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Variable name	Variable label/description	Variable type	Choices	Notes
id	Unique ID	integer		
interview_date	Date of interview	today		
start_time	Start time of survey	start		
end_time	End time of survey	end		
racode	004. Enter your RA code	integer		
state	005. Select the state	select_one	1=Abia 2=Benue 3=Cross River 4=Akwa Ibom 5=Edo 6=Enugu 7=Niger 8=FCT 9=Gombe 10=Taraba 11=Kaduna 12=Kano 13=Katsina 14=Lagos 15=Ogun 16=Oyo 17=Rivers	
facility	006. Select the facility	select_one	Numeric values representing facilities (labels removed for de-identification)	
consent	009. Did the participant consent to be interviewed?	select_one	1=Yes 0=No	
age	010. How old were you at your last birthday?	integer		
agree_contact	015. In addition to the three times we will talk to you on the phone like I told you, we would like to contact some women again in a few weeks to ask more questions similar to the questions I will ask you today, and it will be in person and not on the phone. This will be more like a conversation to help us better understand their experiences. May we contact you again in a few weeks for an in-person conversation?	select_one	1=Yes 0=No	

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Variable name	Variable label/description	Variable type	Choices	Notes
vermethod_spec	016. Which method did your recently receive?	select_one	1=LNG IUS 2=Copper IUD 3=1-rod implant/Implanon 4=2-rod implant/Jadelle 5=Implant – other/unknown 6=3-month injectable 7=Other	
method		string, calculated		
eligible		calculated	1=Yes 0=No	
education	101. What is the highest level of schooling you completed?	select_one	1=No education / no school 2=Some primary 3=Primary 4=Some secondary 5=Secondary 6=Higher 88=Not sure 99=No response	
religion	102. What is your religion?	select_one	1=Catholic 2=Protestant 3=Muslim 4=Traditional 5=No religion 6=Other 99=No response	
work	103. What is your current work situation?	select_one	1=Unemployed 2=Student 3=Housewife 4=Casual / part-time employment 5=Full-time employment: Government civil service 6=Full-time employment: Private enterprise 7=Self-employed: Own/family business 8=Other 99=No response	
work_other	103a. Specify current work situation	text		

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Variable name	Variable label/description	Variable type	Choices	Notes
occupation	104. What is your primary occupation?	select_one	1=Professional (doctor, lawyer, accountant, lecturer) 2=Highly skilled (nurse, teacher, School of Tech graduate) 3=Skilled (tailor, beautician, plumbing, hairdresser, carpentry, electrician) 4=Semi-skilled (farming, fishing, mining, forestry) 5=Unskilled (laborer, trader, shopkeeper, hawker, vendor etc.) 6=Other 99=No Response	
occupation_other	104a. Specify primary occupation	text		
marital_status	105. What is your marital status?	select_one	1=Single 2=Cohabitating 3=Married 4=Divorced/Separated/Widowed 99=No response	
cohabit	106. Is your husband/partner living with you now, or is he staying elsewhere?	select_one	1=Living with participant 2=Staying elsewhere permanently 3=Traveling/away but returning 99=No response	
birth	107. Have you ever given birth?	select_one	1=Yes 0=No 99=No Response	
birth_last	108. When did you last give birth?	select_one	1=0-5 months ago 2=6-11 months ago 3=12 or more months ago 99=No response	
birth_period	109. Have you had a period (menses) since you last gave birth?	select_one	1=Yes 0=No 99=No Response	
children	110. How many children of your own do you have?	integer		

