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

CODEBOOK: Client Phone 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 identifier	xx-x-xxx		
doi	Date of interview *Automatically collected on device.*	[___|___] [___|___] [___|___|___|___] ***day*** ***month*** ***year***		
time_start	Interview start time *Automatically collected on device.*	hours, minutes, seconds		
time_end	Interview end time *Automatically collected on device.*	hours, minutes, seconds		
submission date	Submission Date *Automatically collected on device.*	Date interview was uploaded to ODK server		
	Enter your RA code	removed from dataset		
dis1	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		
insertion_date	Select the date when the method was received from log	[__] [__][__] / [__][__][__][__] **month** **year**		
method1	Select the method received from log	Implant IUD	1 2	**→pid1**
method	**Created variable, confirmed method type as per interview, use this var for the method the woman has**			
method_diff	**created variable, method in log is different than method had/interviewed on as per interview**			
imp	Select the type of implant received from the log	Jadelle Implanon/Nexplanon Type unspecified	1 2 3	
	Enter the PID associated with the participant from log	removed from dataset		
out1	Enter final outcome	Reached after 5 attempts Not reached after 5 attempts or more Phone number invalid Other, specify: outcome_specify	1 2 3 4	**→ END** **→ END** **→ END**

No.	Questions and filters	Coding categories	Code	Skip
con1	Did the participant consent to be interviewed?	Yes No	1 0	 → END

SECTION 1: VERIFICATION

READ: Before we start our interview, I would like to confirm that my information is correct.

No.	Questions and filters	Coding categories	Code	Skip
q101	How old were you on your last birthday? ***Accept estimates***	[___|___] years		
		If q101<15 Thank you very much. You do not meet the eligibility criteria for our study, and I cannot interview you today. I am sorry for the inconvenience. Thank you for your time.		→END
q102	What is your current marital status?	Single Married, monogamous Married, polygamous Living together Divorced/Separated/Widowed No response	1 2 3 4 5 99	
	Eligibility check	**If q101 is (15,16, 17) and q102 is (1,4,5, 99)** Thank you very much. You do not meet the eligibility criteria for this study, so I cannot interview you today. I am sorry for the inconvenience. Thank you for your time.		→END
q103	Our records indicate that you received an [method] from [fac1] in [month] [year]. Is it correct that you received an [method]?	Confirm receiving Implant Confirm receiving IUD Not correct/does not match record ***If response = 3, then bring up message to check records and reconfirm, then go to 104***	1 2 3	→106 →106
q104	Which method did you receive?	Implant IUD Other	1 2 3	→106 →106

No.	Questions and filters	Coding categories	Code	Skip
q105	Eligibility check	**If q104 = 3** Thank you very much. You do not meet the eligibility criteria for this study, so I cannot interview you today. I am sorry for the inconvenience. Thank you for your time.	→END	
q106	Do you still have your [method]?	Yes No	1 0	

SECTION 2: DEMOGRAPHICS

READ: Before we continue talking about your method, I would like to ask you some questions about your background.

No.	Questions and filters	Coding categories	Code	Skip
q201	What is the highest level of schooling you completed?	No education / no school Some primary Primary Some middle Middle Some secondary Secondary Higher Not sure No response	1 2 3 4 5 6 7 8 88 99	
q202	What is your religion?	Muslim Christian Traditional No religion Other No response	1 2 3 4 5 99	
q203	How many biological children do you currently have?	[____|____] children ***If no response enter 99***		
q204	Would you like to have a/another child or would you prefer not to have a/anymore children?	Yes, have a/another child No more children/no children wanted Unsure No response	1 0 88 99	
	What is the name of the town or village or neighbourhood (if in Dakar) you live in?	removed from dataset		

SECTION 3: PRIOR FP USE AND COUNSELING RECEIVED
READ: Thank you. Now I would like to ask you some questions about contraceptive methods you may have used before you received this [method] and about the counseling you received when you got your [method].

