strongly disagree with the following statements? 4 = Strongly agree 3 = Agree 2 = Disagree 1 = Strongly disagree -99 = No response					
	4	3	2	1	-99
344a. Adolescents who use family planning are promiscuous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
344b. Using family planning preserves a woman's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
344c. Family planning is only for women who are married.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
344d. Women who use family planning can better support their children's schooling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
344e. Family planning is only for women who don't want any more children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
344f. People who use family planning have a better quality of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
345. How important is it for you to achieve the following in the next two years: 1 = Very important 2 = Somewhat important 3 = Not important -99 = No Response					
	1	2	3	-99	
345a. Complete secondary school / technical school / vocation school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
345b. Attend university / tertiary institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
345c. Have a good job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
345d. Start a business	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
345e. Find a partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
345f. Get married	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
345g. Have children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
346. Do you have any health insurance or are you a member of a mutual health organization?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response				
347. What type of health insurance do you have? RECORD ALL MENTIONED	<input type="checkbox"/> National/District Health Insurance (NHIS) <input type="checkbox"/> Health insurance through employer <input type="checkbox"/> Mutual health				

	organization/Community-based health insurance <input type="checkbox"/> Other privately purchased commercial health insurance <input type="checkbox"/> Other <input type="checkbox"/> No response
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Section 4 – Sexual Activity

Check for the presence of others. Before continuing, make every effort to ensure privacy.

Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.

401. How old were you when you first had sexual intercourse?	
Current age: \${age}	
Number of live births: \${birth_events}	
The respondent is pregnant	
Enter the age in years. <i>Enter -77 if she has never had sex. Enter -99 for no response. Enter -88 for do not know.</i>	

WARNING: you entered -77, but the respondent is currently pregnant or has given birth before. Go back and fix.
The timing of the number of births should agree with 401

WARNING: the respondent gave birth \${birth_events} times, but first had sex at the age of \${age_at_first_sex}, only \${years_since_first_sex} years ago. Is that correct? <i>The timing of the number of births should agree with 401.</i>	<input type="radio"/> Yes <input type="radio"/> No
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You entered that the respondent was \${p2_age_at_first_sex} years old the first time she had sexual intercourse. Is that what she said? <i>Go back and change 401 if it is not correct.</i>	<input type="radio"/> Yes <input type="radio"/> No
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You entered that the respondent's age at first sex was \${p2_age_at_first_sex}. Previously the respondent said she has given birth at an earlier age: \${age_first_birth}. Is that correct? <i>Go back and change "age at first sex" if it is not correct</i>	<input type="radio"/> Yes <input type="radio"/> No
--	---

402. Looking back to the first time you had sexual intercourse, do you think you would have preferred to: have waited longer before having sex with anyone, not have waited so long, or was it the right time?	<input type="radio"/> Waited longer <input type="radio"/> Not have waited so long <input type="radio"/> It was the right time <input type="radio"/> No response
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403. The first time you had sexual intercourse, would you say you and your partner were both equally willing to have sexual intercourse was one of you more willing than the other?	<input type="radio"/> Equally willing <input type="radio"/> Respondent more willing
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	<input type="radio"/> Partner more willing <input type="radio"/> No response
404. Which of these applied to you at the first time you had sex? <i>Read each option aloud and select if yes.</i>	<input type="checkbox"/> I was curious <input type="checkbox"/> I was carried away <input type="checkbox"/> I was under the influence of a substance <input type="checkbox"/> I was doing what was expected of me <input type="checkbox"/> I was forced against my will <input type="checkbox"/> None of the above <input type="checkbox"/> No response
405. Did you and your partner want to avoid a pregnancy the first time you had sexual intercourse?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
406. Did you or your partner do something or use any method to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
407. When was the last time you had sexual intercourse?	
Respondent is \${months_pregnant} months pregnant.	
Answer must be in days or weeks up to 4 weeks or 30 days	
<i>If less than 12 months ago, answer must be recorded in months, weeks, or days. Enter 0 days for today. You will enter a number for X on the next screen.</i>	<input type="radio"/> X days ago <input type="radio"/> X weeks ago <input type="radio"/> X months ago <input type="radio"/> X years ago <input type="radio"/> No response
407. Enter \${last_time_sex_lab}. <i>If today, enter zero days only, not zero weeks/months/years. Must agree with the age of first sexual intercourse and the pregnancy status.</i>	
The respondent is pregnant. The time since last sex must not be earlier than one month prior to the start of pregnancy. If number of months pregnant is unknown, then the time since last sex must be less than 11 months. Months pregnant: \${months_pregnant} Last time sex units: \${last_time_sex} Last time sex value: \${last_time_sex_value}	
The respondent cannot enter a time since last sex that would be before her age at first sex. Age at first sex: \${age_at_first_sex} Current age: \${age} Last time sex units: \${last_time_sex} Last time sex value: \${last_time_sex_value}	
408. The last time you had sex did you or your partner use any method to avoid or prevent a pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
409. What method did you or your partner use?	<input type="radio"/> Female sterilization <input type="radio"/> Male sterilization

	<input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Standard Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional method <input type="radio"/> No response
410. Whose choice was it to use that method?	<input type="radio"/> Respondent <input type="radio"/> Respondent and partner <input type="radio"/> Partner <input type="radio"/> Someone else <input type="radio"/> No response
<p>Section 5 – Women And Girls Empowerment Section</p> <p>Now I'm going to ask you a series of statements about family planning and contraception. Please indicate how much you think these statements could apply to you by indicating how strongly you agree or disagree with the statement. Some will seem similar but we would like you to consider each one as different. We can pause at any time. If you do not feel comfortable answering any of the statements, let me know and I will move onto the next statement.</p>	
501. If I use family planning, my husband/partner may seek another sexual partner.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
502. If I use family planning, I may have trouble getting pregnant the next time I want to.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
503a. There could be conflict in my relationship/marriage if I use family planning.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response

<p>503b. There will be conflict in my relationship/marriage if I use family planning.</p>	<p><input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>504. If I use family planning, my children may not be born normal.</p>	<p><input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>505. If I use family planning, my body may experience side effects that will disrupt my relations with my husband/partner.</p>	<p><input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>WGE_2. I can decide to switch from one family planning method to another if I want to.</p>	<p><input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>WGE_3. I feel confident telling my provider what is important for me when selecting a family planning method.</p>	<p><input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>WGE_4. I feel confident discussing family planning with my husband/partner.</p>	<p><input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>Now I'm going to ask you a series of statements about pregnancy and childbearing. Please indicate how much you think these statements could apply to you by indicating how strongly you agree or disagree with the statement. Some will seem similar but we would like you to consider each one as different. We can pause at any time. If you do not feel comfortable answering any</p>	

of the statements, let me know and I will move onto the next statement.	
WGE_5a. I want to complete my education before I have a child.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_5b. I wanted to complete my education before I had a child.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_6. If I rest between pregnancies, I can take better care of my family.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_7a. I can decide when I want to start having children.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_7b. I could decide when I wanted to start having children.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_8. I feel confident discussing with my husband/partner when to start having children.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_9. I can decide when to have another child.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3)