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Variable name	Variable label/description	Variable type	Choices	Notes
another_child	111. Would you like to have a / another child or would you prefer not to have any/ anymore children?	select_one	1=Have a / another child 2=No / no more children 88=Undecided 99=No response	
waitingaunit1	112. How long would you like to wait from now before the *birth* of a / another child? A. Enter unit of time the participant responds in	select_one	1=Days 2=Weeks 3=Months 4=Years 88=Not sure 99=No response	
waitingatime1	112. How long would you like to wait from now before the *birth* of a / another child? B. Enter amount of time, corresponding to unit previously selected	integer		
lng_ius	201. Before you received the ${method} at the clinic, had you ever used an LNG-IUS?	select_one	1=Yes 0=No 99=No Response	
copper_iud	202. Before you received the ${method} at the clinic, had you ever used a copper IUD?	select_one	1=Yes 0=No 99=No Response	
implant	203. Before you received the ${method} at the clinic, had you ever used a contraceptive implant?	select_one	1=Yes 0=No 99=No Response	
historyinj	205. Before you received the ${method} at the clinic, had you ever used: Injectables?	select_one	1=Yes 0=No	
historypill	205. Before you received the ${method} at the clinic, had you ever used: Pills?	select_one	1=Yes 0=No	
historyec	205. Before you received the ${method} at the clinic, had you ever used: Emergency contraception?	select_one	1=Yes 0=No	
historymcondom	205. Before you received the ${method} at the clinic, had you ever used: Male condoms for contraception?	select_one	1=Yes 0=No	

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Variable name	Variable label/description	Variable type	Choices	Notes
historyfcondom	205. Before you received the ${method} at the clinic, had you ever used: Female condoms for contraception?	select_one	1=Yes 0=No	
changes_yn	207.Did you ever experience changes in your period (menstrual bleeding) while using any of the contraceptive methods you just told me about? [ASKING ABOUT BLEEDING CHANGES EXPERIENCED WITH ALL METHODS USED BEFORE THE METHOD INSERTED AT THE CLINIC WHEN THE PARTICIPANT WAS TOLD ABOUT THE STUDY]	select_one	1=Yes 0=No 88=Not sure 99=No response	
changes_previous1	208.1. Which changes in your period (menstrual bleeding) have you experienced while using any of the contraceptive methods you just told me about?: Heavier period	select_one	1=Yes 0=No	
changes_previous2	208.2. Which changes in your period (menstrual bleeding) have you experienced while using any of the contraceptive methods you just told me about?: Lighter period	select_one	1=Yes 0=No	
changes_previous3	208.3.Which changes in your period (menstrual bleeding) have you experienced while using any of the contraceptive methods you just told me about?: Longer period	select_one	1=Yes 0=No	
changes_previous4	208.4.Which changes in your period (menstrual bleeding) have you experienced while using any of the contraceptive methods you just told me about?: Shorter period	select_one	1=Yes 0=No	
changes_previous5	208.5.Which changes in your period (menstrual bleeding) have you experienced while using any of the contraceptive methods you just told me about?: Bleeding disturbances (periods less or more often, spotting, irregular)	select_one	1=Yes 0=No	

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Variable name	Variable label/description	Variable type	Choices	Notes
changes_previous6	208.6.Which changes in your period (menstrual bleeding) have you experienced while using any of the contraceptive methods you just told me about?: Stopped having period	select_one	1=Yes 0=No	
changes_previous7	208.7.Which changes in your period (menstrual bleeding) have you experienced while using any of the contraceptive methods you just told me about?: Other	select_one	1=Yes 0=No	
changes_previous8	208.8.Which changes in your period (menstrual bleeding) have you experienced while using any of the contraceptive methods you just told me about?: Not sure	select_one	1=Yes 0=No	
changes_previous9	208.9.Which changes in your period (menstrual bleeding) have you experienced while using any of the contraceptive methods you just told me about?: No response	select_one	1=Yes 0=No	
last_method	209. Of the methods you just told me about, which one did you use most recently, before you received your ${method} at the clinic?	select_one	1=Copper IUD 2=LNG-IUS 3=IUD-unspecified 4=1-rod implant/Implanon 5=2-rod implant/Jadelle 6=Implant-other/unknown 7=Injectables 8=Pills 9=Emergency contraception 10=Male condom only 11=Female condom only 12=SDM/CycleBeads 13=LAM 14=Diaphragm 15=Foam/Jelly 99=No response	
why_stop1	210.1. Why did you stop using that method?: Method reached duration of use	select_one	1=Yes 0=No	
why_stop2	210.2. Why did you stop using that method?: Became pregnant while using	select_one	1=Yes 0=No	
why_stop3	210.3. Why did you stop using that method?: Wanted to become pregnant	select_one	1=Yes 0=No	