No.	Questions and filters	Coding categories	Code		Skip
q301	Before you received your [method], had you ever used: ***READ EACH OPTION ALOUD***		**Yes**	**No**	
		q301a Implant [a]	1	0	
		q301b IUD [b]	1	0	
		q301c Injectable [c]	1	0	
		q301d Oral contraceptive pills [d]	1	0	
		q301e Male Condoms [e]	1	0	
		q301f Female condoms [f]	1	0	
q302	Now let's go back to the [method] we are talking about today. When you went to get your [method], did your husband/partner know that you were getting an [method] inserted?	Yes	1		
		No	2		
		No partner	3		
		Not sure	88		
		No response	99		
q303	What was your main mode of transport between your home and the place where you received your [method]?	Public transport – minibus/bus/taxi	1		
		Motorcycle or motorcycle taxi	2		
		Private car	3		
		Cart	4		
		Walk	5		
		Bicycle	6		
		Other (specify): **q303_specify**	7		
		No response	99		
q304	Approximately how long did it take you to get to the facility when you had your [method] inserted? ***Accept estimates***	[__][__] : [__][__] hours minutes **hours304 minutes304** ***If not sure enter 88 : 88*** ***If no response enter 99 : 99*** **q304tot_min (created variable converting response to minutes)**			

No.	Questions and filters	Coding categories	Code	Skip
cfa305	Not including transportation, how much did you pay when you had your [method] inserted?	[___][___], [___][___][___] CFA ***If no cost/charge enter 00000*** ***If not sure enter 88888*** ***If no response enter 99999***		
q306	At the time you decided to have an [method] inserted, did the provider tell you about other contraceptive methods?	Yes No Not sure No response	1 0 88 99	
q307	At the time you decided to have an [method] inserted, was it the method you wanted?	Yes No Not sure No response	1 0 88 99	
q308	Did the provider tell you about any changes in your bleeding that you may experience while using this [method]?	Yes No Not sure No response	1 0 88 99	
q309	Besides changes in your bleeding, did the provider tell you about any other side effects that you might experience while using this [method]?	Yes No Not sure No response	1 0 88 99	
q310	Did the provider tell you what to do if you experienced any changes in your bleeding or any other side effects?	Yes No Not sure No response	1 0 88 99	
	Do not read, for programming.	method=1 (implant) method=2 (IUD)	1 2	 →314
q312	There are several types of implants in Senegal. How many rods were in the implant that you had inserted?	One rod Two rods Other (specify) **q312_specify** Not sure No response	1 2 3 88 99	
q313	What was the name of the implant?	Implanon Jadelle Other, Specify: **q313_specify** Not sure No response	1 2 3 88 99	
imp_confirm_client	Created var from q312 &q313 confirming if client provides matching response. One rod = Implanon (coded as 2); 2 rods = Jadelle (coded as 1), other combo = don't know (coded as 88)			

No.	Questions and filters	Coding categories	Code	Skip
years 314	How many years did the provider tell you your [method] would protect you against pregnancy?	[__] [__] years ***If provider didn't say, enter 77*** ***If not sure, enter 88*** ***If no response, enter 99***		
q315	Did the provider tell you that you can have your [method] removed at any time you want?	Yes No Not sure No response	1 0 88 99	
q316	Where did the provider say that you could go when you wanted to have your [method] removed?	ONLY the SAME facility where it was inserted ONLY a DIFFERENT facility from where it was inserted The SAME facility where it was inserted AND a DIFFERENT facility Provider did not say Not sure No response	1 2 3 4 88 99	
	Do not read, for programming: What [method] does/did the participant have?	method = 1 (Implant) method = 2 (IUD)	1 2	 →320
q318	Since you had your implant inserted, has there been a time when a provider tried to feel your implant in your arm?	Yes No Not sure No response	1 0 88 99	 →322 →322 →322
q319	Were they able to find it?	Yes No Not sure No response	1 0 88 99	**All** →322
q320	Since you had your IUD inserted, has there been a time when a provider tried to feel the strings?	Yes No Not sure No response	1 0 88 99	 →322 →322 →322
q321	Were they able to find them?	Yes No Not sure No response	1 0 88 99	
	Do not read, for programming: From q106, does the participant still have her method?	Yes No	1 0	→ 408

SECTION 4: REMOVAL EXPERIENCES

READ: Thank you. Now I would like to ask you some questions about having your [method] removed.

