**R4S – An exploratory study of family planning self-care in Nepal, Niger, and Uganda**
Survey with female participants

## Instructions to Interviewers

***This survey is for women living in households that have been randomly selected.***

- ***BEFORE consent and BEFORE administering this survey, ask "How old were you at your last birthday?"***
  - **Do not record the response**
  - **If between 15-49 years old, proceed with informed consent; if too young or old, thank them for their time and do not ask any further questions**
- ***Administer this survey AFTER the participant has consented.***
- ***Administer this survey to all women in the household.***
- ***Ensure you have adequate privacy and cannot be overheard before beginning to ask questions.***
- ***Do NOT read the response options, unless otherwise instructed.***
- ***Circle or record only one response to each question, unless otherwise instructed.***

## Assign the participant's unique, confidential ID number

***AFTER the participant has consented, but before proceeding with the eligibility screening questions, assign the participant ID. Do not read these ID questions out loud.***

| NO. | QUESTION | RESPONSE | CODE |
|---|---|---|---|
| 001 | Sub-national Unit [province, district, or region] codes | SNU 1<br>SNU 2<br>SNU 3<br>SNU 4<br>SNU 5<br>SNU 6<br>SNU 7<br>SNU 8 | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8 |
| 002 | Does the participant reside in a rural or urban location? | Rural<br>Semi-urban<br>Urban | 1<br>2<br>3 |
| 003 | PSU CODES [EA or ward] | PSU 1<br>PSU 2<br>PSU 3<br>PSU 4<br>PSU 5 | 1<br>2<br>3<br>4<br>5 |

| NO. | QUESTION | RESPONSE | CODE |
|---|---|---|---|
| 004 | Household Number | [____\|____]<br>***Record code*** | |
| 005 | Enter the participant ID<br><br>***Fill in consecutively for each member of the household, beginning with 01.*** | [1\|____\|____]<br>***Record code*** | |
| 006 | Full Participant ID<br><br>***Calculated field, based on Q001, Q003-Q005*** | [__] - [__\|__] - [ __\|__] - [ _1_\|__\|__]<br>SNU PSU HH Participant | |

## Eligibility screening

***Read the following questions to potential participants and have them respond. If any of the responses lead to '→STOP', the client is not eligible to participate. Do not proceed with the survey. Thank the client for her time. Let her know that she has done nothing wrong, but you would like to interview women who may benefit most from this study.***

***READ:*** Thank you for agreeing to participate in this survey. First, I will be asking some information about you which will determine whether we will continue with more questions.

| NO. | QUESTION | RESPONSE | CODE | SKIP | RELEVANT |
|---|---|---|---|---|---|
| 101 | How old were you at your last birthday? | [ ___\|___]<br>***Years*** | | **If <15 → STOP**<br>**If >49 → STOP** | |

| NO. | QUESTION | RESPONSE | CODE | SKIP | RELEVANT |
|---|---|---|---|---|---|
| 102 | What is your marital status? | Currently Married<br>Living together as if married<br>Divorced or Widowed<br>Never Married | 1<br>2<br>3<br>4 | →109<br>→109 if 101≥18, 106 if 101<18<br>→109 if 101≥18, 106 if 101<18 | |
| 103 | Have you ever had a boyfriend or casual partner? | Yes<br>No<br>Don't Know<br>No response | 1<br>0<br>8<br>9 | <br>→STOP<br>→STOP<br>→STOP | IF Q102 = 4 |
| 104 | Have you had a boyfriend or casual partner since your divorce/the death of your spouse? | Yes<br>No<br>Don't know<br>No response | 1<br>0<br>8<br>9 | <br>→STOP<br>→STOP<br>→STOP | IF Q102 = 3 |
| 105 | When was the last time you met your boyfriend or casual partner? | Three months ago or less<br>More than three months ago<br>Don't know<br>No response | 1<br>0<br>8<br>9 | <br>→ STOP<br>→ STOP<br>→ STOP | IF Q103 = 1 |
| 106 | Do you have a child? | Yes<br>No<br>No response | 1<br>0<br>9 | →109 | IF Q101<18 AND (Uganda OR Niger) |
| 107 | Who pays for your living expenses? | Self<br>Parents<br>Other family members<br>Others<br>No response | 1<br>2<br>3<br>4<br>9 | →109<br>→STOP<br>→STOP<br>→STOP<br>→STOP | IF Q101<18 AND Uganda |
| 108 | Have you been legally declared an emancipated minor? | Yes<br>No<br>Don't know<br>No response | 1<br>0<br>8<br>9 | <br>→STOP<br>→STOP<br>→STOP | IF Q101<18 AND Niger |