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Variable name	Variable label/description	Variable type	Choices	Notes
why_stop4	210.4. Why did you stop using that method?: Infrequent sex/partner away/lost partner	select_one	1=Yes 0=No	
why_stop5	210.5. Why did you stop using that method?: Partner diapproved	select_one	1=Yes 0=No	
why_stop6	210.6. Why did you stop using that method?: Wanted more effective method	select_one	1=Yes 0=No	
why_stop7	210.7. Why did you stop using that method?: Wanted method lasting longer	select_one	1=Yes 0=No	
why_stop8	210.8. Why did you stop using that method?: Inconveient/difficult to use	select_one	1=Yes 0=No	
why_stop9	210.9. Why did you stop using that method?: Changes to period	select_one	1=Yes 0=No	
why_stop10	210.10. Why did you stop using that method?: Changes in sex drive	select_one	1=Yes 0=No	
why_stop11	210.11. Why did you stop using that method?: Other side effects	select_one	1=Yes 0=No	
why_stop12	210.12. Why did you stop using that method?: Did not want hormones	select_one	1=Yes 0=No	
why_stop13	210.13. Why did you stop using that method?: Difficulty getting method (too far/too expensive/not available)	select_one	1=Yes 0=No	
why_stop14	210.14. Why did you stop using that method?: Fear of becoming infertile	select_one	1=Yes 0=No	
why_stop15	210.15. Why did you stop using that method?: Other	select_one	1=Yes 0=No	
why_stop16	210.16. Why did you stop using that method?: Not sure	select_one	1=Yes 0=No	
why_stop17	210.17. Why did you stop using that method?: No response	select_one	1=Yes 0=No	
why_stop_other	210a. Specific reason why you stopped using previous method	text		

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Variable name	Variable label/description	Variable type	Choices	Notes
betweenunit2	211. Approximately how much time went by between when you stopped using the previous method and the day that you recently received the ${method} at the clinic? A. Enter unit of time the participant responds in	select_one	1=Days 2=Weeks 3=Months 4=Years 88=Not sure 99=No response	
betweentime2	211. Approximately how much time went by between when you stopped using the previous method and the day that you recently received the ${method} at the clinic? B. Enter amount of time, corresponding to unit previously selected.	integer		
reason1	303.1. What are the reasons you chose ${method} instead of another method?: Nobody will know I am using it	select_one	1=Yes 0=No	
reason2	303.2. What are the reasons you chose ${method} instead of another method?: Last long time	select_one	1=Yes 0=No	
reason3	303.3. What are the reasons you chose ${method} instead of another method?: Highly/more effective	select_one	1=Yes 0=No	
reason4	303.4. What are the reasons you chose ${method} instead of another method?: Convenient/don't need to do anything on a regular basis	select_one	1=Yes 0=No	
reason5	303.5. What are the reasons you chose ${method} instead of another method?: Used before	select_one	1=Yes 0=No	
reason6	303.6. What are the reasons you chose ${method} instead of another method?: "Right" for my body	select_one	1=Yes 0=No	
reason7	303.7. What are the reasons you chose ${method} instead of another method?: Continue having regular period	select_one	1=Yes 0=No	