No.	Questions and filters	Coding categories	Code	Skip
WOMEN WHO HAVE REMOVED THEIR CONTRACEPTIVE METHOD (Q322)				
q401	Where did you have your [method] removed?	Provider at health facility	1	**→405**
		Came out on its own	2	
		Pharmacist	3	
		ASC/relais	4	
		Traditional healer	5	
		Relative/friend	6	
		Removed it myself	7	
		Other, specify **q401_specify**	8	
		No response	99	
q402	Did you ever go to a health facility and ask a provider to have your [method] removed?	Yes	1	**→403**
		No	0	
		No response	99	

No.	Questions and filters	Coding categories	Code		Skip
			Yes	No	
q402a	Why did you want to stop using your [method]? ***Multiple responses are possible*** ***Probe:*** Any other reason?	**q402a_a** Wanted to get pregnant [a]	1	0	**If response to [q] or [r] is 1, no other 1 responses allowed**
		q402a_b Bleed less during period or shorter period [b]	1	0	
		q402a_c No period [c]	1	0	
		q402a_d Bleeding disturbances (periods less or more often, irregular, spotting) [d]	1	0	
		q402a_e Bleed more during period or period longer [e]	1	0	
		q402a_f Pain/discomfort after insertion [f]	1	0	
		q402a_g Other side effects/health concerns [g]	1	0	
		q402a_h Method expired [h]	1	0	
		q402a_i Partner disapproved [i]	1	0	
		q402a_j Partner said could feel strings during sex [j]	1	0	
		q402a_k Lost partner/partner away/infrequent sex [k]	1	0	
		q402a_l Afraid of becoming infertile [l]	1	0	
		q402a_m Too old/ menopause/ infecund [m]	1	0	
		q402a_n Became pregnant [n]	1	0	
		q402a_o Provider told me to remove [o]	1	0	
		q402a_p Other, specify: **q402a_other** [p]	1	0	
		q402a_q Not sure [q]	1	0	
		q402a_r No response [r]	1	0	
		q402a_s method came out on own [s]	1	0	

No.	Questions and filters	Coding categories	Code	Skip
q402b	What was the main reason why you did not ask a provider to have your [method] removed?	Changed my mind/decided to keep Too expensive to remove Busy/No time to go to provider Provider too far away Provider near me cannot remove Do not like provider/facility My husband/partner did not want me to go Other, specify: q402b_specify I am a provider method came out on own method failure No response	1 2 3 4 5 6 7 8 9 10 11 99	All → 404B
times403	In total, on how many different occasions did you ask a provider to remove your [method]?	[____|____] **Number of times** ***If not sure enter 88*** ***If no response enter 99*** ***If response=0, reject answer and repeat question***		
q404a	Were you happy to remove your [method] at that time or would you have preferred to keep it?	Happy to remove Would have preferred to keep Not sure No response	1 0 88 99	All →517
q404b	Were you happy to remove your [method] at that time or would you have preferred to keep it?	Happy to remove Would have preferred to keep Not sure No response	1 0 88 99	All →509
q405	Did you get your [method] removed the first time you asked a provider to remove your [method]?	Yes No Never asked a provider to remove method / Provider is the one who said to remove No response	1 2 3 99	→407 →407 →407
q406	Counting the time when you had your [method] removed, on how many different occasions did you ask a provider to remove your [method]?	[____|____] **Number of times** **Confirm that this is the number of times that the participant saw a provider and asked the provider to remove her method** ***If not sure enter 88*** ***If no response enter 99*** ***If response=0, reject answer and repeat question***		

No.	Questions and filters	Coding categories	Code		Skip
attempts_ removed	created var from response to q405 and q406 indicating the number of removal attempts				
q406a	Have you ever tried to get your [method] removed outside a health facility?	Yes No No response	1 0 99		 →407 →407
q406b	Where have you tried to get your [method] removed? ***Multiple responses are possible*** ***Probe:*** Anywhere else?		**Yes**	**No**	**If response to [g] is 1, no other 1 responses allowed**
		q406b_a Pharmacist [a]	1	0	
		q406b_b ASC/relai [b]	1	0	
		q406b_c Traditional healer [c]	1	0	
		q406b_d Relative/friend [d]	1	0	
		q406b_e Tried removing it myself [e]	1	0	
		q406b_f Other, specify q406b_other [f]	1	0	
		q406b_g No response [g]	1	0	
q407	Were you happy to remove your [method] at that time or would you have preferred to keep it?	Happy to remove Would have preferred to keep Not sure No response	1 0 88 99		 **All** **→517**
WOMEN WHO STILL HAVE THEIR CONTRACEPTIVE METHOD (Q322)					
q408	Have you ever asked a provider at a health facility to remove your [method]?	Yes No No response	1 0 99		**→417**
q409	Have you ever wanted to stop using your [method] even if you never actually asked a provider to remove it?	Yes No No response	1 0 99		**→411**
q410	To confirm, what you just told me is that you have never wanted to stop using your [method] and you have never asked a provider to remove it. You still have your [method]. Is this correct?	Yes No If response = 0, then bring up error message and reconfirm.	1 0		 **All** **→416**
q411	To confirm, what you just told me is that you have wanted to stop using your method but you have never actually asked a provider to remove it. You still have your [method]. Is this correct?	Yes No If response = 0, then bring up error message and reconfirm.	1 0		

