CLIENT AND PROVIDER EXPERIENCES WITH REMOVAL OF LONG-ACTING REVERSIBLE CONTRACEPTIVES IN SENEGAL

CODEBOOK: Client In Person Questionnaire

Green text = device automatically records, orange = prepopulated / programming instructions
Red= variable name

PRE-SECTION: IDENTIFICATION QUESTIONS
No input needed from participant

No.	Questions and filters	Coding categories	Code	Skip
uid	Participant unique identifer	xx-x-xxx		
doi2	Date of interview *Automatically collected on device.*	[___|___] [___|___] [___|___|___|___] ***day*** ***month*** ***year***		
time_start2	Interview start time *Automatically collected on device.*	hours, minutes, seconds		
time_end2	Interview end time *Automatically collected on device.*	hours, minutes, seconds		
submissiondate2	Submission date *Automatically collected on device.*	Date interview was uploaded to ODK server		
	Enter your RA code	removed from dataset		
dis2	Select the district	Saint-Louis Kolda Dakar Centre	1 2 3	
	Select the type of facility from log	removed from dataset		
	Select the facility associated with the participant from log	removed from dataset		
method_ received	Select the method received from log	Implant IUD	1 2	
stat	Select status from log	Still have the method Have removed the method	1 2	
	Select the PID associated with the participant from log	removed from dataset		
out2	Enter final outcome	Participant came Participant did not come Could not reach participant Other Specify: **outcome_specify2**	1 2 3 4	 → **END** → **END** → **END**
con2	Did the participant consent to be interviewed?	Yes No	1 0	 →**END**

SECTION 1: VERIFICATION QUESTIONS
READ: According to our information from when we first interviewed you on the phone, we understand you received an [method] from [fac2]. Today, we would like to talk to you some more about your experience with this method.

No.	Questions and filters	Coding categories	Code	Skip
q101	According to our information from when we first interviewed you, you [have had your [method] removed/still have your [method]] (stat). Can you confirm, do you still have your [method] or have you had your [method] removed?	Still has method Had method removed	1 2	→201 →301

SECTION 2: EXPERIENCES WITH METHOD - WOMEN WHO STILL HAVE THEIR METHOD
READ: Thank you. Now I would like to ask you some questions about your experience with your [method].

No.	Questions and filters	Coding categories	Code		Skip
q201	Have you experienced any changes in your bleeding since you started using your [method]?	Yes No No response	1 0 99		 →205 →205
q202	What changes have you experienced in your bleeding since you started using your [method]? ***Multiple responses possible*** ***Probe:*** *"Any other changes in your bleeding?"*		**Yes**	**No**	If response to [h] or [j] is 1, no other 1 responses allowed
		q202_a Bleed more during period [a]	1	0	
		q202_b Bleed less during period [b]	1	0	
		q202_c Period lasts longer [c]	1	0	
		q202_d Period is shorter [d]	1	0	
		q202_e Bleeding disturbances (periods less or more often, irregular, spotting) [e]	1	0	
		q202_f Stopped having period [f]	1	0	
		q202_g Other, specify: q202_other [g]	1	0	
		q202_h Not sure [h]	1	0	
		q202_i No response [i]	1	0	
q203	Overall, can you rate how concerned you are that these changes in your bleeding may affect your health? Would you say that you are: very concerned, somewhat concerned, or not concerned at all?	Very concerned Somewhat concerned Not concerned at all **Do not read**: No response	1 2 3 99		
q204	Overall, I would like to know what impact the changes to your period have had on your daily life. Taking into consideration your home life, your religious practice, and your work, have the changes to your period had: ***Read responses aloud.***	Positive impact Negative impact No impact **Do not read**: No response	1 2 3 99		

No.	Questions and filters	Coding categories	Code		Skip
q205	Have you gained weight since you had your [method] inserted?	Yes	1		
		No	0		
		Not sure	88		
		No response	99		
q206	Besides any changes in your period and weight gain, have you experienced any side effects since you started using your [method]?	Yes	1		
		No	0		→401
		No response	99		→401
q207	Other than changes to your period and weight gain, what side effects have you experienced? ***Multiple responses possible*** ***Probe:*** *"Any other side effects?"*		**Yes**	**No**	
		q207_a Changes to skin (such as acne) [a]	1	0	
		q207_b Weight loss [b]	1	0	
		q207_c Headaches [c]	1	0	
		q207_d Abdominal pain [d]	1	0	
		q207_e Breast tenderness [e]	1	0	
		q207_f Dizziness [f]	1	0	
		q207_g Mood changes [g]	1	0	
		q207_h Nausea/vomiting [h]	1	0	
		q207_i Lack of sexual desire [i]	1	0	
		INSERTION SITE ISSUES (IMPLANT ONLY)			
		q207_j Infection/pain at insertion spot [j]	1	0	If response to [r], no other 1 responses allowed
		q207_k Expulsion (implant coming out of arm on own) [k]	1	0	
		IUD ONLY			
		q207_l Vaginal infections [l]	1	0	
		q207_m Sexual partner feels strings [m]	1	0	
		q207_n Pain during sex [n]	1	0	
		q207_o Pelvic discomfort/pain [o]	1	0	
		q207_p Expulsion (IUD coming out on own) [p]	1	0	
		q207_q Other (specify): q207_other [q]	1	0	
		q207_r No response [r]	1	0	
		q207_s Other side effects (pain, discharge, fatigue, bloating, vising/respiratory issues) [s]	1	0	