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Variable name	Variable label/description	Variable type	Choices	Notes
reason8	303.8. What are the reasons you chose ${method} instead of another method?: Lighter, shorter, or no period	select_one	1=Yes 0=No	
reason9	303.9. What are the reasons you chose ${method} instead of another method?: Treats heavy or painful period	select_one	1=Yes 0=No	
reason10	303.10. What are the reasons you chose ${method} instead of another method?: Few side effects/fewer side effects than other methods	select_one	1=Yes 0=No	
reason11	303.11. What are the reasons you chose ${method} instead of another method?: Side effects manageable/easier to cope with than other methods	select_one	1=Yes 0=No	
reason12	303.12. What are the reasons you chose ${method} instead of another method?: Can get pregnant without problems after using	select_one	1=Yes 0=No	
reason13	303.13. What are the reasons you chose ${method} instead of another method?: Ok for use while breastfeeding	select_one	1=Yes 0=No	
reason14	303.14. What are the reasons you chose ${method} instead of another method?: Low or less hormones	select_one	1=Yes 0=No	
reason15	303.15. What are the reasons you chose ${method} instead of another method?: Affordable	select_one	1=Yes 0=No	
reason16	303.16. What are the reasons you chose ${method} instead of another method?: Recommended by friend/colleague/family	select_one	1=Yes 0=No	
reason17	303.17. What are the reasons you chose ${method} instead of another method?: Recommended by partner	select_one	1=Yes 0=No	
reason18	303.18. What are the reasons you chose ${method} instead of another method?: Recommended by provider	select_one	1=Yes 0=No	

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Variable name	Variable label/description	Variable type	Choices	Notes
reason19	303.19. What are the reasons you chose ${method} instead of another method?: Other	select_one	1=Yes 0=No	
reason20	303.20. What are the reasons you chose ${method} instead of another method?: Not sure	select_one	1=Yes 0=No	
reason21	303.21. What are the reasons you chose ${method} instead of another method?: No response	select_one	1=Yes 0=No	
reason_other	303a. Specify reason for choosing current method	text		
already_knew	304. Did you already know that you wanted the ${method} before you came to the clinic, or did you decide during your visit?	select_one	1=Already knew 2=Decided during visit 88=Not sure 99=No response	
decision	305. Did anyone influence your decision to use the ${method}?	select_one	1=Made decision on own 2=Influenced by someone 99=No response	
who_influence	306. Who influenced you the most to use the ${method}?	select_one	1=Husband/partner 2=Other family member 3=Friend/colleague 4=Provider 5=Other 99=No response	
partner_knows	307. Does your husband/partner know that you are using the ${method}?	select_one	1=Yes 0=No 99=No Response	

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Variable name	Variable label/description	Variable type	Choices	Notes
alternate	308. If the ${method} had not been available during your visit, what method, if any, would you have chosen instead?	select_one	1=Female sterilization 2=Male sterilization 3=Copper IUD 4=LNG-IUS 5=IUD-unspecified 6=1-rod implant/Implanon 7=2-rod implant/Jadelle 8=Implant-other/unknown 9=Injectable 10=Pills 11=Emergency contraception 12=Male condoms only 13=Female condoms only 14=SDM/CycleBeans 15=LAM 16=Diaphragm 17=Foam/Jelly 18=Traditional (rhythm, withdrawal, abstinence) 19=No method 20=Gone elsewhere for same method 21=Other 88=Not sure 99=No response	
alternate_other	308a. Specify reason of alternative method	text		
heard_lng	310. Have you ever heard about the LNG-IUS?	select_one	1=Yes 0=No 88=Not sure 99=No response	
hear1	302.1. Where or how did you hear about the LNG-IUS?: From clinic staff during visit to get method	select_one	1=Yes 0=No	Note: same question asked to LNG users in 302 and non LNG users in 311- merged into one variable here.
hear2	302.2. Where or how did you hear about the LNG-IUS?: From clinic staff on another visit to clinic	select_one	1=Yes 0=No	
hear3	302.3. Where or how did you hear about the LNG-IUS?: Referred by other health provider	select_one	1=Yes 0=No	