No.	Questions and filters	Coding categories	Code		Skip
			Yes	No	
q412	Why did you want to stop using your [method]? ***Multiple responses are possible*** ***Probe:*** Any other reason?	q412_a Wanted to get pregnant [a]	1	0	
		q412_b Bleed less during period or shorter period [b]	1	0	
		q412_c No period [c]	1	0	
		q412_d Bleeding disturbances (periods less or more often, irregular, spotting) [d]	1	0	
		q412_e Bleed more during period or period longer [e]	1	0	
		q412_f Pain or discomfort after insertion [f]	1	0	If response to [q] or [r] is 1, no other 1 responses allowed
		q412_g Weight gain [g]	1	0	
		q412_h Weight loss [h]	1	0	
		q412_i Method expired [i]	1	0	
		q412_j Partner/relative disapproved [j]	1	0	
		q412_k Partner said could feel strings during sex [k]	1	0	
		q412_l Lost partner/partner away/infrequent sex/divorced [l]	1	0	
		q412_m Afraid of becoming infertile [m]	1	0	
		q412_n Too old/menopause/infecund [n]	1	0	
		q412_o Became pregnant [o]	1	0	
		q412_p Other, specify: q412_other [p]	1	0	
		q412_q Not sure [q]	1	0	
		q412_r No response [r]	1	0	
		q412_s other side effects (pain, vaginal discharge, fatigue, bloating, vision issues, respiratory issues) [s]	1	0	
		q412_t fear of side effects [t]	1	0	
		q412_u misconceptions/rumors [u]	1	0	

No.	Questions and filters	Coding categories	Code	Skip
q413	What was the main reason why did you not ask a provider to have your [method] removed?	Changed my mind/decided to keep Too expensive to remove Busy/No time to go to provider Provider too far away Provider near me cannot remove Do not like provider/facility My husband/partner did not want me to go Other, specify: **q413_specify** No response waiting for the right time wish to avoid pregnancy relationship change undecided/unsure unable to see provider (long lines, provider away, lost health card) received treatment or counselling lazy/negligent	1 2 3 4 5 6 7 8 99 9 10 11 12 13 14 15	
q414	Have you ever tried to get your [method] removed anywhere else?	Yes No No response	1 0 99	 **→416** **→416**
q415	Where have you tried to get your [method] removed? ***Multiple responses are possible*** ***Probe:*** Anywhere else?		**Yes** / **No**	**If response to [g] is 1, no other 1 responses allowed**
		q415_a Pharmacist [a]	1 / 0	
		q415_b ASC/relai [b]	1 / 0	
		q415_c Traditional healer [c]	1 / 0	
		q415_d Relative/friend [d]	1 / 0	
		q415_e Tried removing it myself [e]	1 / 0	
		q415_f Other, specify **q415_other** [f]	1 / 0	
		q415_g No response [g]	1 / 0	
q416	Were you happy to keep your [method] at that time or would you have preferred to remove it?	Happy to keep Would have preferred to remove Not sure No response	1 0 88 99	 **All** **→501**
q417	In total, on how many different occasions did you ask a provider to remove your [method]?	**[____|____]** **Number of times** ***If not sure enter 88*** ***If no response enter 99*** ***If response=0, reject answer and repeat question***		