No.	Questions and filters	Coding categories	Code	Skip
q208	Overall, I would like to know in what way these side effects have impacted your daily life. Taking into consideration your home life, your religious practice, and your work, have the side effects had: ***Read responses aloud.***	A large impact on your daily life A small impact on your daily life No impact on your daily life **Do not read**: No response	1 2 3 99	**All →401**

SECTION 3: EXPERIENCES WITH METHOD - WOMEN WHO NO LONGER HAVE THEIR METHOD
READ: Thank you. Now I would like to ask you some questions about your experience when you were still using your [method].

No.	Questions and filters	Coding categories	Code		Skip
q301	Did you experience any changes in your bleeding while you were using your [method]?	Yes No No response	1 0 99		 **→305** **→305**
q302	What changes did you experience in your bleeding while you were using your [method]? ***Multiple responses possible*** ***Probe:*** *"Any other changes in your bleeding?"*		**Yes**	**No**	
		q302_q Bled more during period [a]	1	0	
		q302_b Bled less during period [b]	1	0	
		q302_c Period lasted longer [c]	1	0	
		q302_d Period was shorter [d]	1	0	**If response to [h] or [j] is 1, no other 1 responses allowed**
		q302_e Bleeding disturbances (periods less or more often, irregular, spotting) [e]	1	0	
		q302_f Stopped having period [f]	1	0	
		q302_g Other, specify: q302_other [g]	1	0	
		q302_h Not sure [h]	1	0	
		q302_i No response [i]	1	0	
		q302_j Period change in color [j]	1	0	
		q302_k Period odor [k]	1	0	
q303	Overall, can you rate how concerned you were that these changes in your bleeding would affect your health? Would you say that you were: very concerned, somewhat concerned, or not concerned at all?	Very concerned Somewhat concerned Not concerned at all **Do not read**: Not response	1 2 3 99		

No.	Questions and filters	Coding categories	Code	Skip
q304	Overall, I would like to know what impact the changes to your period had on your daily life. Taking into consideration your home life, your religious practice, and your work, did the changes to your period have: ***Read responses aloud.***	Positive impact Negative impact No impact **Do not read**: Not response	1 2 3 99	
q305	Did you gain weight between the time you had your [method] inserted and the time you had it removed?	Yes No Not sure No response	1 0 88 99	
q306	Besides any changes in your period and weight gain, did you experience any side effects while you were using your [method]?	Yes No No response	1 0 99	 →**401** →**401**

No.	Questions and filters	Coding categories	Code Yes	Code No	Skip
q307	Other than changes to your period and weight gain, what side effects did you experience? ***Multiple responses possible*** ***Probe:*** *"Any other side effects?"*	q307_a Changes to skin (such as acne) [a]	1	0	
		q307_b Weight loss [b]	1	0	
		q307_c Headaches [c]	1	0	
		q307_d Abdominal pain [d]	1	0	
		q307_e Breast tenderness [e]	1	0	
		q307_f Dizziness [f]	1	0	
		q307_g Mood changes [g]	1	0	
		q307_h Nausea/vomiting [h]	1	0	
		q307_i Lack of sexual desire [i]	1	0	
		INSERTION SITE ISSUES (IMPLANT ONLY)			
		q307_j Infection/pain at insertion spot [j]	1	0	**If response to [r]=1, no other 1 responses allowed**
		q307_k Expulsion (implant coming out of arm on own) [k]	1	0	
		IUD ONLY			
		q307_l Vaginal infections [l]	1	0	
		q307_m Sexual partner feels strings [m]	1	0	
		q307_n Pain during sex [n]	1	0	
		q307_o Pelvic discomfort/pain [o]	1	0	
		q307_p Expulsion (IUD coming out on own) [p]	1	0	
		q307_q Other (specify): q307_other [q]	1	0	
		q307_r No response [r]	1	0	
		q307_s Other side effects (ex. pain, discharge, fatigue, bloating, vision/respiratory issues) [s]	1	0	
q308	Overall, I would like to know what impact these side effects had on your daily life. Taking into consideration your home life, your religious practice, and your work, did these side effects have: ***Read responses aloud.***	A large impact on your daily life	1		**ALL →401**
		A small impact on your daily life	2		
		No impact on your daily life	3		
		Do not read: No response	99		