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Variable name	Variable label/description	Variable type	Choices	Notes
hear4	302.4. Where or how did you hear about the LNG-IUS?: Interpersonal communication agent/community volunteer	select_one	1=Yes 0=No	
hear5	302.5. Where or how did you hear about the LNG-IUS?: Friend/colleague/family member	select_one	1=Yes 0=No	
hear6	302.6 Where or how did you hear about the LNG-IUS?: Social media	select_one	1=Yes 0=No	
hear7	302.7. Where or how did you hear about the LNG-IUS?: Other	select_one	1=Yes 0=No	
hear8	302.8. Where or how did you hear about the LNG-IUS?: Not sure	select_one	1=Yes 0=No	
hear9	302.9. Where or how did you hear about the LNG-IUS?: No response	select_one	1=Yes 0=No	
hear_other	311a. Specify how you heard about the LNG-IUS	text		
interest_lng	312. Do you think you may be interested in using the LNG-IUS at any time in the future? I am not asking you to commit to using it, I just want to understand what you think about this method.	select_one	1=Yes 0=No 88=Not sure 99=No response	
no_interest1	313.1. Why are you not interested in using the LNG-IUS at any time in the future?: Fear of insertion procedure	select_one	1=Yes 0=No	
no_interest2	313.2. Why are you not interested in using the LNG-IUS at any time in the future?: Fear partner will find out or feel strings	select_one	1=Yes 0=No	
no_interest3	313.3. Why are you not interested in using the LNG-IUS at any time in the future?: Lasts too long	select_one	1=Yes 0=No	
no_interest4	313.4. Why are you not interested in using the LNG-IUS at any time in the future?: Not effective	select_one	1=Yes 0=No	
no_interest5	313.5. Why are you not interested in using the LNG-IUS at any time in the future?: Concerns about lighter or shorter periods	select_one	1=Yes 0=No	

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Variable name	Variable label/description	Variable type	Choices	Notes
no_interest6	313.6. Why are you not interested in using the LNG-IUS at any time in the future?: No period	select_one	1=Yes 0=No	
no_interest7	313.7. Why are you not interested in using the LNG-IUS at any time in the future?: Bleeding disturbances (spotting, change in frequency, irregular)	select_one	1=Yes 0=No	
no_interest8	313.8. Why are you not interested in using the LNG-IUS at any time in the future?: Pain / discomfort with method after inserted	select_one	1=Yes 0=No	
no_interest9	313.9. Why are you not interested in using the LNG-IUS at any time in the future?: Weight gain	select_one	1=Yes 0=No	
no_interest10	313.10. Why are you not interested in using the LNG-IUS at any time in the future?: Other side effects	select_one	1=Yes 0=No	
no_interest11	313.11. Why are you not interested in using the LNG-IUS at any time in the future?: Has hormones	select_one	1=Yes 0=No	
no_interest12	313.12. Why are you not interested in using the LNG-IUS at any time in the future?: Too expensive	select_one	1=Yes 0=No	
no_interest13	313.13. Why are you not interested in using the LNG-IUS at any time in the future?: Fear to become infertile/difficult to get pregnant after use	select_one	1=Yes 0=No	
no_interest14	313.14. Why are you not interested in using the LNG-IUS at any time in the future?: Afraid will travel in body	select_one	1=Yes 0=No	
no_interest15	313.15. Why are you not interested in using the LNG-IUS at any time in the future?: Other	select_one	1=Yes 0=No	
no_interest16	313.16. Why are you not interested in using the LNG-IUS at any time in the future?: Not sure	select_one	1=Yes 0=No	
no_interest17	313.17. Why are you not interested in using the LNG-IUS at any time in the future?: No response	select_one	1=Yes 0=No	

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Variable name	Variable label/description	Variable type	Choices	Notes
no_interest_other	313a. Specify why you are not interested in using the LNG-IUS?	text		
travel	401. By what means do you most commonly travel from your home to the clinic?	select_one	1=Walk 2=Bicycle 3=Motorcycle/ scooter/ keke 4=Personal vehicle 5=Other 99=No response	
travel_other	401a. Specify transport	text		
travel_timeunit3	402. How long does it take to travel from your home to the clinic? A. Enter unit of time the participant responds in	select_one	1=Hours 2=Minutes 3=Days 88=Not sure 99=No response	
travel_timetime3	402. How long does it take to travel from your home to the clinic? B. Enter amount of time, corresponding to unit previously selected.	integer		
first_time	403. Did you receive your ${method} the first time you went to the clinic to ask for it?	select_one	1=Yes 0=No 99=No Response	
first_time_reason	404. Why did you not get it the first time?	select_one	1=Long line/long wait 2=Method not available 3=Equipment/supplies not available 4=Not enough money 5=Not currently having menses 6=Needed partner approval 7=Provider not available 8=Provider would not give it to me 9=Just making inquiries the first time 10=Other 88=Not sure 99=No response	
method_price	405. Not including transportation to the clinic, how much did you pay for your ${method} (in Naira)?	integer		