No.	Questions and filters	Coding categories	Code		Skip
q418	Have you ever tried to get your [method] removed anywhere else?	Yes	1		
		No	0		→420
		No response	99		→420
q419	Where have you tried to get your [method] removed? ***Multiple responses are possible*** ***Probe:*** Anywhere else?		**Yes**	**No**	**If response to [g] is 1, no other 1 responses allowed**
		q419_a Pharmacist [a]	1	0	
		q419_b ASC/relai [b]	1	0	
		q419_c Traditional healer [c]	1	0	
		q419_d Relative/friend [d]	1	0	
		q419_e Tried removing it myself [e]	1	0	
		q419_f Other, specify q419_other [f]	1	0	
		q419_g No response [g]	1	0	
q420	Were you happy to keep your [method] at that time or would you have preferred to have it removed?	Happy to keep	1		
		Would have preferred to remove	0		**All**
		Not sure	88		→517
		No response	99		

SECTION 5: EXPERIENCES AND METHOD USE

Note: Q501-508 are for women who still have their method, never asked a provider for a removal, and never wanted to remove and for women that still have their method, never asked a provider for a removal, and either tried or did not try obtaining a removal elsewhere.. Q509-516 are for women who had method removed but not by provider and never asked provider for removal. Q517-Q518 are for all.

READ: Thank you. Now I would like to ask you a few more questions about your experience with your [method].

No.	Questions and filters	Coding categories	Code	Skip
q501	Have you experienced any changes in your bleeding since you started using your [method]?	Yes	1	
		No	0	→505
		No response	99	→505

No.	Questions and filters	Coding categories	Code		Skip
			Yes	No	
q502	What changes have you experienced in your bleeding since you started using your [method]? ***Multiple responses possible*** ***Probe:*** Any other changes in your bleeding?	q502_a Bleed more during period [a]	1	0	If response to [h] or [i] is 1, no other 1 responses allowed
		q502_b Bleed less during period [b]	1	0	
		q502_c Period lasts longer [c]	1	0	
		q502_d Period is shorter [d]	1	0	
		q502_e Bleeding disturbances (periods less or more often, irregular, spotting) [e]	1	0	
		q502_f Stopped having period [f]	1	0	
		q502_g Other, specify: q502_other [g]	1	0	
		q502_h Not sure [h]	1	0	
		q502_i No response [i]	1	0	
		q502_j period change color [j]			
		q502_k period odor [k]			
q503	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	1		
		Somewhat concerned	2		
		Not concerned at all	3		
		Do not read: No response	99		
q504	Overall, I would like to know what impact these 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 in your bleeding had: **Read responses aloud.**	Positive impact	1		
		Negative impact	2		
		No impact	3		
		Do not read: No response	99		
q505	Have you gained weight since you had your [method] inserted?	Yes	1		
		No	0		
		Not sure	88		
		No response	99		
q506	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		→517
		No response	99		→517

No.	Questions and filters	Coding categories	Code		Skip
			Yes	No	
q507	Apart from changes in bleeding and weight gain, what side effects have you experienced since you started using your [method]? ***Multiple responses are possible*** ***Probe:*** Anything else?	q507_a Changes to skin (such as acne) [a]	1	0	
		q507_b Weight loss [b]	1	0	
		q507_c Headaches [c]	1	0	
		q507_d Abdominal pain [d]	1	0	
		q507_e Breast tenderness [e]	1	0	
		q507_f Dizziness [f]	1	0	
		q507_g Mood changes [g]	1	0	
		q507_h Nausea/vomiting [h]	1	0	
		q507_i Lack of sexual desire [i]	1	0	
		INSERTION SITE ISSUES (IMPLANT ONLY)			
		q507_j Infection/pain at insertion spot [j]	1	0	**If response to [r], no other 1 response s allowed**
		q507_k Expulsion (implant coming out of arm on own) [k]	1	0	
		IUD ONLY			
		q507_l Vaginal infections [l]	1	0	
		q507_m Sexual partner feels strings [m]	1	0	
		q507_n Pain during sex [n]	1	0	
		q507_o Pelvic discomfort/pain [o]	1	0	
		q507_p Expulsion (IUD coming out on own) [p]	1	0	
		q507_q Other (specify): q507_other [q]	1	0	
		q507_r No response [r]	1	0	
		q507_s other side effects (pain, vaginal discharge, fatigue, bloating, vision issues, respiratory issues) [s]	1	0	
q508	Overall, I would like to know what impact these 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 in your bleeding: **Read responses aloud.**	Greatly impacted your daily life	1		**All →517**
		Impacted your daily life a little			
		Had no impact on your daily life	2		
		Do not read: No response	3		
			99		