SECTION 4: FIRST INTERACTION WITH PROVIDER WHERE A REMOVAL IS DISCUSSED – ALL WOMEN

NO.	Questions and filters	Coding categories	Code	Skip
q401	Now, let's talk about the first time you discussed getting your [method] removed with a provider. Was this at [fac2] where you had your [method] inserted or was this at another place?	Same place as where inserted Different place Never discussed getting method removed with a provider No response	1 2 3 99	→404 →END →404
	At which facility was this?	removed from dataset		
q403	Why did you not go back to [fac2] where you had your method inserted for this visit? ***Multiple responses possible*** ***Probe:*** Any other reason?		**Yes** / **No**	**If response to [i] is 1, no other 1 responses allowed**
		q403_a Too far [a]	1 / 0	
		q403_b Not always available/schedule or hours not convenient [b]	1 / 0	
		q403_c Does not perform removals [c]	1 / 0	
		q403_d Don't trust that staff can perform removals well [d]	1 / 0	
		q403_e Removal too expensive [e]	1 / 0	
		q403_f Don't trust that staff can manage side effects [f]	1 / 0	
		q403_g Side effect management too expensive [g]	1 / 0	
		q403_h Other, specify: q403_other [h]	1 / 0	
		q403_i No response [i]	1 / 0	
		q403_j know staff at insertion facility or other facility/ facility was recommended [j]	1 / 0	
q404	Approximately how long did you have your [method] at the time of the visit where removal was discussed for the first time? ***Accept estimates***	[__][__] years [__][__] months [__][__] weeks **years404** **months404** **weeks404** ***If not sure enter 88 88 88*** ***If no response enter 99 99 99*** *created variable which sums results and converts to months:* **q404_months**		

NO.	Questions and filters	Coding categories	Code	Skip
q405	The first time you discussed removing your [method] with the provider, did you already know that you wanted your [method] removed before you came to the health facility, or did you decide during your visit?	Knew before coming to facility Decided during visit Not sure No response	1 2 88 99	 →409 →409 →409
q406	Did you make the decision to see a provider about getting your [method] removed on your own, or did anyone influence your decision to see a provider?	On my own Someone influenced me Not sure No response	1 2 88 99	→409 →409 →409
q407	Who influenced you the most to see a provider about getting your [method] removed?	Husband/partner Other relative Friend/colleague ASC/relais Other, specify: q407_specify No response	1 2 3 4 5 99	
q408	Question removed before data collection			

NO.	Questions and filters	Coding categories	Yes	No	Skip
q409	When you wanted to go to the health facility to see a provider for the removal, did you experience any of the following challenges: ***Read responses aloud.***		**Yes**	**No**	
		q409_a You had difficulty finding the money to pay for transport or services [a]	1	0	
		q409_b You had difficulty getting away from your house [b]	1	0	
		q409_c You had difficulty finding transport to the facility [c]	1	0	
		q409_d FP services were not available the day you went to the facility [d]	1	0	**If response to [i] is 1, no other 1 responses allowed**
		q409_e The facility was not open [e]	1	0	
		q409_f There was a long line/long wait [f]	1	0	
		q409_g The provider was not available [g]	1	0	
		q409_h Other, specify: q409_specify [h]	1	0	
		q409_i No response [i]	1	0	
		q409_j materials for removal not avail/method wanted not avail [j]	1	0	
		q409_k Provider refused to remove [k]	1	0	