| NO. | QUESTION | RESPONSE | CODE | SKIP | RELEVANT |
|---|---|---|---|---|---|
| 109 | Are you currently pregnant? | Yes<br>No<br>Don't know<br>No response | 1<br>0<br>8<br>9 | → **STOP** | |
| 110 | Are you or your partner currently doing something or using any method to avoid or delay becoming pregnant? | Yes<br>No<br>Don't know<br>No response | 1<br>0<br>8<br>9 | **→112**<br>**→112**<br>**→112** | |
| 111 | What method are you or your partner currently using?<br><br>***If participant mentions more than one method, select the most effective method. The response options are listed in order of effectiveness with the implant being the most effective and other traditional methods being the least effective.***<br><br>[refer to Method Description list, in Annex. This will be programmed into the electronic version of the survey for reference] | Female sterilization<br>Male sterilization<br>Implant<br>IUD<br>Injectables<br>Pill<br>Emergency contraception<br>Male condom<br>Female condoms<br>Diaphragm<br>Foam/Jelly<br>Std. Days/Cycle beads<br>LAM<br>Rhythm method<br>Withdrawal<br>Other traditional methods<br>No response | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>99 | **→STOP**<br>**→STOP** | |

| NO. | QUESTION | RESPONSE | CODE | SKIP | RELEVANT |
|---|---|---|---|---|---|
| 112 | Which of the following best describes your wishes for children in the future?<br><br>***Read response options and select one.*** | I want a child within the next two years<br>I want to wait more than two years before the birth of a child<br>I want a child but I don't know when<br>I don't know if I want a child<br>I don't want any children or I don't want any more children | 1<br>2<br>3<br>4<br>5 | → **STOP if q111 ≠3-13 OR if q110≠1** | |
| 113 | ***Do not read questions 113-114 out loud***<br><br>Does the participant have a male partner who has already been surveyed and assigned a Participant ID? | Yes<br>No | 1<br>0 | →**201** | |
| 114 | ***Do not read questions 113-114 out loud***<br><br>Enter the participant's male partner Participant ID.<br><br>***SNU, PSU, and HH codes are automatically generated based on Q005.*** | [__] - [__\|__] - [ __\|__] - [ _2_\|__\|__]<br>SNU PSU HH Participant | | | |

***If the participant is ineligible, read the following:***
Thank you for answering my questions. Your answers indicate that you are not eligible for this study, so we will not be asking you any more questions.

***If the participant is eligible, read the following:***
Thank you for answering my questions. Your answers indicate that you meet the eligibility for this study. We will proceed with the rest of the interview now, which should take approximately 60 minutes.

**SECTION 2: Background characteristics and fertility awareness**

***READ:*** First, I would like to ask some information about you and your family.

| NO. | QUESTION | RESPONSE | CODE | SKIP | RELEVANT |
|---|---|---|---|---|---|
| 201. | What is the highest level of school you've attended? | No formal schooling<br>Primary school<br>Secondary school<br>University or technical school<br>No response | 1<br>2<br>3<br>4<br>9 | | |
| 202. | Did you do any paid work within the last six months? | Yes<br>No<br>Don't Know<br>No response | 1<br>0<br>8<br>9 | | |
| 203. | How many living children do you have?<br><br>***Enter 00 if none.***<br>***Enter 99 if no response.*** | [ ___\|___] | | **Skip if Q105 = 0** | |
| *READ: Now, I would like to ask you a few questions about when women and girls can become pregnant. If you do not know the answer, you can say "I don't know."* | | | | | |
| 204. | What is the typical age when girls start their menstrual cycle (also called menarche)?<br><br>***Read response options aloud and select one.*** | 8 to 9 years<br>10 to 15 years<br>16 to 18 years<br>Don't know | 1<br>2<br>3<br>88 | | |
| 205. | What is the sign that a girl is now able to get pregnant?<br><br>***Read response options aloud and select one.*** | Physical changes (increase in breast size, wider hips, pubic hair)<br>First monthly bleeding (period)<br>Start developing feelings of sexual attraction<br>Don't know | 1<br>2<br>3<br>8 | | |