	<input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_10a. I will be able to negotiate with my husband/partner when to stop having children.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
WGE_10b. I can negotiate with my husband/partner when to stop having children.	<input type="radio"/> Strongly disagree (1) <input type="radio"/> Disagree (2) <input type="radio"/> Neither agree nor disagree (3) <input type="radio"/> Agree (4) <input type="radio"/> Strongly agree (5) <input type="radio"/> Do not know <input type="radio"/> No response
<p>Section 6 - Covid-19 (Coronavirus)</p> <p>We understand that Coronavirus (COVID-19) has impacted many people's lives. We are interested in learning more about how you are being affected.</p>	
COV_9. How concerned are you about getting infected with Coronavirus (COVID-19) yourself? <i>Read all options</i>	<input type="radio"/> Very concerned <input type="radio"/> Concerned <input type="radio"/> A little concerned <input type="radio"/> Not concerned <input type="radio"/> I was infected with Coronavirus (COVID-19) <input type="radio"/> No response
COV_10. During the last 12 months, how much of a loss of income did your household experience? <i>Read all options</i>	<input type="radio"/> None <input type="radio"/> Complete <input type="radio"/> Partial <input type="radio"/> No response
COV_11. Was the income loss resulting from Coronavirus (COVID-19) restrictions?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
COV_12. Has your household income recovered partially or fully in the past 4 weeks?	<input type="radio"/> Yes, partially recovered <input type="radio"/> Yes, fully Recovered <input type="radio"/> Not recovered <input type="radio"/> Do not know <input type="radio"/> No response
COV_13. During the past 4 weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
COV_14. During the past 4 weeks, how often did this happen?	<input type="radio"/> Rarely (1-2 times) <input type="radio"/> Sometimes (3-10 times) <input type="radio"/> Often (more than 10 times) <input type="radio"/> Do not know <input type="radio"/> No response
COV_15. During the past 4 weeks, did you want to visit a health facility for any of the following services? <i>Read each option aloud and select if yes.</i>	<input type="checkbox"/> Family planning services <input type="checkbox"/> ANC <input type="checkbox"/> Delivery <input type="checkbox"/> PNC <input type="checkbox"/> Child's health <input type="checkbox"/> Immunization <input type="checkbox"/> Pick up of regular medications <input type="checkbox"/> Emergency services <input type="checkbox"/> General health services <input type="checkbox"/> Other <input type="checkbox"/> Did not want to access a health facility <input type="checkbox"/> No response
COV_16. During the past 4 weeks, did you experience any of the following difficulties in accessing healthcare services? <i>Read each option aloud and select if yes.</i>	<input type="checkbox"/> Healthcare facility or doctor's office closed, appointment not possible, services not available <input type="checkbox"/> Desired product(s) not available <input type="checkbox"/> Partner does not approve <input type="checkbox"/> No transportation to access healthcare services <input type="checkbox"/> Unable to access services because of government restrictions on movement <input type="checkbox"/> Unable to afford healthcare services <input type="checkbox"/> Fear of being infected with COVID-19 at healthcare facilities <input type="checkbox"/> Other <input type="checkbox"/> Did not experience difficulties accessing care <input type="checkbox"/> No response
COV_17. Did you successfully access the health services you needed?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
COV_18. Did you stop or interrupt your contraceptive use at any time due to Coronavirus (COVID-19) restrictions?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

Section 7.1 – Confidantes	
<p>The following questions will ask you about women’s reproductive experiences in the community. Your answers to these questions will be used for research purposes. There are no additional risks or benefits to answering these questions. As a reminder, your participation is completely voluntary and no identifying information about you will be shared with the researchers or reported in the study results.</p> <p>May I continue with the questions?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>ABT_1a. Now I want to ask some questions about your closest female friend; (this can be a friend or relative. This is a woman whom you share very personal information with and who also share their very personal information with you. Please picture your closest female friend in Niger who is between the ages of 15 and 49. For ease of referencing this woman, please provide a fake name.</p> <p><i>Enter 1 for no friend, -88 for do not know, -99 for no response.</i></p>	
<p>ABT_1b. Now I want to ask some questions about your female friend; this can be a friend or relative. Please picture your closest female friend in Niger who is between the ages of 15 and 49. For ease of referencing this woman, please provide a fake name.</p> <p><i>Enter 1 for no friend, -88 for do not know, -99 for no response.</i></p>	
<p>ABT_3a. Is this friend a member of your family?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>ABT_3b. How old was \${friend_name} at her last birthday?</p> <p><i>Enter -88 for do not know, -99 for no response.</i></p>	
<p>ABT_4. What is the highest level of school \${friend_name} has ever attended?</p>	<p><input type="radio"/> Never attended <input type="radio"/> Literate <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Tertiary <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ABT_5. Is \${friend_name} currently married or living together with a man?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>ABT_6a. Does she live in the same area as you?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ABT_6b. Does she live in a city, a town, or a village?</p>	<p><input type="radio"/> City <input type="radio"/> Town <input type="radio"/> Village</p>

	<input type="radio"/> Do not know <input type="radio"/> No response
ABT_7. How many children does she have, if any? <i>Enter 0 if no children, -88 for Do not know, -99 for no response.</i>	
ABT_8. Has she ever used family planning?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ABT_9. Is she or her partner currently doing something or using any method to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ABT_10. What method is she or her partner using?	<input type="radio"/> Female sterilization <input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Standard Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional method <input type="radio"/> No method <input type="radio"/> Do not know <input type="radio"/> No response
Section 7.2 – Abortion Check for the presence of others. Before continuing, make every effort to ensure privacy.	
Sometimes women are worried they are pregnant or get pregnant when they do not want to be and they do something to end the pregnancy. The next series of questions are about things your friend may have done to end a pregnancy. This is a common experience in Niger and we simply want to better understand what women do in this situation. I want to remind you that this survey is completely confidential and anonymous and we do not know who your friend is. If we should come to any question that you don't want to answer, just let me know and I will skip to the next question.	
ABT_11. Has she ever done something or tried to do something to end a pregnancy when she was pregnant or worried she was pregnant? <i>Probe to confirm whether the pregnancy removal was successful. If not, select "no".</i>	<input type="radio"/> Yes, I am certain <input type="radio"/> Yes, I think so <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

<p>ABT_12. In what year did this happen? <i>If indicates happened more than once, specify most recent time.</i> Enter 2030 for "Do not know" or "No response".</p>	<p style="text-align: right;">Year:</p>
<p>ABT_12b. Did it happen in the prior year, 1-5 years ago, 5-10 years ago or greater than 10 years ago?</p>	<p> <input type="radio"/> In the prior year <input type="radio"/> 1-5 years ago <input type="radio"/> 5-10 years ago <input type="radio"/> More than 10 years ago <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>ABT_13. At the time, was she very certain, somewhat certain, or not at all certain of being pregnant?</p>	<p> <input type="radio"/> Very certain <input type="radio"/> Somewhat certain <input type="radio"/> Not at all certain <input type="radio"/> She was not pregnant <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>ABT_14. Did the pregnancy end spontaneously or was it ended intentionally?</p>	<p> <input type="radio"/> Intentionally ended <input type="radio"/> Ended naturally / miscarriage <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>ABT_15. Was the pregnancy successfully ended?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>ABT_16. How did you learn about $\{\{friend_name\}\}$'s experience of ending her pregnancy?</p>	<p> <input type="radio"/> She told me <input type="radio"/> Someone else told me <input type="radio"/> I knew she was pregnant and then her pregnancy ended <input type="radio"/> She was having health issues that made me suspect she had an abortion <input type="radio"/> I heard rumors <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>ABT_17. What are all the methods that she used to try to end the pregnancy? Anything else?</p>	<p> <input type="checkbox"/> Surgical procedure (curettage, MVA, etc.) <input type="checkbox"/> Misoprostol (Cytotec Misoclear Misopro 200 Misodia) <input type="checkbox"/> Misoprostol + Mifepristone (Medabon Mifepack Mifedia) <input type="checkbox"/> Emergency contraception (Norlevo) <input type="checkbox"/> Contraceptive pills <input type="checkbox"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Nivaquine, Cyphaquine) <input type="checkbox"/> Other pills (tetracycline, vermifug, vermoz, decaris, zentel, etc.) <input type="checkbox"/> Traditional methods that are not </p>

	<p>inserted into the vagina (herbs, potions, concoctions)</p> <p><input type="checkbox"/> Ingested industrial products (bleach, Coke-Nescafé mix, mélange de Coca-Nescafé)</p> <p><input type="checkbox"/> Insert materials into the vagina (tige, boule d'herbes, kanigban, etc)</p> <p><input type="checkbox"/> Other (laxitive, etc.)</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> No response</p>
<p>ABT_18. What were all the places she went to obtain these methods?</p>	<p><input type="checkbox"/> Pharmacy - public</p> <p><input type="checkbox"/> Maternity Central</p> <p><input type="checkbox"/> Center of Madonna and Child</p> <p><input type="checkbox"/> Maternity CHR</p> <p><input type="checkbox"/> Maternity HD</p> <p><input type="checkbox"/> Health Center</p> <p><input type="checkbox"/> Community-based distribution site</p> <p><input type="checkbox"/> Case de santé</p> <p><input type="checkbox"/> Mobile clinic</p> <p><input type="checkbox"/> Private hospital or clinic</p> <p><input type="checkbox"/> Pharmacy - private</p> <p><input type="checkbox"/> Mobile clinic (private)</p> <p><input type="checkbox"/> Center ANBEF</p> <p><input type="checkbox"/> Kiosk Routier</p> <p><input type="checkbox"/> Polyclinic or Private clinic</p> <p><input type="checkbox"/> Boutique</p> <p><input type="checkbox"/> Religious organizations</p> <p><input type="checkbox"/> Community event</p> <p><input type="checkbox"/> Friend / parent</p> <p><input type="checkbox"/> Walking pharmacy</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> No Response</p>
<p>ABT_21a. Besides this event, has \${friend_name} ever done something to bring back her period when it was late?</p>	<p><input type="radio"/> Yes, I am certain</p> <p><input type="radio"/> Yes, I think so</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>ABT_21b. Has \${friend_name} ever done something to bring back her period when it was late?</p>	<p><input type="radio"/> Yes, I am certain</p> <p><input type="radio"/> Yes, I think so</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>ABT_22. In what year did this happen? <i>If indicates happened more than once, specify most recent time. Enter 2030 for "Do not know" or "No response".</i></p>	<p style="text-align: right;">Year:</p>
<p>ABT_22b. Did it happen in the prior year, 1-5 years ago, 5-10 years ago or greater than 10 years ago?</p>	<p><input type="radio"/> In the prior year</p> <p><input type="radio"/> 1-5 years ago</p>