NO.	Questions and filters	Coding categories	Code		Skip
			Yes	No	
q410	Why did you want to stop using your [method]? ***Multiple responses possible*** ***Probe:*** Any other reason?	q410_a Wanted to get pregnant [a]	1	0	
		q410_b Bleed less during period or shorter period [b]	1	0	
		q410_c No period [c]	1	0	
		q410_d Bleeding disturbances (periods less or more often, irregular, spotting) [d]	1	0	
		q410_e Bleed more during period or period longer [e]	1	0	
		q410_f Pain/discomfort after insertion [f]	1	0	
		q410_g Weight gain [g]	1	0	
		q410_h Weight loss [h]	1	0	
		q410_i Method expired [i]	1	0	
		q410_j Partner disapproved [j]	1	0	
		q410_k Partner said could feel strings during sex [k]	1	0	
		q410_l Lost partner/partner away/infrequent sex [l]	1	0	
		q410_m Afraid of becoming infertile [m]	1	0	
		q410_n Too old/menopause/infecund [n]	1	0	
		q410_o Became pregnant [o]	1	0	
		q410_p Provider said to remove [p]	1	0	
		q410_q Other, specify: q410_other [q]	1	0	
		q410_r Not sure [r]	1	0	
		q410_s No response [s]	1	0	
		q410_t Other side effects (ex. pain, discharge, fatigue, bloating, vision/respiratory issues)" [t]	1	0	
		q410_u fear of side effects [u]	1	0	
		q410_v misconceptions/rumors [v]	1	0	
q411	Did the provider try to remove your [method] during this visit?	Yes	1		→414
		No	0		
		No response	99		

NO.	Questions and filters	Coding categories	Code		Skip
q412	Why did the provider not try to remove your [method] at this visit?		Yes	No	If response to [j] or [k] is 1, no other 1 responses allowed
		q412_a Changed my mind/decided to keep [a]	1	0	
		q412_b Told they do not perform removals [b]	1	0	
		q412_c Equipment / supplies not available [c]	1	0	
		q412_d Too expensive / problem getting money [d]	1	0	
		q412_e Provider counselled me to keep it [e]	1	0	
		q412_f Provider refused to remove [f]	1	0	
		q412_g Qualified provider not available/did not have time [g]	1	0	
		q412_h Consultation period over/client arrived late to the clinic [h]	1	0	
		q412_i Other, specify: q412_other [i]	1	0	
		q412_j Not sure [j]	1	0	
		q412_k No response [k]	1	0	
q413	Were you happy to keep your [method] at that time or would you have preferred to have it removed?	Happy to keep	1		All →428
		Would have preferred to remove	0		
		Not sure	88		
		No response	99		
	REMOVAL TRIED BY PROVIDER				
	Do not read, for programming: What [method] does/did the participant have?	method = 1 (Implant)	1		→416
		method = 2 (IUD)	2		
q415	Was the provider able to remove your implant entirely, partially or not at all?	Entirely	1		All →417
		Partially	2		
		Not at all	3		
		Not sure	88		
		No response	99		
q416	Was the provider able to remove your IUD?	Yes	1		
		No	0		
		Not sure	88		
		No response	99		

NO.	Questions and filters	Coding categories	Code		Skip
q417	Let's talk more about your experience. What was the main type of transport you used to get to the facility?	Public vehicle (minibus/bus/taxi)	1		
		Motorcycle / motorcycle taxi	2		
		Private vehicle	3		
		Cart	4		
		Bicycle	5		
		On foot	6		
		Other, specify: q417_specify	7		
		canoe	8		
		No response	99		
q418	Approximately how long did it take you to get to the facility? Accept estimates.	[__][__] : [__][__] hours minutes hours418 minutes418 ***If not sure enter 88 : 88*** ***If no response enter 99 : 99*** q418min_total – ***created var, total in minutes***			
q418a	Did you have to buy any products such as compresses or anesthetic at a pharmacy outside of the health facility?	Yes	1		
		No	0		
		Not sure	88		
		No response	99		
q419	If q415 is (2,3) or q416=0: Not including transportation, approximately how much did you pay when the provider tried to remove your [method]?	How much did you pay for the "ticket"? [___][___], [___][___][___] CFA cost419_1 ***If not sure enter 88888***			

NO.	Questions and filters	Coding categories	Code	Skip
	If q415 is (1,88,99) or q416 in (1,88,99): Not including transportation, approximately how much did you pay when you had your [method] removed?	***If no response enter 99999*** How much did you pay for the products? [___][___], [___][___][___] CFA **cost419_2** ***If not sure enter 88888*** ***If no response enter 99999*** *If the participant does not know the details about cost for the "ticket" vs cost for the products, enter the total amount here. If the participant does know the details between the "ticket" and the products, do not fill in:* [___][___], [___][___][___] CFA **cost419_3** ***If not sure enter 88888*** ***If no response enter 99999*** **q419_tot** ***– created variable summing total reported cost across 3 vars above***		
q420	Was this more, the same, or less than what you were told the removal would cost when you got your [method] inserted?	More Same Less Was not told price at insertion Not sure No response	1 2 3 4 88 99	
q421	Approximately how long did you spend at the facility? Accept estimates.	[__][__] : [__][__] hours minutes **hours421** **minutes421** ***If not sure enter 88 : 88*** ***If no response enter 99 : 99*** **q421min_total** – ***created var, total in minute***		
q422	If q415 is (2,3) or q416=0: Now, please think only about the procedure itself and not about the time you spent waiting or the discussions that you had with the provider before or after the procedure. Approximately how long did the provider spend trying to remove your [method]? Accept estimates.	[__][__] : [__][__] hours minutes **hours422** **minutes422** ***If not sure enter 88 : 88*** ***If no response enter 99 : 99*** **q422min_total** – ***created var, total in minute***		