No.	Questions and filters	Coding categories	Code		Skip
q509	Did you experience any changes in your bleeding while you were using your [method]?	Yes	1		
		No	0		→513
		No response	99		→513
q510	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**	
		q510_a Bled more during period [a]	1	0	
		q510_b Bled less during period [b]	1	0	
		q510_c Period lasted longer [c]	1	0	**If response to [h] or [j] is 1, no other 1 response s allowed**
		q510_d Period was shorter [d]	1	0	
		q510_e Bleeding disturbances (periods less or more often, irregular, spotting) [e]	1	0	
		q510_f Stopped having period [f]	1	0	
		q510_g Other, specify: q510_other [g]	1	0	
		q510_h Not sure [h]	1	0	
		q510_i No response [i]	1	0	
q511	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	1		
		Somewhat concerned	2		
		Not concerned at all	3		
		Do not read: Not response	99		
q512	Overall, I would like to know what impact these 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 in your bleeding had:	Positive impact	1		
		Negative impact	2		
		No impact	3		
		Do not read: Not response	99		
q513	Did you gain weight between the time you had your [method] inserted and the time you had it removed?	Yes	1		
		No	0		
		Not sure	88		
		No response	99		
q514	Besides any changes in your period and weight gain, did you experience any side effects while you were using your [method]?	Yes	1		
		No	0		→517
		No response	99		→517

No.	Questions and filters	Coding categories	Code		Skip
			Yes	No	
q515	Other than changes in your period and weight gain, what side effects did you experience? ***Multiple responses possible*** ***Probe:*** *"Any other side effects?"*	q515_a Changes to skin (such as acne) [a]	1	0	
		q515_b Weight loss [b]	1	0	
		q515_c Headaches [c]	1	0	
		q515_d Abdominal pain [d]	1	0	
		q515_e Breast tenderness [e]	1	0	
		q515_f Dizziness [f]	1	0	
		q515_g Mood changes [g]	1	0	
		q515_h Nausea/vomiting [h]	1	0	
		q515_i Lack of sexual desire [i]	1	0	
		INSERTION SITE ISSUES (IMPLANT ONLY)			**If response to [r]=1, no other 1 responses allowed**
		q515_j Infection/pain at insertion spot [j]	1	0	
		q515_k Expulsion (implant coming out of arm on own) [k]	1	0	
		IUD ONLY			
		q515_l Vaginal infections [l]	1	0	
		q515_m Sexual partner feels strings [m]	1	0	
		q515_n Pain during sex [n]	1	0	
		q515_o Pelvic discomfort/pain [o]	1	0	
		q515_p Expulsion (IUD coming out on own) [p]	1	0	
		q515_q Other (specify): q515_other [q]	1	0	
		q515_r No response [r]	1	0	
q516	Overall, I would like to know what impact these 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 in your bleeding:	Interfered a lot	1		
		Interfered a little	2		
		No interference	3		
		Do not read: No response	99		

Acceptable travel time

517: Now I would like to ask you some questions to understand how much time women like you are prepared to spend traveling to get their method removed, if the removal is not available at their usual health facility.

No.	Questions and filters	Coding categories	Code		Skip
			Yes	No	
q517	If your usual health facility is closed, how long are you willing to travel between your home and another health facility to get your [method] removed? **Read responses aloud.** *If the client says that she would wait and return to her usual facility, tell her that the facility is closed for long-term renovations.*	q517_a Less than half an hour [a]	1	0	
		q517_b Between half an hour and 1 hour [b]	1	0	
		q517_c Between 1 hour and 1.5 hours [c]	1	0	
		q517_d Between 1.5 hours and 2 hours [d]	1	0	
		q517_e Between 2 and 3 hours [e]	1	0	
		q517_f Between 3 and 4 hours [f]	1	0	
		q517_g Between 4 and 5 hours [g]	1	0	
		q517_h More than 5 hours [h]	1	0	
			Yes	No	
q518	If the provider at your usual facility told you that you had to go somewhere else because there is a problem with removing your [method], how long would you be willing to travel from your home to another facility where you could get it removed? **Read responses aloud.**	q518_a Less than half an hour [a]	1	0	
		q518_b Between half an hour and 1 hour [b]	1	0	
		q518_c Between 1 hour and 1.5 hours [c]	1	0	
		q518_d Between 1.5 hours and 2 hours [d]	1	0	
		q518_e Between 2 and 3 hours [e]	1	0	
		q518_f Between 3 and 4 hours [f]	1	0	
		q518_g Between 4 and 5 hours [g]	1	0	
		q518_h More than 5 hours [h]	1	0	

SECTION 6: WEALTH INDEX QUESTIONS

READ: Thank you. Before our interview ends I would like to ask you a few questions about your household to better understand the general background of women using contraceptives like you. We will not share these responses. A household consists of the people who live together in the same dwelling unit and who eat from the same pot. In some cases, a household may live in multiple dwelling units like a compound house.