	<input type="radio"/> 5-10 years ago <input type="radio"/> More than 10 years ago <input type="radio"/> Do not know <input type="radio"/> No response
ABT_23. Did she do this because she was worried she was pregnant?	<input type="radio"/> Yes, I am certain <input type="radio"/> Yes, I think so <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ABT_24. At the time, was she very certain, somewhat certain, or not at all certain she was pregnant?	<input type="radio"/> Very certain <input type="radio"/> Somewhat certain <input type="radio"/> Not at all certain <input type="radio"/> She was not pregnant <input type="radio"/> Do not know <input type="radio"/> No response
ABT_24b. In the end did she successfully bring back her period?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ABT_25. How do you know about \${friend_name}'s experience bringing back her period when it was late?	<input type="radio"/> She told me <input type="radio"/> Someone else told me <input type="radio"/> I knew she was pregnant and then her pregnancy ended <input type="radio"/> She was having health issues that made me suspect she had an abortion <input type="radio"/> I heard rumors <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
ABT_26. What are all the methods that she used to bring back her period? Anything else?	<input type="checkbox"/> Surgical procedure (curettage, MVA, etc.) <input type="checkbox"/> Misoprostol (Cytotec Misoclear Misopro 200 Misodia) <input type="checkbox"/> Misoprostol + Mifepristone (Medabon Mifepack Mifedia) <input type="checkbox"/> Emergency contraception (Norlevo) <input type="checkbox"/> Contraceptive pills <input type="checkbox"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Nivaquine, Cyphaquine) <input type="checkbox"/> Other pills (tetracycline, vermifug, vermox, decaris, zentel, etc.) <input type="checkbox"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions) <input type="checkbox"/> Ingested industrial products (bleach, Coke-Nescafé mix, mélange de Coca-Nescafé)

	<input type="checkbox"/> Insert materials into the vagina (tige, boule d'herbes, kanigban, etc) <input type="checkbox"/> Other (laxitive, etc.) <input type="checkbox"/> Do not know <input type="checkbox"/> No response																														
<p>ABT_27. What were all the places she went to obtain these methods?</p>	<input type="checkbox"/> Pharmacy - public <input type="checkbox"/> Maternity Central <input type="checkbox"/> Center of Madonna and Child <input type="checkbox"/> Maternity CHR <input type="checkbox"/> Maternity HD <input type="checkbox"/> Health Center <input type="checkbox"/> Community-based distribution site <input type="checkbox"/> Case de santé <input type="checkbox"/> Mobile clinic <input type="checkbox"/> Private hospital or clinic <input type="checkbox"/> Pharmacy - private <input type="checkbox"/> Mobile clinic (private) <input type="checkbox"/> Center ANBEF <input type="checkbox"/> Kiosk Routier <input type="checkbox"/> Polyclinic or Private clinic <input type="checkbox"/> Boutique <input type="checkbox"/> Religious organizations <input type="checkbox"/> Community event <input type="checkbox"/> Friend / parent <input type="checkbox"/> Walking pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No Response																														
<p>We know that relationships can sometimes have conflict and difficulty. These next questions ask about conflicts your confidante may have had in her relationships. Remember, you can skip any question you do not want to answer.</p>																															
<p>ABT_28. In the last 12 months, has her husband/partner: 1 = Yes 0 = No -88 = Do not know -99 = No Response</p>																															
<p>a. Insulted her, yelled at her, screamed or made humiliating remarks?</p> <p>b. Slapped, hit or physically hurt her?</p> <p>c. Threatened with a weapon or attempted to strangle or kill her?</p> <p>d. Pressured or insisted on having sex when her did not want to (without physical force)?</p> <p>e. Physically forced her to have sex when her did not want to?</p>	<table border="1"> <thead> <tr> <th></th> <th>1</th> <th>0</th> <th>-88</th> <th>-99</th> </tr> </thead> <tbody> <tr> <td>a. Insulted her, yelled at her, screamed or made humiliating remarks?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>b. Slapped, hit or physically hurt her?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>c. Threatened with a weapon or attempted to strangle or kill her?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>d. Pressured or insisted on having sex when her did not want to (without physical force)?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>e. Physically forced her to have sex when her did not want to?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>		1	0	-88	-99	a. Insulted her, yelled at her, screamed or made humiliating remarks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b. Slapped, hit or physically hurt her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c. Threatened with a weapon or attempted to strangle or kill her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	d. Pressured or insisted on having sex when her did not want to (without physical force)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	e. Physically forced her to have sex when her did not want to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Section 7.3 – Respondent Abortion	
<p>ABT_29. As part of the research, we would also like to ask about your own experiences. May I continue with the questions?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>ABT_30. Now I would like to ask about your own experience. Have you ever done something or tried to do something to end a pregnancy when you were pregnant or worried you were pregnant?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ABT_31. In what year did this last happen? <i>If indicates happened more than once, specify most recent time. Enter 2030 for “Do not know” or “No response”.</i></p>	<p>Year:</p>
<p>ABT_31b. Did it happen in the prior year, 1-5 years ago, 5-10 years ago or greater than 10 years ago?</p>	<p><input type="radio"/> In the prior year <input type="radio"/> 1-5 years ago <input type="radio"/> 5-10 years ago <input type="radio"/> More than 10 years ago <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ABT_32. At the time, were you very certain, somewhat certain, or not at all certain you were pregnant?</p>	<p><input type="radio"/> Very certain <input type="radio"/> Somewhat certain <input type="radio"/> Not at all certain <input type="radio"/> Did not think I was pregnant <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ABT_33. Did you take a pregnancy test to confirm?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ABT_34. Did the pregnancy end spontaneously or was it ended intentionally?</p>	<p><input type="radio"/> Intentionally ended <input type="radio"/> Ended naturally / miscarriage <input type="radio"/> No response</p>
<p>ABT_35. Was the pregnancy successfully ended?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ABT_36a. Who did you tell about this event? Anyone else?</p>	<p><input type="checkbox"/> Partner <input type="checkbox"/> Mother <input type="checkbox"/> Mother-in-law <input type="checkbox"/> Other female relative <input type="checkbox"/> Father <input type="checkbox"/> Other male relative <input type="checkbox"/> \${friend_name} <input type="checkbox"/> Other friends <input type="checkbox"/> Health provider <input type="checkbox"/> Traditional healer</p>

	<input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
ABT_36a. Specify this other person you told about the pregnancy termination	
ABT_36b. Were any of the following people involved in the decision to end the pregnancy? <i>Read options aloud. Select all that apply.</i>	<input type="checkbox"/> Partner <input type="checkbox"/> Mother <input type="checkbox"/> Mother-in-law <input type="checkbox"/> Other female relative <input type="checkbox"/> Father <input type="checkbox"/> Other male relative <input type="checkbox"/> \${friend_name} <input type="checkbox"/> Other friends <input type="checkbox"/> Health provider <input type="checkbox"/> Traditional healer <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
ABT_36b. Specify this other person involved in the decision to terminate the pregnancy	
ABT_37. Do you think your friend, \${friend_name}, knows about this event?	<input type="radio"/> Yes <input type="radio"/> Maybe <input type="radio"/> Non <input type="radio"/> Do not know <input type="radio"/> No response
ABT_38. How does \${friend_name} know about this event?	<input type="radio"/> I told her <input type="radio"/> Someone else told her <input type="radio"/> She knew I was pregnant and the pregnancy ended <input type="radio"/> I was having health issues that made her suspect I had an abortion <input type="radio"/> She heard rumors <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
ABT_40. At the time of this event were you attending school?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
ABT_42. Were you living in a village, a town, or a large city?	<input type="radio"/> City <input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> Do not know <input type="radio"/> No response
ABT_43. How long had you been pregnant when you ended the pregnancy?	<input type="radio"/> X weeks <input type="radio"/> X months