NO.	Questions and filters	Coding categories	Code		Skip
	If q415 is (1,88,99) or q416 in (1,88,99): Now, please think only about the procedure itself and not about the time you spent waiting or the discussions that you had with the provider before or after the procedure. Approximately how long did it take the provider to remove your [method]? Accept estimates.				
q423	Did the provider mention there were any difficulties or challenges with removing your [method]?	Yes No No response	1 0 99		 →425 →425
q424	What difficulties or challenges did the provider tell you about? ***Multiple responses possible***	**Implant** q424_a Implant rod bent [a] q424_b Implant rod broken [b] q424_c Implant non-palpable [c] **IUD** q424_d No strings visible [d] q424_e IUD entered wall [e] q424_f IUD missing/expelled [f] q424_g Other, specify: q424_other [g] q424_h Not sure [h] q424_i No response [i] q424_j encapsulation [j]	**Yes** 1 1 1 1 1 1 1 1 1 1	**No** 0 0 0 0 0 0 0 0 0 0	
q425	If q415 is (2,3) or q416=0: Did you have any pain or problems when the provider tried to remove your [method] or afterwards? If q415 is (1,88,99) or q416 in (1,88,99): Did you have any pain or problems when the provider removed your [method] or afterwards?	Yes No No response	1 0 99		 →427 →427

NO.	Questions and filters	Coding categories	Code		Skip
			Yes	No	
q426	What pain or problems did you have? ***Multiple responses are possible*** ***Probe:*** Any other problem?	q426_a Temporary pain at time of removal [a]	1	0	If response to [j] is 1, no other 1 responses allowed
		q426_b Pain or discomfort that lasted throughout the day [b]	1	0	
		q426_c Discomfort/pain that lasted a few days [c]	1	0	
		q426_d Continuing pain [d]	1	0	
		q426_e Bleeding [e]	1	0	
		q426_f Cramps [f]	1	0	
		q426_g Infection/swelling [g]	1	0	
		q426_h Scarring [h]	1	0	
		q426_i Other specify: q426_other [i]	1	0	
		q426_j No response [j]	1	0	
	Do not read, for programming: Was this a complete removal?	Partial removal: If q415 is (2,3) or q416=0	1		
		Complete removal: If q415 is (1,88,99) or q416 in (1,88,99):	2		→430
q428	Did the provider refer you somewhere else to get your [method] removed?	Yes	1		
		No	0		
		No response	99		
q429	After this experience you just told me about, has there been another time when you discussed getting your [method] removed with a provider or was this the only time?	Yes, saw provider another time	1		→ Next Incident (501_x)
		No, this was the only time	0		→END
		No response	99		→END
q430	Based on your experience since you decided to remove your [method] until it was removed, how would you describe your experience. Was it: **Read responses aloud.**	Very easy	1		
		Somewhat easy	2		
		Somewhat difficult	3		
		Very difficult	4		
		Do not read: No response	99		
q431	When you had your [method] removed, did you start using another contraceptive method during the same visit?	Yes	1		
		No	0		→433
		No response	99		→END

NO.	Questions and filters	Coding categories	Code		Skip
q432	Which method did you start using? ***If participant used condoms and another method, only record the other method***	Female sterilization Male sterilization Implant IUD Injectable Pill Male condom Female condom Emergency contraception Other, specify: q432_specify	1 2 3 4 5 6 7 8 9 10		**ALL** **→END**
q433	Why did you not start using another contraceptive method? ***Multiple responses possible*** ***Probe:*** Any other reason?		**Yes**	**No**	
		q433_a Want to get pregnant [a]	1	0	
		q433_b Afraid of side effects [b]	1	0	
		q433_c Other health concerns [c]	1	0	
		q433_d Inconvenient to use [d]	1	0	
		q433_e Partner disapproved [e]	1	0	
		q433_f Lost partner/partner away/infrequent sex [f]	1	0	**If response to [l] or [m] is 1, no other 1 responses allowed**
		q433_g Too old/menopause/infecund [g]	1	0	
		q433_h Provider refused to give method [h]	1	0	
		q433_i Don't like methods available/ preferred method not available [i]	1	0	
		q433_j Too expensive / problem getting money [j]	1	0	**→END**
		q433_k Other, specify: q433_other [k]	1	0	
		q433_l Not sure [l]	1	0	
		q433_m No response [m]	1	0	
		q433_n wanted to wait/give time bt methods [n]	1	0	
		q433_o undecided/unsure about new method [o]	1	0	