| NO. | QUESTION | RESPONSE | CODE | SKIP | RELEVANT |
|---|---|---|---|---|---|
| 206. | What is considered the first day of a woman's menstrual cycle?<br><br>***Read response options aloud and select one.*** | The first day of monthly bleeding (period)<br>The day of ovulation<br>The last day of monthly bleeding (period)<br>Don't know | 1<br>2<br>3<br>8 | | |
| 207. | What is the typical length of a woman's menstrual cycle? By length of menstrual cycle we mean the time from the beginning of one period until the beginning of the next.<br><br>***Read response options aloud and select one.*** | Between 15 to 20 days<br>Between 26 to 32 days<br>Between 35 to 40 days<br>Don't know | 1<br>2<br>3<br>8 | | |
| 208. | When during the menstrual cycle is a woman most likely to become pregnant?<br><br>***Read response options aloud and select one.*** | Just before her monthly bleeding (period) begins<br>During her monthly bleeding (period)<br>Right after her monthly bleeding (period) has ended<br>Halfway between the beginning of one monthly bleeding (period) and the beginning of the next<br>Anytime<br>Don't know | 1<br>2<br>3<br>4<br><br>5<br>8 | | |
| 209. | About how many days per cycle can a woman get pregnant?<br><br>***Read response options aloud and select one.*** | 1-2 days per cycle<br>5-7 days per cycle<br>10-12 days per cycle<br>Anytime<br>Don't know | 1<br>2<br>3<br>4<br>8 | | |

| NO. | QUESTION | RESPONSE | CODE | SKIP | RELEVANT |
|---|---|---|---|---|---|
| 210. | How long does it take for you to get to the nearest preferred health facility?<br><br>***Read response options aloud and select one.*** | Less than 15 minutes<br>15 to 30 minutes<br>31-60 minutes<br>61 minutes to 2 hours<br>More than 2 hours<br>Don't know<br>No response | 1<br>2<br>3<br>4<br>5<br>8<br>9 | | |

**SECTION 3: Access to information**

***READ:*** *Now I'm going to ask you some questions about where you get information and what kinds of information you seek out.*

| NO. | QUESTION | RESPONSE | CODE | | SKIP | RELEVANT |
|---|---|---|---|---|---|---|
| 301. | In the past 12 months, have you sought information about any of the following?<br><br>***Read responses and select all that apply*** | | **Yes** | **No** | | |
| | | When a woman can get pregnant (a) | 1 | 0 | | |
| | | Contraceptive method choices (b) | 1 | 0 | | |
| | | Managing contraceptive side effects (c) | 1 | 0 | | |
| 302. | In the past 12 months, have you sought information about family planning, such as when a woman can get pregnant, the types of contraceptive methods, or their side effects from the following places? | | **Yes** | **No** | | **If Q301a =1 or Q301b = 1 or Q301c = 1** |
| | | Clinic or health provider (a) | 1 | 0 | | |
| | | Community health worker (b) | 1 | 0 | | |
| | | Pharmacy/Drug shop (c) | 1 | 0 | | |
| | | Shop/Market other than a drug shop (d) | 1 | 0 | | |
| | | Friend/family member (e) | 1 | 0 | | |
| | | Internet or website (f) | 1 | 0 | | |
| | | Social media (g) | 1 | 0 | | |
| | | Voice/SMS message (h) | 1 | 0 | | |
| | | Radio or TV (i) | 1 | 0 | | |
| | | Other (specify) _____ (j) | 1 | 0 | | |
| 303. | Would you be interested in learning more about family planning from any of the following sources?<br><br>***Read response options.*** | | **Yes** | **No** | | |
| | | SMS/voice message (a) | 1 | 0 | | |
| | | Social media apps such as WhatsApp, Facebook, Twitter, Instagram (b) | 1 | 0 | | |