	<input type="radio"/> Do not know <input type="radio"/> No response
ABT_43. Enter \${pregnant_how_long_lab} <i>How long had you been pregnant when you ended the pregnancy</i>	
ABT_44. How many periods had you missed? <i>Enter -88 for do not know, -99 for no response.</i>	
ABT_45. Women sometimes do many things to stop a pregnancy from continuing. Did you do more than one thing to try to end the pregnancy, outside of treating complications?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ABT_46a. What was the first thing you did to try to end the pregnancy?	<input type="radio"/> Surgical procedure (curettage, MVA, etc.) <input type="radio"/> Misoprostol (Cytotec Misoclear Misopro 200 Misodia) <input type="radio"/> Misoprostol + Mifepristone (Medabon Mifepack Mifedia) <input type="radio"/> Emergency contraception (Norlevo) <input type="radio"/> Contraceptive pills <input type="radio"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Nivaquine, Cyphaquine) <input type="radio"/> Other pills (tetracycline, vermifug, vermoz, decaris, zentel, etc.) <input type="radio"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions) <input type="radio"/> Ingested industrial products (bleach, Coke-Nescafé mix, mélange de Coca-Nescafé) <input type="radio"/> Insert materials into the vagina (tige, boule d'herbes, kanigban, etc) <input type="radio"/> Other (laxitive, etc.) <input type="radio"/> Do not know <input type="radio"/> No response
ABT_46b. What did you do to end the pregnancy?	<input type="radio"/> Surgical procedure (curettage, MVA, etc.) <input type="radio"/> Misoprostol (Cytotec Misoclear Misopro 200 Misodia) <input type="radio"/> Misoprostol + Mifepristone (Medabon Mifepack Mifedia) <input type="radio"/> Emergency contraception (Norlevo) <input type="radio"/> Contraceptive pills <input type="radio"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Nivaquine, Cyphaquine) <input type="radio"/> Other pills (tetracycline, vermifug, vermoz, decaris, zentel, etc.) <input type="radio"/> Traditional methods that are not

	<p>inserted into the vagina (herbs, potions, concoctions)</p> <p><input type="radio"/> Ingested industrial products (bleach, Coke-Nescafé mix, mélange de Coca-Nescafé)</p> <p><input type="radio"/> Insert materials into the vagina (tige, boule d'herbes, kanigban, etc)</p> <p><input type="radio"/> Other (laxitive, etc.)</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>ABT_47. Where did you get the \${abt_first_only_method_lab}?</p>	<p><input type="radio"/> Pharmacy - public</p> <p><input type="radio"/> Maternity Central</p> <p><input type="radio"/> Center of Madonna and Child</p> <p><input type="radio"/> Maternity CHR</p> <p><input type="radio"/> Maternity HD</p> <p><input type="radio"/> Health Center</p> <p><input type="radio"/> Community-based distribution site</p> <p><input type="radio"/> Case de santé</p> <p><input type="radio"/> Mobile clinic</p> <p><input type="radio"/> Private hospital or clinic</p> <p><input type="radio"/> Pharmacy - private</p> <p><input type="radio"/> Mobile clinic (private)</p> <p><input type="radio"/> Center ANBEF</p> <p><input type="radio"/> Kiosk Routier</p> <p><input type="radio"/> Polyclinic or Private clinic</p> <p><input type="radio"/> Boutique</p> <p><input type="radio"/> Religious organizations</p> <p><input type="radio"/> Community event</p> <p><input type="radio"/> Friend / parent</p> <p><input type="radio"/> Walking pharmacy</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No Response</p>
<p>ABT_48. What was the last thing you did that ultimately ended the pregnancy?</p>	<p><input type="radio"/> Surgical procedure (curettage, MVA, etc.)</p> <p><input type="radio"/> Misoprostol (Cytotec Misoclear Misopro 200 Misodia)</p> <p><input type="radio"/> Misoprostol + Mifepristone (Medabon Mifepack Mifedia)</p> <p><input type="radio"/> Emergency contraception (Norlevo)</p> <p><input type="radio"/> Contraceptive pills</p> <p><input type="radio"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Nivaquine, Cyphaquine)</p> <p><input type="radio"/> Other pills (tetracycline, vermifug, vermoz, decaris, zentel, etc.)</p> <p><input type="radio"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions)</p> <p><input type="radio"/> Ingested industrial products (bleach,</p>

	<p>Coke-Nescafé mix, mélange de Coca-Nescafé)</p> <p><input type="radio"/> Insert materials into the vagina (tige, boule d'herbes, kanigban, etc)</p> <p><input type="radio"/> Other (laxitive, etc.)</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>ABT_49. Where did you get the \${abt_last_method_lab}?</p>	<p><input type="radio"/> Pharmacy - public</p> <p><input type="radio"/> Maternity Central</p> <p><input type="radio"/> Center of Madonna and Child</p> <p><input type="radio"/> Maternity CHR</p> <p><input type="radio"/> Maternity HD</p> <p><input type="radio"/> Health Center</p> <p><input type="radio"/> Community-based distribution site</p> <p><input type="radio"/> Case de santé</p> <p><input type="radio"/> Mobile clinic</p> <p><input type="radio"/> Private hospital or clinic</p> <p><input type="radio"/> Pharmacy - private</p> <p><input type="radio"/> Mobile clinic (private)</p> <p><input type="radio"/> Center ANBEF</p> <p><input type="radio"/> Kiosk Routier</p> <p><input type="radio"/> Polyclinic or Private clinic</p> <p><input type="radio"/> Boutique</p> <p><input type="radio"/> Religious organizations</p> <p><input type="radio"/> Community event</p> <p><input type="radio"/> Friend / parent</p> <p><input type="radio"/> Walking pharmacy</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No Response</p>
<p>ABT_50. Did you experience no pain, mild pain, or severe pain during the process of ending the pregnancy?</p>	<p><input type="radio"/> No pain</p> <p><input type="radio"/> Mild pain</p> <p><input type="radio"/> Severe pain</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>ABT_51. Were you given something that made the pain go away?</p>	<p><input type="radio"/> I was not given anything</p> <p><input type="radio"/> I was given something that didn't stop the pain</p> <p><input type="radio"/> I was given something that stopped the pain</p> <p><input type="radio"/> I obtained something myself that didn't stop the pain</p> <p><input type="radio"/> I obtained something myself that stopped the pain</p> <p><input type="radio"/> Not applicable</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>ABT_52. Did you experience any of the following problems at any point in the process of ending the pregnancy:</p>	<p><input type="checkbox"/> Little or no bleeding</p> <p><input type="checkbox"/> Heavy bleeding to the point of feeling</p>

<p>Read the options aloud. Select all that apply.</p>	<p>dizzy</p> <p><input type="checkbox"/> Bleeding for more than 3 weeks</p> <p><input type="checkbox"/> Fever for more than 1 day</p> <p><input type="checkbox"/> Pain in your belly that did not go away after 3 days</p> <p><input type="checkbox"/> Severe pain</p> <p><input type="checkbox"/> Discharge from vagina that smelled bad</p> <p><input type="checkbox"/> Punctured uterus or other internal injury requiring surgery</p> <p><input type="checkbox"/> The process was not complete</p> <p><input type="checkbox"/> Other (Specify)</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> No response</p>
<p>ABT_52a. Specify this other problem encountered in the process of ending the pregnancy</p>	
<p>ABT_53. Did you receive any of the following treatments for these problems?</p> <p>Read the options aloud. Select all that apply.</p>	<p><input type="checkbox"/> Additional medicines to complete the process</p> <p><input type="checkbox"/> Surgery</p> <p><input type="checkbox"/> Blood transfusion</p> <p><input type="checkbox"/> Antibiotics</p> <p><input type="checkbox"/> Pain medication</p> <p><input type="checkbox"/> Other (Specify)</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> No response</p>
<p>ABT_53a. Specify this other treatment received</p>	
<p>ABT_54. Where did you receive this treatment?</p> <p>Select all that apply.</p>	<p><input type="checkbox"/> Pharmacy - public</p> <p><input type="checkbox"/> Maternity Central</p> <p><input type="checkbox"/> Center of Madonna and Child</p> <p><input type="checkbox"/> Maternity CHR</p> <p><input type="checkbox"/> Maternity HD</p> <p><input type="checkbox"/> Health Center</p> <p><input type="checkbox"/> Community-based distribution site</p> <p><input type="checkbox"/> Case de santé</p> <p><input type="checkbox"/> Mobile clinic</p> <p><input type="checkbox"/> Private hospital or clinic</p> <p><input type="checkbox"/> Pharmacy - private</p> <p><input type="checkbox"/> Mobile clinic (private)</p> <p><input type="checkbox"/> Center ANBEF</p> <p><input type="checkbox"/> Kiosk Routier</p> <p><input type="checkbox"/> Polyclinic or Private clinic</p> <p><input type="checkbox"/> Boutique</p> <p><input type="checkbox"/> Religious organizations</p> <p><input type="checkbox"/> Community event</p> <p><input type="checkbox"/> Friend / parent</p> <p><input type="checkbox"/> Walking pharmacy</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> No Response</p>