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Variable name	Variable label/description	Variable type	Choices	Notes
transport_price	406. How much did you pay for transportation for the round trip to the clinic (in Naira)?	integer		
miscarriage	407. Did you receive the ${method} within two weeks of having an abortion or a miscarriage?	select_one	1=Yes 0=No 88=Not sure 99=No response	
other_methods	408. When you obtained your ${method}, did the provider tell you about other methods you could use?	select_one	1=Yes 0=No 88=Not sure 99=No response	
side_effects_yn	409. Did the provider talk to you about bleeding changes or other side effects that you may experience while using your ${method}?	select_one	1=Yes 0=No 88=Not sure 99=No response	
side_effects1	410.1. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Less bleeding than normal (lighter or shorter)	select_one	1=Yes 0=No	
side_effects2	410.2. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: No bleeding	select_one	1=Yes 0=No	
side_effects3	410.3. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: More bleeding than normal (heavier or longer)	select_one	1=Yes 0=No	
side_effects4	410.4. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Bleeding disturbances (spotting, change in frequency, irregular)	select_one	1=Yes 0=No	
side_effects5	410.5. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Less pain during period	select_one	1=Yes 0=No	

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Variable name	Variable label/description	Variable type	Choices	Notes
side_effects6	410.6. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Vaginal bacterial infections	select_one	1=Yes 0=No	
side_effects7	410.7. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Yeast infections	select_one	1=Yes 0=No	
side_effects8	410.8. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Pain during sex	select_one	1=Yes 0=No	
side_effects9	410.9. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Lack of sexual desire	select_one	1=Yes 0=No	
side_effects10	410.10. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Pelvic discomfort / pain		1=Yes 0=No	
side_effects11	410.11. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Expulsion (IUD coming out on own)	select_one	1=Yes 0=No	
side_effects12	410.12. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Changes in skin	select_one	1=Yes 0=No	
side_effects13	410.13. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Headaches	select_one	1=Yes 0=No	
side_effects14	410.14. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Nausea / vomiting	select_one	1=Yes 0=No	

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Variable name	Variable label/description	Variable type	Choices	Notes
side_effects15	410.15. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Abdominal pain	select_one	1=Yes 0=No	
side_effects16	410.16. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Breast tenderness	select_one	1=Yes 0=No	
side_effects17	410.17. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Mood changes	select_one	1=Yes 0=No	
side_effects18	410.18. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Weight gain	select_one	1=Yes 0=No	
side_effects19	410.19. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Delayed return to fertility	select_one	1=Yes 0=No	
side_effects20	410.20. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Other	select_one	1=Yes 0=No	
side_effects21	410.21. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: Not sure	select_one	1=Yes 0=No	
side_effects22	410.22. What possible bleeding changes or side effects did the provider say that you may experience while using your method?: No response	select_one	1=Yes 0=No	
side_effects_other	410a. Specify other side effects	text		

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Variable name	Variable label/description	Variable type	Choices	Notes
followup	413. Did the provider tell you to come back for follow-up visits for your ${method}?	select_one	1=Yes 2=No 3=Only if I have a problem 88=Not sure 99=No Response	
years_in	415. How many years did the provider say your ${method} can remain in until it needs to be removed?	select_one	1=Less than 3 years 2=3 years 3=4 years 4=5 years 5=6-9 years 6=10-12 years 7=More than 12 years 8=Provider didn't say 88=Not sure 99=No response	
removed	416. Did the provider tell you that you can have your ${method} removed at any time you want?	select_one	1=Yes 0=No 88=Not sure 99=No response	
remove_location1	417.1. Where did the provider say that you could go when you wanted to have your ${method} removed?: At the same clinic	select_one	1=Yes 0=No	
remove_location2	417. Where did the provider say that you could go when you wanted to have your ${method} removed?: At a different clinic	select_one	1=Yes 0=No	
remove_location3	417. Where did the provider say that you could go when you wanted to have your ${method} removed?: At any clinic	select_one	1=Yes 0=No	
remove_location4	417. Where did the provider say that you could go when you wanted to have your ${method} removed?: Provider did not say	select_one	1=Yes 0=No	
remove_location5	417. Where did the provider say that you could go when you wanted to have your ${method} removed?: No response	select_one	1=Yes 0=No	