SECTION 5_X: SUBSEQUENT INTERACTIONS WITH PROVIDER WHERE REMOVAL WAS DISCUSSED – WOMEN WHO HAD MULTIPLE INTERACTIONS WITH PROVIDER DISCUSSING REMOVAL – NOTE: MAXIMUM NUMBER OF SUBSEQUENT INTERACTIONS REPORTED BY PARTICIPANTS WAS THREE

NO.	Questions and filters	Coding categories	Code	Skip
	Let's talk about the next time you discussed getting your [method] removed with a provider. What facility did you go to?	removed from dataset		
q502 q502_2 q502_3	Were your reasons for wanting your [method] removed the same as the previous time you talked about removal, or did you have different reasons?	Same reasons	1	→504
		Different reasons	2	
		Not sure	88	→504
		No response	99	→504

NO.	Questions and filters	Coding categories	Code		Skip
q503 q503_2 q503_3	Why did you want to stop using your [method]? ***Multiple responses possible*** ***Probe:*** Any other reason? **variable naming for second and third round:** q503_2_a, q503_2_b, … q503_2_other q503_3_a, q503_3_b, … q503_3_other		**Yes**	**No**	
		q503_a Wanted to get pregnant [a]	1	0	
		q503_b Bleed less during period or shorter period [b]	1	0	
		q503_c No period [c]	1	0	
		q503_d Bleeding disturbances (periods less or more often, irregular, spotting) [d]	1	0	
		q503_e Bleed more during period or period longer [e]	1	0	
		q503_f Pain/discomfort after insertion [f]	1	0	
		q503_g Weight gain [g]	1	0	
		q503_h Weight loss [h]	1	0	
		q503_i Method expired [i]	1	0	
		q503_j Partner disapproved [j]	1	0	
		Partner said could feel strings during sex [k]	1	0	
		q503_l Lost partner/partner away/infrequent sex [l]	1	0	
		q503_m Afraid of becoming infertile [m]	1	0	
		q503_n Too old/menopause/infecund [n]	1	0	
		q503_o Became pregnant [o]	1	0	
		q503_p Provider said to remove [p]	1	0	
		q503_q Other, specify: q503_other [q]	1	0	
		q503_r Not sure [r]	1	0	
		q503_s No response [s]	1	0	
		q503_t change in blood color [t]	1	0	
		q503_u change in blood odor [u]	1	0	
		q503_v Other side effects [v]	1	0	
		q503_w fear of side effects [w]	1	0	
		q503_x misconceptions/rumors [x]	1	0	
q504 q504_2 q504_3	Did the provider try to remove your [method] during this visit?	Yes	1		→507
		No	0		
		No response	99		

If response to [r] or [s] is 1, no other 1 responses allowed

NO.	Questions and filters	Coding categories	Code		Skip
q505 q505_2 q505_3	Why did the provider not try to remove your [method] at this visit? **variable naming for second and third round:** q505_2_a, q505_2_b, … q505_2_other q505_3_a, q505_3_b, … q505_3_other		**Yes**	**No**	**If response to [j] or [k] is 1, no other 1 responses allowed**
		q505_a Changed my mind/decided to keep [a]	1	0	
		q505_b Told they do not perform removals [b]	1	0	
		q505_c Equipment / supplies not available [c]	1	0	
		q505_d Too expensive / problem getting money [d]	1	0	
		q505_e Provider counselled me to keep it [e]	1	0	
		q505_f Provider refused to remove [f]	1	0	
		q505_g Qualified provider not available [g]	1	0	
		q505_h Consultation period over/ client arrived late to the clinic [h]	1	0	
		q505_i Other, specify: q505_other [i]	1	0	
		q505_j Not sure [j]	1	0	
		q505_k No response [k]	1	0	
q506 q506_2 q506_3	Were you happy to keep your [method] at that time or would you have preferred to have it removed?	Happy to keep	1		**All →522**
		Would have preferred to remove	0		
		Not sure	88		
		No response	99		
	REMOVAL TRIED BY PROVIDER				
	Do not read, for programming: What [method] does/did the participant have?	method = 1 (Implant)	1		
		method = 2 (IUD)	2		→509
q508 q508_2 q508_3	Was the provider able to remove your implant entirely, partially or not at all?	Entirely	1		**All →510**
		Partially	2		
		Not at all	3		
		Not sure	88		
		No response	99		
q509 q509_2 q509_3	Was the provider able to remove your IUD?	Yes	1		
		No	0		
		Not sure	88		
		No response	99		