<p>ABT_55a. Besides this event, have you ever done something or tried to do something to bring back your period when it was late?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ABT_55b. Have you ever done something or tried to do something to bring back your period when it was late?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ABT_56. In what year did this happen? <i>If indicates happened more than once, specify most recent time. Enter 2030 for "Do not know" or "No response".</i></p>	<p style="text-align: right;">Year:</p>
<p>ABT_56b. Did it happen in the prior year, 1-5 years ago, 5-10 years ago or greater than 10 years ago?</p>	<p><input type="radio"/> In the prior year <input type="radio"/> 1-5 years ago <input type="radio"/> 5-10 years ago <input type="radio"/> More than 10 years ago <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ABT_57. Were you worried you were pregnant at the time?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ABT_58. At the time, how certain were you that you were pregnant? Very certain, somewhat certain, or not at all certain?</p>	<p><input type="radio"/> Very certain <input type="radio"/> Somewhat certain <input type="radio"/> Not at all certain <input type="radio"/> Did not think I was pregnant <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ABT_58b. In the end did you successfully bring back your period?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ABT_59a. Who have you talked to about this event? Anyone else? <i>Read options aloud. Select all that apply.</i></p>	<p><input type="checkbox"/> Partner <input type="checkbox"/> Mother <input type="checkbox"/> Mother-in-law <input type="checkbox"/> Other female relative <input type="checkbox"/> Father <input type="checkbox"/> Other male relative <input type="checkbox"/> \${friend_name} <input type="checkbox"/> Other friends <input type="checkbox"/> Health provider <input type="checkbox"/> Traditional healer <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response</p>
<p>ABT_59a. Who is the other person you talked to?</p>	

<p>ABT_59b. Were any of the following people involved in the decision to bring back your period? <i>Read options aloud. Select all that apply.</i></p>	<p><input type="checkbox"/> Partner <input type="checkbox"/> Mother <input type="checkbox"/> Mother-in-law <input type="checkbox"/> Other female relative <input type="checkbox"/> Father <input type="checkbox"/> Other male relative <input type="checkbox"/> \${friend_name} <input type="checkbox"/> Other friends <input type="checkbox"/> Health provider <input type="checkbox"/> Traditional healer <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response</p>
<p>ABT_59b. Who is the other person involved?</p>	
<p>ABT_60. Do you think your friend, \${friend_name}, knows about this event?</p>	<p><input type="radio"/> Yes <input type="radio"/> Maybe <input type="radio"/> Non <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ABT_61. How does \${friend_name} know about this event?</p>	<p><input type="radio"/> I told her <input type="radio"/> Someone else told her <input type="radio"/> She knew I was pregnant and the pregnancy ended <input type="radio"/> I was having health issues that made her suspect I had an abortion <input type="radio"/> She heard rumors <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ABT_63. At the time of this event were you attending school?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>ABT_64. Were you living in a village, a town, or a large city?</p>	<p><input type="radio"/> City <input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ABT_65. How many periods had you missed? <i>Enter -88 for do not know, -99 for no response.</i></p>	
<p>ABT_66. Women sometimes do many things to bring back their period. Did you do more than one thing to try to bring back your period?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>ABT_67a. What was the first thing you did to try to bring back your period?</p>	<p><input type="radio"/> Surgical procedure (curettage, MVA, etc.)</p>

	<ul style="list-style-type: none"> <input type="radio"/> Misoprostol (Cytotec Misoclear Misopro 200 Misodia) <input type="radio"/> Misoprostol + Mifepristone (Medabon Mifepack Mifedia) <input type="radio"/> Emergency contraception (Norlevo) <input type="radio"/> Contraceptive pills <input type="radio"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Nivaquine, Cyphaquine) <input type="radio"/> Other pills (tetracycline, vermifug, vermoz, decaris, zentel, etc.) <input type="radio"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions) <input type="radio"/> Ingested industrial products (bleach, Coke-Nescafé mix, mélange de Coca-Nescafé) <input type="radio"/> Insert materials into the vagina (tige, boule d'herbes, kanigban, etc) <input type="radio"/> Other (laxitive, etc.) <input type="radio"/> Do not know <input type="radio"/> No response
<p>ABT_67b. What did you do to bring back your period?</p>	<ul style="list-style-type: none"> <input type="radio"/> Surgical procedure (curettage, MVA, etc.) <input type="radio"/> Misoprostol (Cytotec Misoclear Misopro 200 Misodia) <input type="radio"/> Misoprostol + Mifepristone (Medabon Mifepack Mifedia) <input type="radio"/> Emergency contraception (Norlevo) <input type="radio"/> Contraceptive pills <input type="radio"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Nivaquine, Cyphaquine) <input type="radio"/> Other pills (tetracycline, vermifug, vermoz, decaris, zentel, etc.) <input type="radio"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions) <input type="radio"/> Ingested industrial products (bleach, Coke-Nescafé mix, mélange de Coca-Nescafé) <input type="radio"/> Insert materials into the vagina (tige, boule d'herbes, kanigban, etc) <input type="radio"/> Other (laxitive, etc.) <input type="radio"/> Do not know <input type="radio"/> No response
<p>ABT_68. Where did you get the \${reg_first_only_method_lab}?</p>	<ul style="list-style-type: none"> <input type="radio"/> Pharmacy - public <input type="radio"/> Maternity Central <input type="radio"/> Center of Madonna and Child <input type="radio"/> Maternity CHR

	<ul style="list-style-type: none"> <input type="radio"/> Maternity HD <input type="radio"/> Health Center <input type="radio"/> Community-based distribution site <input type="radio"/> Case de santé <input type="radio"/> Mobile clinic <input type="radio"/> Private hospital or clinic <input type="radio"/> Pharmacy - private <input type="radio"/> Mobile clinic (private) <input type="radio"/> Center ANBEF <input type="radio"/> Kiosk Routier <input type="radio"/> Polyclinic or Private clinic <input type="radio"/> Boutique <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Friend / parent <input type="radio"/> Walking pharmacy <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No Response
<p>ABT_69. What was the last thing you did that ultimately brought back your period?</p>	<ul style="list-style-type: none"> <input type="radio"/> Surgical procedure (curettage, MVA, etc.) <input type="radio"/> Misoprostol (Cytotec Misoclear Misopro 200 Misodia) <input type="radio"/> Misoprostol + Mifepristone (Medabon Mifepack Mifedia) <input type="radio"/> Emergency contraception (Norlevo) <input type="radio"/> Contraceptive pills <input type="radio"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Nivaquine, Cyphaquine) <input type="radio"/> Other pills (tetracycline, vermifug, vermoz, decaris, zentel, etc.) <input type="radio"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions) <input type="radio"/> Ingested industrial products (bleach, Coke-Nescafé mix, mélange de Coca-Nescafé) <input type="radio"/> Insert materials into the vagina (tige, boule d'herbes, kanigban, etc) <input type="radio"/> Other (laxitive, etc.) <input type="radio"/> Do not know <input type="radio"/> No response
<p>ABT_70. Where did you get the \${self_reg_last_lab}?</p>	<ul style="list-style-type: none"> <input type="radio"/> Pharmacy - public <input type="radio"/> Maternity Central <input type="radio"/> Center of Madonna and Child <input type="radio"/> Maternity CHR <input type="radio"/> Maternity HD <input type="radio"/> Health Center <input type="radio"/> Community-based distribution site