| NO. | QUESTION | RESPONSE | CODE | | SKIP | RELEVANT |
|---|---|---|---|---|---|---|
| | | Internet browser (c) | 1 | 0 | | |
| | | Phone call (d) | 1 | 0 | | |
| | | Health-related app (e) | 1 | 0 | | |
| | | Other (specify)_____ (f) | 1 | 0 | | |
| | | No response (g) | 1 | 0 | | |
| 304. | What type(s) of information would you be interested in?<br><br>***Read response options.*** | | **Yes** | **No** | | |
| | | How family planning methods work (a) | 1 | 0 | | |
| | | Contraceptive side effects (b) | 1 | 0 | | |
| | | Contraceptive benefits (c) | 1 | 0 | | |
| | | What types of methods are available in your area (d) | 1 | 0 | | |
| | | Where methods are available in your area (e) | 1 | 0 | | |
| | | How to switch methods (f) | 1 | 0 | | |
| | | The cost of methods (g) | 1 | 0 | | |
| | | Other: _____ (h) | 1 | 0 | | |
| | | No response (i) | 1 | 0 | | |

**SECTION 4: Modern Contraceptive Use**

***READ INSTRUCTION*:** *Next, I will ask questions about your use of family planning. We would like to know about all the family planning methods you have ever heard about and the methods you have used.*

***Do not read the list. Go through the questions one by one and fill the columns from left to right. Enter "1" for any methods mentioned in the appropriate columns.***

| NO. | QUESTION | RESPONSE | CODE | SKIP | |
|---|---|---|---|---|---|
| 401. | Have you ever heard of the (birth control) pill?<br><br>***PROBE: Women can take a pill every day to avoid becoming pregnant.*** | Yes<br>No<br>No response | 1<br>0<br>9 | | |
| 402. | Have you ever heard of emergency contraception?<br><br>***PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within five days to prevent pregnancy.*** | Yes<br>No<br>No response | 1<br>0<br>9 | | |
| 403. | Have you ever heard of male condoms?<br><br>***PROBE: Men can put a rubber sheath on their penis before sexual intercourse.*** | Yes<br>No<br>No response | 1<br>0<br>9 | | |
| 404. | Have you ever heard of female condoms?<br><br>***PROBE: Women can put a sheath in their vagina before sexual intercourse.*** | Yes<br>No<br>No response | 1<br>0<br>9 | | |
| 405. | Have you ever heard of the diaphragm?<br><br>***PROBE: Women can place a thin flexible disk in their vagina before sexual intercourse.*** | Yes<br>No<br>No response | 1<br>0<br>9 | | |

| NO. | QUESTION | RESPONSE | CODE | SKIP | |
|---|---|---|---|---|---|
| 406. | Have you ever heard of foam or jelly as a contraceptive method?<br><br>***PROBE: Women can place a suppository, jelly, or cream in their vagina before sexual intercourse to prevent pregnancy.*** | Yes<br>No<br>No response | 1<br>0<br>9 | | |
| 407. | Have you ever heard of the standard days method or Cycle Beads?<br><br>***PROBE: A Woman can use a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she and her partner use a condom or do not have sexual intercourse.*** | Yes<br>No<br>No response | 1<br>0<br>9 | | |
| 408. | Have you ever heard of the Lactational Amenorrhea Method or LAM? | Yes<br>No<br>No response | 1<br>0<br>9 | | |
| 409. | Have you ever heard of the rhythm method?<br><br>***PROBE: Women can avoid pregnancy by not having sexual intercourse on the days of the month they think they can get pregnant.*** | Yes<br>No<br>No response | 1<br>0<br>9 | | |
| 410. | Have you ever heard of the withdrawal method?<br><br>***PROBE: Men can be careful and pull out before climax.*** | Yes<br>No<br>No response | 1<br>0<br>9 | | |