NO.	Questions and filters	Coding categories	Code	Skip
q510 **q510_2** **q510_3**	If q508 is (2,3) or q509=0: Let's talk more about your experience. Approximately how long did you have your [method] when the provider tried to remove it? Accept estimates. If q508 is (1,88,99) or q509 is (1,88,99): Let's talk more about your experience. Approximately how long did you have your [method] when the provider removed it? Accept estimates.	[__][__] years [__][__] months [__][__] weeks **years510** **months510** **weeks510** **years510_2** **months510_2** **weeks510_2** **years510_3** **months510_3** **weeks510_3** ***If not sure enter 88 88 88*** ***If no response enter 99 99*** **q510_months_tot, q510_2_months_tot,** **q510_3_months_tot** ***– created var total in months***		
q511 **q511_2** **q511_3**	What was the main type of transport you used to get to the facility?	Public vehicle (minibus/bus/taxi) 1 Motorcycle / motorcycle taxi 2 Private vehicle 3 Cart 4 Bicycle 5 On foot 6 Other, specify: **q511_specify** 7 canoe 8 No response 99		
q512 **q512_2** **q512_3**	Approximately how long did it take you to get to the facility? Accept estimates.	[__][__] : [__][__] hours minutes **hours512** **minutes512** **hours512_2** **minutes512_2** **hours512_3** **minutes512_3** ***If not sure enter 88 : 88*** ***If no response enter 99 : 99*** **q512_min_total, q512_2_min_total,** **q512_3_min_total** ***– created vars, total in minutes***		
q512a **q512_2a** **q512_3a**	Did you have to buy any products such as compresses or anesthetic at a pharmacy outside of the health facility?	Yes 1 No 0 Not sure 88 No response 99		
q513_1 **q513_2** **q513_3**	If q508 is (2,3) or q509=0: Not including transportation, approximately how much did you pay when the provider tried to remove your [method]?	How much did you pay for the "ticket"? [___][___], [___][___][___] CFA ***If not sure enter 88888***		

NO.	Questions and filters	Coding categories	Code	Skip
	If q508 is (1,88,99) or q509 is (1,88,99): Not including transportation, approximately how much did you pay when you had your [method] removed?	***If no response enter 99999*** **cost513_1_1** **cost513_2_1** **cost513_3_1** How much did you pay for the products? [___][___], [___][___][___] CFA ***If not sure enter 88888*** ***If no response enter 99999*** **cost513_1_2** **cost513_2_2** **cost513_3_2** *If the participant does not know the details about cost for the "ticket" vs cost for the products, enter the total amount here. If the participant does know the details between the "ticket" and the products, do not fill in:* [___][___], [___][___][___] CFA ***If not sure enter 88888*** ***If no response enter 99999*** **cost513_1_3** **cost513_2_3** **cost513_3_3** ***Created vars, total of cost 513*** **q513_1_tot** **q513_2_tot** **q513_3_tot**		
q514 **q514_2** **q514_3**	Was this more, the same, or less than what you were told the removal would cost when you got your [method] inserted?	More Same Less Was not told price at insertion Not sure No response	1 2 3 4 88 99	

NO.	Questions and filters	Coding categories	Code	Skip
q515 **q515_2** **q515_3**	Approximately how long did you spend at the facility? Accept estimates.	[__][__] : [__][__] hours minutes **hours515** **minutes515** **hours515_2** **minutes515_2** **hours515_3** **minutes515_3** ***If not sure enter 88 : 88*** ***If no response enter 99 : 99*** **q515min_tot, q515_2_min_tot, q515_3_min_tot –** ***created var total in minutes***		
q516 **q516_2** **q516_3**	If q508 is (2,3) or q509=0: Now, please think only about the procedure itself and not about the time you spent waiting or the discussions that you had with the provider before or after the procedure. Approximately how long did the provider spend trying to remove your [method]? Accept estimates. If q508 is (1,88,99) or q509 is (1,88,99): Now, please think only about the procedure itself and not about the time you spent waiting or the discussions that you had with the provider before or after the procedure. Approximately how long did it take the provider to remove your [method]? Accept estimates.	[__][__] : [__][__] hours minutes **hours516** **minutes516** **hours516_2** **minutes516_2** **hours516_3** **minutes516_3** ***If not sure enter 88 : 88*** ***If no response enter 99 : 99*** **q516min_tot, q516_2_min_tot, q516_3_min_tot –** ***created var total in minutes***		
q517 **q517_2** **q517_3**	Did the provider mention there were any difficulties or challenges with removing your [method]?	Yes No No response	1 0 99	 **→519** **→519**