	<input type="radio"/> Case de santé <input type="radio"/> Mobile clinic <input type="radio"/> Private hospital or clinic <input type="radio"/> Pharmacy - private <input type="radio"/> Mobile clinic (private) <input type="radio"/> Center ANBEF <input type="radio"/> Kiosk Routier <input type="radio"/> Polyclinic or Private clinic <input type="radio"/> Boutique <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Friend / parent <input type="radio"/> Walking pharmacy <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No Response
<p>ABT_71. Did you experience no pain, mild pain, or severe pain during the process of regulating your period?</p>	<input type="radio"/> No pain <input type="radio"/> Mild pain <input type="radio"/> Severe pain <input type="radio"/> Do not know <input type="radio"/> No response
<p>ABT_72. Were you given something that made the pain go away?</p>	<input type="radio"/> I was not given anything <input type="radio"/> I was given something that didn't stop the pain <input type="radio"/> I was given something that stopped the pain <input type="radio"/> I obtained something myself that didn't stop the pain <input type="radio"/> I obtained something myself that stopped the pain <input type="radio"/> Not applicable <input type="radio"/> Do not know <input type="radio"/> No response
<p>ABT_73. Did you experience any of the following problems in the process of regulating your period: <i>Read all options aloud. Select all that apply.</i></p>	<input type="checkbox"/> Little or no bleeding <input type="checkbox"/> Heavy bleeding to the point of feeling dizzy <input type="checkbox"/> Bleeding for more than 3 weeks <input type="checkbox"/> Fever for more than 1 day <input type="checkbox"/> Pain in your belly that did not go away after 3 days <input type="checkbox"/> Severe pain <input type="checkbox"/> Discharge from vagina that smelled bad <input type="checkbox"/> Punctured uterus or other internal injury requiring surgery <input type="checkbox"/> The process was not complete <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> No response

<p>ABT_73a. Specify this other problem encountered to bring back the rules</p>	
<p>ABT_74. Did you receive any of the following treatments for these problems? <i>Read all options aloud. Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Additional medicines to complete the process <input type="checkbox"/> Surgery <input type="checkbox"/> Blood transfusion <input type="checkbox"/> Antibiotics <input type="checkbox"/> Pain medication <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>ABT_74a. Specify this other treatment received</p>	
<p>ABT_75. Where did you receive this treatment? <i>Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pharmacy - public <input type="checkbox"/> Maternity Central <input type="checkbox"/> Center of Madonna and Child <input type="checkbox"/> Maternity CHR <input type="checkbox"/> Maternity HD <input type="checkbox"/> Health Center <input type="checkbox"/> Community-based distribution site <input type="checkbox"/> Case de santé <input type="checkbox"/> Mobile clinic <input type="checkbox"/> Private hospital or clinic <input type="checkbox"/> Pharmacy - private <input type="checkbox"/> Mobile clinic (private) <input type="checkbox"/> Center ANBEF <input type="checkbox"/> Kiosk Routier <input type="checkbox"/> Polyclinic or Private clinic <input type="checkbox"/> Boutique <input type="checkbox"/> Religious organizations <input type="checkbox"/> Community event <input type="checkbox"/> Friend / parent <input type="checkbox"/> Walking pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No Response
<p>For the next questions, I would like to collect additional information about the period when the pregnancy was ended: $\{ab_t_yearish_lab\}$</p> <p>ABT_75b. What were the reason(s) that you decided to end the pregnancy at that time?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I wasn't married <input type="checkbox"/> Partner refusal to accept the child <input type="checkbox"/> No financial means (to take care of the child) <input type="checkbox"/> Rape <input type="checkbox"/> Incest <input type="checkbox"/> I had health problems <input type="checkbox"/> Possible problems with the health of the fetus <input type="checkbox"/> Not ready to take on the responsibility of a child <input type="checkbox"/> Too young to have a child <input type="checkbox"/> Was still in school

	<input type="checkbox"/> Parents wanted me to abort <input type="checkbox"/> Relationship problems <input type="checkbox"/> Wanted to avoid single parenthood <input type="checkbox"/> Had all the children that I wanted or all children were grown up <input type="checkbox"/> Worried about how having a baby would change my life. <input type="checkbox"/> Did not want others to know that I had had sex or that I was pregnant <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>For the next few questions, I'd like to gather more information about when you brought back your period: \${reg_yearish_lab}</p> <p>ABT_75b. What were the reason(s) that you decided to bring back your period at that time?</p>	<input type="checkbox"/> I wasn't married <input type="checkbox"/> Partner refusal to accept the child <input type="checkbox"/> No financial means (to take care of the child) <input type="checkbox"/> Rape <input type="checkbox"/> Incest <input type="checkbox"/> I had health problems <input type="checkbox"/> Possible problems with the health of the fetus <input type="checkbox"/> Not ready to take on the responsibility of a child <input type="checkbox"/> Too young to have a child <input type="checkbox"/> Was still in school <input type="checkbox"/> Parents wanted me to abort <input type="checkbox"/> Relationship problems <input type="checkbox"/> Wanted to avoid single parenthood <input type="checkbox"/> Had all the children that I wanted or all children were grown up <input type="checkbox"/> Worried about how having a baby would change my life. <input type="checkbox"/> Did not want others to know that I had had sex or that I was pregnant <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>These questions are about the \${additional_where_lab} you went to.</p>	
<p>ABT_76a. Did any of the following reasons factor into your decision to go to \${additional_where_lab}?</p> <p><i>Read all options aloud. Select all that apply.</i></p>	<input type="checkbox"/> Cost <input type="checkbox"/> Convenience <input type="checkbox"/> Location (close) <input type="checkbox"/> Location (far) <input type="checkbox"/> Privacy / confidentiality / secrecy <input type="checkbox"/> Method offered <input type="checkbox"/> Recommended <input type="checkbox"/> Provider had good reputation <input type="checkbox"/> Knew provider (personally or through friend/family member) <input type="checkbox"/> Only option knew of nearby <input type="checkbox"/> Other (Specify)

	<input type="checkbox"/> None of the above <input type="checkbox"/> No response
ABT_76a. Specify this other reason for your decision to go to see \${additional_where_lab}	
ABT_76b. What was the most important reason?	<input type="radio"/> Cost <input type="radio"/> Convenience <input type="radio"/> Location (close) <input type="radio"/> Location (far) <input type="radio"/> Privacy / confidentiality / secrecy <input type="radio"/> Method offered <input type="radio"/> Recommended <input type="radio"/> Provider had good reputation <input type="radio"/> Knew provider (personally or through friend/family member) <input type="radio"/> Only option knew of nearby <input type="radio"/> Other (Specify) <input type="radio"/> None of the above <input type="radio"/> No response
ABT_77a. Was it very difficult, somewhat difficult, or not difficult to find the necessary funds or did the service not require payment?	<input type="radio"/> Very difficult <input type="radio"/> Somewhat difficult <input type="radio"/> Not at all difficult <input type="radio"/> Did not need to pay <input type="radio"/> Do not know <input type="radio"/> No response
ABT_77b. Was part of what you paid a bribe?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ABT_78. Did the provider and staff treat you with respect during the service?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ABT_79. Did the provider give you the opportunity to ask questions the way you wanted?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ABT_80. Did you receive care or consultation in a space where no one other than the provider could hear what you were discussing?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ABT_81. Were you given a choice of surgery or medication to [end the pregnancy / bring back your period]?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ABT_82. Did you trust the provider would keep your information private?	<input type="radio"/> Yes <input type="radio"/> No

	<input type="radio"/> Do not know <input type="radio"/> No response
ABT_83a. Did you know what to expect after TAKING THE MEDICINE ?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ABT_83b. Did you know what to expect after HAVING THE SURGERY ?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ABT_84. Did you know where to go if you experienced complications?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ABT_85. Thinking about this event, which of the following aspects of care could have been improved: <i>Read all options aloud. Select all that apply.</i>	<input type="checkbox"/> Cost <input type="checkbox"/> Distance <input type="checkbox"/> How long it took to receive service <input type="checkbox"/> Privacy <input type="checkbox"/> Cleanliness (if facility) <input type="checkbox"/> How provider treated you <input type="checkbox"/> Your knowledge of method options before service <input type="checkbox"/> Explanation of process at time of service <input type="checkbox"/> Method effectiveness <input type="checkbox"/> Method safety <input type="checkbox"/> Level of pain <input type="checkbox"/> Side effects (other than pain) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Nothing - was fully satisfied with process <input type="checkbox"/> No response
ABT_85a. Specify this other else could have been improved	
Section 6.4 - Respondent Post-Abortion Contraception	
ABT_86a. Were you offered a family planning method at the time of this event?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
ABT_86b. After this event, did you start using contraception?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
ABT_87. How long after you ENDED THE PREGNANCY did you start using [THIS METHOD / THESE METHODS]?	<input type="radio"/> Less than 1 week <input type="radio"/> 1-4 weeks <input type="radio"/> 1-2 months <input type="radio"/> 3-6 months