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Variable name	Variable label/description	Variable type	Choices	Notes
injection_duration	418. How long did the provider tell you the injection would protect you against pregnancy?	select_one	1=3 months / 13 weeks 2=Any other duration 3=Provider didn't say 88=Not sure 99=No response	
privacy	419. Do you feel that you had enough privacy when the provider gave you your ${method}?	select_one	1=Yes 0=No 99=No Response	
problems_yn	422. Did you have any problems when the provider gave you your ${method}?	select_one	1=Yes 0=No 88=Not sure 99=No response	
problems1	423.1. What problem(s) did you have?: Temporary pain at time of insertion	select_one	1=Yes 0=No	
problems2	423.2. What problem(s) did you have?: Discomfort / pain that lasted a few days but then went away	select_one	1=Yes 0=No	
problems3	423.3. What problem(s) did you have?: Continuing pain that hasn't gone away	select_one	1=Yes 0=No	
problems4	423.4. What problem(s) did you have?: Cramping	select_one	1=Yes 0=No	
problems5	423.5. What problem(s) did you have?: Infection / swelling	select_one	1=Yes 0=No	
problems6	423.6. What problem(s) did you have?: Scarring	select_one	1=Yes 0=No	
problems7	423.7. What problem(s) did you have?: Other	select_one	1=Yes 0=No	
problems8	423.8. What problem(s) did you have?: No response	select_one	1=Yes 0=No	

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Variable name	Variable label/description	Variable type	Choices	Notes
method_rating	425. Overall, can you rate your experience with your ${method} so far? Would you say you are… (READ RESPONSES)	select_one	1=Very satisfied 2=Somewhat satisfied 3=Neither satisfied nor dissatisfied 4=Somewhat dissatisfied 5=Very dissatisfied 99=(Do not read) No response	
method_duration	427. How long do you plan to keep using your ${method}?	select_one	1=Less than 1 year 2=1-2 years 3=3-5 years 4=More than 5 years 5=Undecided 6=Until no longer effective 7=Until I can no longer get pregnant 8=Other 99=No response	
itemsiron	501. Does your household have: An electric iron	select_one	1=Yes 0=No	
itemsfan	501. Does your household have: A fan	select_one	1=Yes 0=No	
itemstv	501. Does your household have: A television	select_one	1=Yes 0=No	
itemsfridge	501. Does your household have: A refrigerator	select_one	1=Yes 0=No	
itemsset	501. Does your household have: A generating set	select_one	1=Yes 0=No	
itemscable	501. Does your household have: A cable TV	select_one	1=Yes 0=No	
itemselectricity	501. Does your household have: Electricity	select_one	1=Yes 0=No	
walls	502. What is the main material of the sides of your household's house?	select_one	1=No walls 2=Cane / palm / trunks 3=Dirt (mud) 4=Other 99=No response	
walls_other	502a. Specify wall material	text		

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Variable name	Variable label/description	Variable type	Choices	Notes
floor	503. What is the main material of your household's floor?	select_one	1=Earth / sand 2=Dung 3=Other 99=No response	
floor_other	503a. Specify floor material	text		
fuel	504. What type of fuel does your household mainly use for cooking?	select_one	1=Kerosene 2=Wood 3=Other 99=No response	
fuel_other	504a. Specify type of fuel used for cooking	text		
bank	505. Does any member of this household have a bank account?	select_one	1=Yes 0=No 99=No Response	