NO.	Questions and filters	Coding categories	Code	Skip
q518 q518_2 q518_3	What difficulties or challenges did the provider tell you about? ***Multiple responses possible.*** **variable naming for second and third round:** **q518_2_a, q518_2_b, …** **q518_2_other** **q518_3_a, q518_3_b, …** **q518_3_other**	**Implant** **q518_a** Implant rod bent [a] **q518_b** Implant rod broken [b] **q518_c** Implant non-palpable [c] **IUD** **q518_d** No strings visible [d] **q518_e** IUD entered wall [e] **q518_f** IUD missing/expelled [f] **q518_g** Other, specify: **q518_other** [g] **q518_h** Not sure [h] **q518_i** No response [i] **q518_j** encapsulation [j]		**If response to [h] or [i] is 1, no other 1 responses allowed**
q519 q519_2 q519_3	If q508 is (2,3) or q509=0: Did you have any pain or problems when the provider tried to remove your [method] or afterwards? If q508 is (1,88,99) or q509 is (1,88,99): Did you have any pain or problems when the provider removed your [method] or afterwards?	Yes No No response	1 0 99	 **→521** **→521**
q520 q520_2 q520_3	What pain or problems did you have? ***Multiple responses are possible*** ***Probe:*** Any other problem? **variable naming for second and third round:** **q520_2_a, q520_2_b, …** **q520_2_other** **q520_3_a, q520_3_b, …** **q520_3_other**	**q520_a** Temporary pain at time of removal [a] **q520_b** Pain or discomfort that lasted throughout the day [b] **q520_c** Discomfort/pain that lasted a few days [c] **q520_d** Continuing pain [d] **q520_e** Bleeding [e] **q520_f** Cramps [f] **q520_g** Infection/swelling [g] **q520_h** Scarring [h] **q520_i** Other specify: **q520_other** [i] **q520_j** No response [j]		**If response to [j] is 1, no other 1 responses allowed**
	Do not read, for programming: Was this a complete removal?	Partial removal: If q508 is (2,3) or q509=0 Complete removal: If q508 is (1,88,99) or q509 is (1,88,99):	1 2	 **→524**

NO.	Questions and filters	Coding categories	Code	Skip
q522 q522_2 q522_3	Did the provider refer you somewhere else to get your [method] removed?	Yes No No response	1 0 99	
q523 q523_2 q523_3	After this experience you just told me about, has there been another time when you discussed getting your [method] removed with a provider or was this the last time? **NOTE: No participant went past 3rd loop**	Yes, saw provider another time No, this was the last time No response	1 0 99	**→ Next Incident (501_x)** **→END** **→END**
q524 q524_2 q524_3	Based on your experience since you decided to remove your [method] until it was removed, how would you describe your experience. Was it: **Read responses aloud.**	Very easy Somewhat easy Somewhat difficult Very difficult **Do not read:** No response	1 2 3 4 99	
q525 q525_2 q525_3	When you had your [method] removed, did you start using another contraceptive method during the same visit?	Yes No No response	1 0 99	 **→527** **→END**
q526 q526_2 q526_3	Which method did you start using? ***If participant used condoms and another method, only record the other method***	Female sterilization Male sterilization Implant IUD Injectable Pill Male condom Female condom Emergency contraception Other, specify: **q526_specify, q526_specify_2, q526_specify_3**	1 2 3 4 5 6 7 8 9 10	**ALL** **→END**

NO.	Questions and filters	Coding categories	Code		Skip
q527 q527_2 q527_3	Why did you not start using another contraceptive method? ***Multiple responses possible*** ***Probe:*** Any other reason? **variable naming for second and third round:** q527_2_a, q527_2_b, … q527_2_other q527_3_a, q527_3_b, … q527_3_other	q527_a Want to get pregnant [a] q527_b Afraid of side effects [b] q527_c Other health concerns [c] q527_d Inconvenient to use [d] q527_e Partner disapproved [e] q527_f Lost partner/partner away/infrequent sex [f] q527_g Too old/menopause/infecund [g] q527_h Provider refused to give method [h] q527_i Don't like methods available/ preferred method not available [i] q527_j Too expensive / problem getting money [j] q527_k Other, specify: q527_other [k] q527_l Not sure [l] q527_m No response [m] q527_n want to wait/give time bt methods [n]			**If response to [l] or [m] is 1, no other 1 responses allowed** **→END**
END	**END OF LOOPS.** Thank you for taking the time to speak with me today. Do you have any questions?				