	<input type="radio"/> More than 6 months <input type="radio"/> Do not know <input type="radio"/> No response
<p>ABT_87. How long after you BROUGHT BACK YOUR PERIOD did you start using [THIS METHOD / THESE METHODS]?</p>	<input type="radio"/> Less than 1 week <input type="radio"/> 1-4 weeks <input type="radio"/> 1-2 months <input type="radio"/> 3-6 months <input type="radio"/> More than 6 months <input type="radio"/> Do not know <input type="radio"/> No response
<p>ABT_88. Which method did you use? Anything else? Select all that apply.</p>	<input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> Standard Days/Cycle beads <input type="checkbox"/> LAM <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other traditional method <input type="checkbox"/> No response
<p>ABT_89. Were you very involved, somewhat involved, not really or not at all involved in the selection of the contraceptive method you use today?</p>	<input type="radio"/> Very much <input type="radio"/> Quite <input type="radio"/> Not very much <input type="radio"/> Not at all <input type="radio"/> Do not know <input type="radio"/> No response
<p>ABT_90. How common is it for women in the community where you currently live to end their pregnancies because they don't want to or can't be pregnant? Read all options aloud.</p>	<input type="radio"/> Very common <input type="radio"/> Somewhat common <input type="radio"/> Not very common <input type="radio"/> Not at all common <input type="radio"/> Do not know <input type="radio"/> No response
<p>ABT_91. In your opinion, in which of the following circumstances should it be legal for a woman to legally end her pregnancy in Niger: Read all options aloud. Select all that apply.</p>	<input type="checkbox"/> If continuing the pregnancy puts the woman's life at risk <input type="checkbox"/> In cases of rape <input type="checkbox"/> In cases of incest <input type="checkbox"/> If her physical health is at risk <input type="checkbox"/> If her mental health is at risk <input type="checkbox"/> If the pregnancy is not developing properly and would not result in a healthy birth <input type="checkbox"/> If she is too poor to feed another child <input type="checkbox"/> If her husband is not supportive of

	<p>having another child</p> <p><input type="checkbox"/> If she is not married</p> <p><input type="checkbox"/> If she already has many children</p> <p><input type="checkbox"/> Other (Specify)</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> No response</p>
<p>ABT_91a. Specify the other option where it should be legal to end a pregnancy:</p>	
<p>ABT_92. Does the law in Niger allow a woman to have an abortion under certain circumstances?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
<p>ABT_93. What are the circumstances under which the law allows abortion in Niger?</p>	<p><input type="checkbox"/> If continuing the pregnancy puts the woman's life at risk</p> <p><input type="checkbox"/> In cases of rape</p> <p><input type="checkbox"/> In cases of incest</p> <p><input type="checkbox"/> If her physical health is at risk</p> <p><input type="checkbox"/> If her mental health is at risk</p> <p><input type="checkbox"/> If the pregnancy is not developing properly and would not result in a healthy birth</p> <p><input type="checkbox"/> If she is too poor to feed another child</p> <p><input type="checkbox"/> If her husband is not supportive of having another child</p> <p><input type="checkbox"/> If she is not married</p> <p><input type="checkbox"/> If she already has many children</p> <p><input type="checkbox"/> Other (Specify)</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> No response</p>
<p>ABT_94. What are all the things that women can do to end a pregnancy? Anything else?</p>	<p><input type="checkbox"/> Surgical procedure (curettage, MVA, etc.)</p> <p><input type="checkbox"/> Misoprostol (Cytotec Misoclear Misopro 200 Misodia)</p> <p><input type="checkbox"/> Misoprostol + Mifepristone (Medabon Mifepack Mifedia)</p> <p><input type="checkbox"/> Emergency contraception (Norlevo)</p> <p><input type="checkbox"/> Contraceptive pills</p> <p><input type="checkbox"/> Medicines you take when you have a fever like antibiotics or anti-malarial medicine (Palujecte, Nivaquine, Cyphaquine)</p> <p><input type="checkbox"/> Other pills (tetracycline, vermifug, vermoz, decaris, zentel, etc.)</p> <p><input type="checkbox"/> Traditional methods that are not inserted into the vagina (herbs, potions, concoctions)</p> <p><input type="checkbox"/> Ingested industrial products (bleach, Coke-Nescafé mix, mélange de Coca-Nescafé)</p> <p><input type="checkbox"/> Insert materials into the vagina (tige,</p>

	boule d'herbes, kanigban, etc) <input type="checkbox"/> Other (laxitive, etc.) <input type="checkbox"/> Do not know <input type="checkbox"/> No response
ABT_95. In the area where you live, where can women go to end a pregnancy? Anywhere else?	<input type="checkbox"/> Pharmacy - public <input type="checkbox"/> Maternity Central <input type="checkbox"/> Center of Madonna and Child <input type="checkbox"/> Maternity CHR <input type="checkbox"/> Maternity HD <input type="checkbox"/> Health Center <input type="checkbox"/> Community-based distribution site <input type="checkbox"/> Case de santé <input type="checkbox"/> Mobile clinic <input type="checkbox"/> Private hospital or clinic <input type="checkbox"/> Pharmacy - private <input type="checkbox"/> Mobile clinic (private) <input type="checkbox"/> Center ANBEF <input type="checkbox"/> Kiosk Routier <input type="checkbox"/> Polyclinic or Private clinic <input type="checkbox"/> Boutique <input type="checkbox"/> Religious organizations <input type="checkbox"/> Community event <input type="checkbox"/> Friend / parent <input type="checkbox"/> Walking pharmacy <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No Response
ABT_95a. Specify other place woman can go to end a pregnancy?	
ABT_96. If a friend or relative found herself in a situation where she needed to end a pregnancy, where would you recommend she go to safely end the pregnancy?	<input type="checkbox"/> Pharmacy - public <input type="checkbox"/> Maternity Central <input type="checkbox"/> Center of Madonna and Child <input type="checkbox"/> Maternity CHR <input type="checkbox"/> Maternity HD <input type="checkbox"/> Health Center <input type="checkbox"/> Community-based distribution site <input type="checkbox"/> Case de santé <input type="checkbox"/> Mobile clinic <input type="checkbox"/> Private hospital or clinic <input type="checkbox"/> Pharmacy - private <input type="checkbox"/> Mobile clinic (private) <input type="checkbox"/> Center ANBEF <input type="checkbox"/> Kiosk Routier <input type="checkbox"/> Polyclinic or Private clinic <input type="checkbox"/> Boutique <input type="checkbox"/> Religious organizations <input type="checkbox"/> Community event <input type="checkbox"/> Friend / parent <input type="checkbox"/> Walking pharmacy <input type="checkbox"/> I'm not going to offer him anything

	<input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No Response
ABT_96a. Specify the other place you would recommend to your friend or family member.	
ABT_97. What are the reasons you would recommend this provider? Anything else?	<input type="checkbox"/> Cost <input type="checkbox"/> Convenience <input type="checkbox"/> Location (close) <input type="checkbox"/> Location (far) <input type="checkbox"/> Privacy / confidentiality / secrecy <input type="checkbox"/> Method offered <input type="checkbox"/> Recommended <input type="checkbox"/> Provider had good reputation <input type="checkbox"/> Knew provider (personally or through friend/family member) <input type="checkbox"/> Only option knew of nearby <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None of the above <input type="checkbox"/> No response
ABT_97a. Specify this other reason do you have for recommending this provider	
Follow-Up Consent	
801. Thank you for the time you have kindly granted us. Would you be willing to participate in another survey one year from now?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
802. Do you have access to a phone?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
803a. Can I have your primary phone number in case we would like to follow up with you in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
803b. What is your primary phone number? <i>Enter an 8-digit number without the country code. Do not include spaces or dashes.</i>	
803c. Can you repeat the number again? <i>Enter an 8-digit number without the country code. Do not include spaces or dashes.</i>	
803d. Is this your personal phone number? <i>A personal phone is not shared with other people.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
804a. Can I have your secondary phone number in case we would like to follow up with you in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

804b. What is your secondary phone number? <i>Enter an 8-digit number without the country code. Do not include spaces or dashes.</i>	
804c. Can you repeat the number again? <i>Enter an 8-digit number without the country code. Do not include spaces or dashes.</i>	
804d. Is this your personal phone number? <i>A personal phone is not shared with other people.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
805. Is $\${\text{firstname_raw}}$ the name you go by in your household?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
806. What is the name you go by in your household?	
807. Is $\${\text{firstname_raw}}$ the name you go by in your community?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
808. What is the name you go by in your community?	
Thank the respondent for her time. <i>The respondent is finished, but there are still more questions for you to complete outside the home.</i>	
Thank you. <i>There are still more questions for you to complete outside the home.</i>	
Location and Questionnaire Result	
095. Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6 m.</i>	
096. How many times have you visited this household to interview this female respondent?	<input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time
097. In what language was this interview conducted?	<input type="radio"/> Anglais <input type="radio"/> Français <input type="radio"/> Djerma/Sonraï <input type="radio"/> Hausa <input type="radio"/> Fulfulde <input type="radio"/> Kanouri <input type="radio"/> Gourmantchema <input type="radio"/> Tamacheq <input type="radio"/> Toubou <input type="radio"/> Arabe <input type="radio"/> Autre
098. Questionnaire Result <i>Record the result of the questionnaire.</i>	<input type="radio"/> Completed <input type="radio"/> Not at home