| NO. | QUESTION | RESPONSE | CODE | | SKIP | |
|---|---|---|---|---|---|---|
| 411. | Have you ever heard of any other ways or methods that women or men can use to avoid pregnancy? | Yes<br>No<br>No response | 1<br>0<br>9 | | | |
| 412. | What places do you know of to get methods?<br>***Do not read response options. Select all that participant mentions.*** | | Mentioned | Not mentioned | | |
| | | Hospital (a) | 1 | 0 | | |
| | | Health center (b) | 1 | 0 | | |
| | | Health post (c) | 1 | 0 | | |
| | | Community health worker (d) | 1 | 0 | | |
| | | Outreach event/mobile clinic (e) | 1 | 0 | | |
| | | Drug shop or pharmacy (f) | 1 | 0 | | |
| | | Market or shop (g) | 1 | 0 | | |
| | | Friend or relative (h) | 1 | 0 | | |
| | | Delivered to home by a delivery service (i) | 1 | 0 | | |
| | | Other (specify) _____ (j) | 1 | 0 | | |
| | | Don't know of any other places (k) | 1 | 0 | | |
| | | No response (l) | 1 | 0 | | |
| 413. | Have you ever had sexual intercourse? | Yes<br>No<br>Don't know<br>No response | 1<br>0<br>8<br>9 | | <br>→415<br>→415<br>→415 | **Skip if Q105 = 1 or Q102 = 1 or 2** |
| 414. | When was the last time you had sexual intercourse?<br><br>***Select 1 for days***<br>***Select 2 for weeks***<br>***Select 3 for months***<br>***Select 4 for years***<br><br>***Only select days if <1 week***<br>***Only select weeks if <1 month***<br>***Only select months if <1 year***<br><br>***If don't know, record 88*** | [__\|__]<br><br>Days<br>Weeks<br>Months<br>Years | <br><br>1<br>2<br>3<br>4 | | | **If Q413 = 1** |

| NO. | QUESTION | RESPONSE | CODE | SKIP | |
|---|---|---|---|---|---|
| | ***If no response, record 99 Accept estimates*** | | | | |
| 415. | *[automated from screening question Q109]* Are you or your partner currently doing something or using any method to delay or avoid getting pregnant? | Yes<br>No<br>Don't know<br>No response | 1<br>2<br>8<br>9 | <br>**→419**<br>**→419**<br>**→419** | |
| 416. | What method are you currently using? [*automated from screening question q110]*<br><br>***If participant mentions more than one method, select the most effective method. The response options are listed in order of effectiveness with the implant being the most effective and other traditional methods being the least effective.***<br><br>[refer to Method Description list, in Annex. This will be programmed into the electronic version of the survey for reference] | Implant<br>IUD<br>Injectables<br><br>Pill<br>Emergency contraception<br>Male condom<br>Female condoms<br>Diaphragm<br>Foam/Jelly<br>Std. Days/Cycle beads<br>LAM<br>Rhythm method<br>Withdrawal<br>Other traditional methods<br>No response | 1<br>2<br>3<br><br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>99 | <br>**→R1**<br>**→R1**<br>**&Uganda →417**<br>**(otherwise →R1)**<br>**→R1**<br>**→R1**<br>**→R1**<br>**→R1**<br>**→R1**<br>**→R1**<br>**→R1**<br>**→R1**<br>**→419**<br>**→419**<br>**→419**<br>**→419**<br><br>**(skip to q419 only if no modern method selected)** | **If Q415=1** |
| 417. | You told me that you are currently using injectables to prevent pregnancy. Was the | Syringe<br>Small needle (Sayana Press)<br>No response | 1<br>2<br>9 | **→R1**<br><br>**→R1** | **if Q416=3 & Uganda** |

| NO. | QUESTION | RESPONSE | CODE | SKIP | |
|---|---|---|---|---|---|
| | injection administered via syringe or small needle?<br><br>[UGANDA ONLY] | | | | |
| 418. | Who administered the injection? [UGANDA ONLY] | I did it myself<br>A friend or relative<br>A health care provider<br>A community health worker<br>Chemical/drug shop operator Pharmacist<br>Someone else<br>No response | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>9 | **All → R1** | **If Q417=2 & Uganda** |
| 419. | Have you ever done anything or tried in any way to delay or avoid getting pregnant? | Yes<br>No<br>Don't know<br>No response | 1<br>2<br>8<br>9 | <br>**→501**<br>**→501**<br>**→501** | **if q415≠1** |
| 420. | What method(s) did you use most recently?<br><br>***If participant mentions more than one method, select the most effective method. The response options are listed in order of effectiveness with implant being the most effective and other traditional methods being the least effective.***<br><br>[refer to Method Description list, in Annex. This will be programmed into the electronic version of the survey for reference] | Implant<br>IUD<br>Injectables<br>Pill<br>Emergency contraception<br>Male condom<br>Female condoms<br>Diaphragm<br>Foam/Jelly<br>Std. Days/Cycle beads<br>LAM<br>Rhythm method<br>Withdrawal<br>Other traditional methods<br>Never used any method<br>Don't know/remember<br>No response | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>88<br>99 | <br><br><br><br><br><br><br><br><br><br><br>**→501**<br>**→501**<br>**→501**<br>**→501**<br>**→501**<br>**→501** | **if q415≠1** |