No.	Questions and filters	Coding categories	Code	Skip
Q1	Does your household have …a television?	Yes	1	
		No	0	
		No response	99	
Q2	… a refrigerator?	Yes	1	
		No	0	
		No response	99	
Q3	… an MMDS/TV5 antenna?	Yes	1	
		No	0	
		No response	99	

No.	Questions and filters	Coding categories	Code	Skip
Q4	… a non-mobile telephone?	Yes	1	
		No	0	
		No response	99	
Q5	… electricity?	Yes	1	
		No	0	
		No response	99	
Q6	… a CD/DVD player?	Yes	1	
		No	0	
		No response	99	
Q7	… an internet connection?	Yes	1	
		No	0	
		No response	99	
Q8	… a CANAL television subscription?	Yes	1	
		No	0	
		No response	99	
Q9	… a computer?	Yes	1	
		No	0	
		No response	99	
Q10	Does any member of your household own	Yes	1	
		No	0	
	…their own vehicle?	No response	99	
Q11	… cart?	Yes	1	
		No	0	
		No response	99	
Q12	Does any member of this household have a bank account or account with another financial institution (mutual savings and credit, savings account…)?	Yes	1	
		No	0	
		Not sure	88	
		No response	99	
Q13	What type of fuel does your household primarily use for cooking?	Bottled gas	1	
		Wood, straw	2	
		Other	3	
		No response	99	
Q14	What is the main source of drinking water for members of your household?	Piped into dwelling	1	
		Unprotected well	2	
		Other	3	
		No response	99	
Q15	What kind of toilet facility do members of your household usually use?	Flush to piped sewer system	1	
		Flush to septic tank	2	
		Traditional latrine	3	
		Other	4	
		No response	99	

No.	Questions and filters	Coding categories	Code	Skip
Q16	What is the primary material of the floor of your dwelling?	Cement	1	
		Ceramic tile	2	
		Earth, sand, dung	3	
		Other	4	
		No response	99	
Q17	What is the primary material of the roof of your dwelling?	Cement	1	
		Calamine/Cement fiber	2	
		Other	3	
		No response	99	
Q18	What is the primary material used in the construction of the exterior walls of your dwelling?	Cement	1	
		Bamboo/Cane/Palm/Trunks/Dirt	2	
		Other	3	
		No response	99	

SECTION 7: FINAL MESSAGE

No.	Questions and filters	Coding categories	Code	Skip
q710	Before we finish, I would like to ask you a question about a new contraceptive method. Scientists are working on a new kind of contraceptive implant. This implant would prevent pregnancy for one and a half years. It would dissolve over time so it would not need to be removed. However, it could be removed by a health provider during the first year. If this method were available, would you use it?	Yes	1	
		No	0	
		Not sure	88	
		No response	99	
Thank you for taking the time to speak with me today. Do you have any questions?				

Other created variables in dataset:

Var: **p_inperson**
Description: groups all participant into 9 categories which will be used to determine eligibility for the in-person interview
Codes:
1 "Method removed by provider, never tried obtaining a removal elsewhere"
2 "Method removed by provider, tried obtaining a removal elsewhere"
3 "Method removed but not by a provider, never asked provider for a removal"
4 "Method removed but not by a provider, asked a provider for a removal"
5 "Still has method, never asked provider for a removal, never wanted to remove"
6 "Still has method, never asked provider for a removal, wanted to remove, tried obtaining a removal elsewhere"
7 "Still has method, never asked provider for a removal, wanted to remove, never tried obtaining a removal elsewhere"

8 "Still has method, asked provider for a removal, tried obtaining a removal elsewhere"
9 "Still has method, asked provider for a removal, never tried obtaining a removal elsewhere"

Var: **elig_inperson**
Description: Groups all participants into eligible for in-person or not
Codes:
0 “no, not eligible”
1 “yes, eligible”