	<input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Incapacitated <input type="radio"/> Deceased <input type="radio"/> Moved out of study area
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Contraceptive Calendar
Please enter answers from visual aid paper

CALENDAR: Add a "birth" annotation next to the month $\{\text{panel_birth_lab}\}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
CALENDAR: Add a "birth" annotation next to the month $\{\text{first_birth_lab}\}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
CALENDAR: Add a "birth" annotation next to the month $\{\text{recent_birth_lab}\}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
CALENDAR: Add a "birth" annotation next to the month $\{\text{other_birth_lab}\}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
CALENDAR: Add a "termination" annotation next to the month $\{\text{pregnancy_end_lab}\}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
CALENDAR: Add a "termination" annotation next to the month $\{\text{panel_preg_end}\}$ in the contraceptive calendar paper aid and enter the duration of the pregnancy.	
Add a "pregnant" annotation next to the current date $\{\text{today_ym}\}$ in the contraceptive calendar paper aid.	
Add a "pregnant" annotation next to the most recent $\{\text{months_pregnant}\}$ months, including in $\{\text{today_ym}\}$, in the contraceptive calendar paper aid.	
Add an annotation for $\{\text{current_method_label}\}$ next to the current date $\{\text{today_ym}\}$ in the contraceptive calendar paper aid.	
Add an annotation for $\{\text{current_method_label}\}$ from $\{\text{ccal_start_date_label}\}$ to the current date $\{\text{today_ym}\}$ in the contraceptive calendar paper aid.	
Is the information above consistent with what you have written in the paper aid?	<input type="radio"/> Yes <input type="radio"/> No

2022: ENTER VALUE FROM COL. 1	
Enter Value December 2022	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations

	<ul style="list-style-type: none"> <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value November 2022</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value October 2022</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom

	<input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value September 2022</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value August 2022</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods

<p>Enter Value July 2022</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value June 2022</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value May 2022</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables

	<ul style="list-style-type: none"> <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value April 2022</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value March 2022</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method

	<input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Enter Value February 2022	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Enter Value January 2022	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Please verify your inputs for 2022. Are they correct?	<input type="radio"/> Yes <input type="radio"/> No
2021: ENTER VALUE FROM COL. 1	
Enter Value December 2021	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies

	<ul style="list-style-type: none"> <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value November 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value October 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception

	<ul style="list-style-type: none"> <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value September 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value August 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods

<p>Enter Value July 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value June 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value May 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables

	<ul style="list-style-type: none"> <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value April 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value March 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method

	<input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Enter Value February 2021	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Enter Value January 2021	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Please verify your inputs for 2021. Are they correct?	<input type="radio"/> Yes <input type="radio"/> No
2020: ENTER VALUE FROM COL. 1	
Enter Value December 2020	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies

	<ul style="list-style-type: none"> <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value November 2020</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value October 2020</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception

	<ul style="list-style-type: none"> <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value September 2020</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value August 2020</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods

<p>Enter Value July 2020</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value June 2020</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value May 2020</p>	<ul style="list-style-type: none"> <input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables

	<input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value April 2020</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
<p>Enter Value March 2020</p>	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method

	<input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Enter Value February 2020	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Enter Value January 2020	<input type="radio"/> B. Births <input type="radio"/> P. Pregnancies <input type="radio"/> T. Terminations <input type="radio"/> 0. No method used <input type="radio"/> 1. Female Sterilization <input type="radio"/> 2. Male Sterilization <input type="radio"/> 3. Implant <input type="radio"/> 4. IUD <input type="radio"/> 5. Injectables <input type="radio"/> 7. Pill <input type="radio"/> 8. Emergency Contraception <input type="radio"/> 9. Male Condom <input type="radio"/> 10. Female Condom <input type="radio"/> 11. Diaphragm <input type="radio"/> 12. Foam / Jelly <input type="radio"/> 13. Std Days / Cycle beads <input type="radio"/> 14. LAM <input type="radio"/> 30. Rhythm method <input type="radio"/> 31. Withdrawal <input type="radio"/> 39. Other traditional methods
Please verify your inputs for 2020. Are they correct?	<input type="radio"/> Yes <input type="radio"/> No
CHECK: You just recorded in the calendar that the respondent is not using any method. However, earlier in the survey, the respondent said she has used "\${current_method_label}" since "\${begin_using_full_lab}".	

Please go back and correct this inconsistency.	
CHECK: You just recorded in the calendar that the respondent is currently using "\${cc_current_method_lab}". However, earlier in the survey, the respondent said she is not using any contraceptive method. Please go back and correct this inconsistency.	
CHECK: You just recorded in the calendar that the respondent is currently using "\${cc_current_method_lab}". However, earlier in the survey, the respondent said she has used "\${current_method_label}" since "\${begin_using_full_lab}". The methods are different. Please go back and correct this inconsistency.	
Look for COL. 2 on the visual aid paper	
2022: ENTER VALUE FROM COL. 2	
Enter Value December 2022	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value November 2022	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value October 2022	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method

	<ul style="list-style-type: none"> <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value September 2022</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value August 2022</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value July 2022</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal

	<input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value June 2022	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value May 2022	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value April 2022	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value March 2022	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved

	<input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value February 2022</p>	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value January 2022</p>	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>2021: ENTER VALUE FROM COL. 2</p>	
<p>Enter Value December 2021</p>	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much

	<input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value November 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value October 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value September 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other

<p>Enter Value August 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value July 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value June 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value May 2021</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns

	<input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value April 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value March 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value February 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal

	<input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value January 2021	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
2020: ENTER VALUE FROM COL. 2	
Enter Value December 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value November 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value October 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using

	<ul style="list-style-type: none"> <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value September 2020</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value August 2020</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value July 2020</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use

	<input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value June 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value May 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
Enter Value April 2020	<input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other

<p>Enter Value March 2020</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value February 2020</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Enter Value January 2020</p>	<ul style="list-style-type: none"> <input type="radio"/> 1. Infrequent sex / husband away <input type="radio"/> 2. Became pregnant while using <input type="radio"/> 3. Wanted to become pregnant <input type="radio"/> 4. Husband / partner disapproved <input type="radio"/> 5. Wanted more effective method <input type="radio"/> 6. Side effects / health concerns <input type="radio"/> 7. Lack of access / too far <input type="radio"/> 8. Costs too much <input type="radio"/> 9. Inconvenient to use <input type="radio"/> 10. Up to god / fatalistic <input type="radio"/> 11. Difficult to get pregnant / menopausal <input type="radio"/> 12. Marital dissolution / separation <input type="radio"/> 96. Other
<p>Please verify your inputs for 2022. Compare with your paper aide. COL. 1 COL. 2 MONTH \${cc_2022_12_s}. \${cc_2022_11_s}. \${cc_2022_10_s}. \${cc_2022_09_s}. \${cc_2022_08_s}. \${cc_2022_07_s}. \${cc_2022_06_s}. \${cc_2022_05_s}. \${cc_2022_04_s}. \${cc_2022_03_s}. \${cc_2022_02_s}. \${cc_2022_01_s}.</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No

Are they correct?	
<p>Please verify your inputs for 2021. Compare with your paper aide.</p> <p>COL. 1 COL. 2 MONTH \${cc_2021_12_s}. \${cc_2021_11_s}. \${cc_2021_10_s}. \${cc_2021_09_s}. \${cc_2021_08_s}. \${cc_2021_07_s}. \${cc_2021_06_s}. \${cc_2021_05_s}. \${cc_2021_04_s}. \${cc_2021_03_s}. \${cc_2021_02_s}. \${cc_2021_01_s}.</p> <p>Are they correct?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Please verify your inputs for 2020. Compare with your paper aide.</p> <p>COL. 1 COL. 2 MONTH \${cc_2020_12_s}. \${cc_2020_11_s}. \${cc_2020_10_s}. \${cc_2020_09_s}. \${cc_2020_08_s}. \${cc_2020_07_s}. \${cc_2020_06_s}. \${cc_2020_05_s}. \${cc_2020_04_s}. \${cc_2020_03_s}. \${cc_2020_02_s}. \${cc_2020_01_s}.</p> <p>Are they correct?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
Take picture of contraceptive calendar visual aid	