| NO. | QUESTION | RESPONSE | CODE | SKIP | |
|---|---|---|---|---|---|
| | | | | **(skip to q501 if no modern method selected)** | |
| 421. | Was the injection administered via syringe or small needle?<br><br>[UGANDA ONLY] | Syringe<br>Small needle (Sayana Press)<br>No response | 1<br>2<br>9 | | **if Q420=3 & Uganda** |
| 422. | Who administered the injection?<br>[UGANDA ONLY] | I did it myself<br>A friend or relative<br>A health care provider<br>A community health worker<br>Chemical/drug shop operator Pharmacist<br>Someone else<br>No response | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>9 | | **If Q421=2 & Uganda** |
| <u>FOR PROGRAMMING PURPOSES ONLY</u><br>define [*method*] as reference for the rest of Section 4 | | If Q415=1, [*method*] = Q416<br>If Q419=1, [*method*] = Q420 | | | |
| R1 | ***READ INSTRUCTION***: *The next set of questions are about the family planning method you are currently using. If you are using more than one method, please only base your responses on [**method**]. If you have used it previously, but stopped using for a while, please only answer questions about the last time you started and used it continuously without stopping.* | | | | **If q415 = 1** |
| R2 | ***READ INSTRUCTION***: *The next set of questions are about the family planning method you most recently used. If you used more than one method, please only base your responses on [**method**]. If you have used it previously, but stopped using for a while, please only answer questions about the last time you started and used it continuously without stopping.* | | | | **If q419 =1** |
| 423. | When did you stop using [*method*]?<br><br>***Do not read response options. Select the option that best fits the participant's response, accept estimates.*** | Within the past 3 months<br>Within the past 4-11 months<br>Within the past 1-2 years<br>More than 2 years ago<br>Don't know<br>No response | 1<br>2<br>3<br>4<br>8<br>9 | | **If q419 = 1** |

| NO. | QUESTION | RESPONSE | CODE | SKIP | |
|---|---|---|---|---|---|
| 424. | For how long have you/did you use [*method*] without stopping?<br><br>***Select 1 for months***<br>***Select 2 for years***<br><br>***Only select months if <1 year***<br><br>***If don't know, record 88***<br>***If no response, record 99*** | [__\|__]<br><br>Months<br>Years | <br><br>1<br>2 | | |
| 425. | What is the primary reason for why you chose [*method*] when you started using it without stopping? | Easy to use<br>Discrete to use<br>Easy to access<br>Low cost<br>Effectiveness<br>Lack of side effects<br>Positive health benefits<br>Recommended by friend or relative<br>Recommended by provider or community health worker<br>Recommended by my partner<br>It was my only option/I had no choice<br>Other: _____<br>No response | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br><br>9<br>10<br>11<br>12<br>99 | | |
| 426. | When you started using [*method*] without stopping, where did you get it from? | Hospital<br>Health center<br>Health post<br>Community health worker<br>Outreach event/mobile clinic | 1<br>2<br>3<br>4<br>5 | | **If q416 OR q420 = 1-10** |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | Drug shop or pharmacy | 6 | | | |
| | | Market or shop | 7 | | | |
| | | Friend or relative | 8 | | | |
| | | Delivered to home by a delivery service | 9 | | | |
| | | Other (specify) _____ | 10 | | | |
| | | No response | 99 | | →**428** | |
| 427. | Why did you choose this location?<br><br>***Do not read response options. Select all that participant mentions.*** | | Mentioned | Not mentioned | | **If q416 OR q420 = 1-10** |
| | | Close to home (a) | 1 | 0 | | |
| | | Low cost (b) | 1 | 0 | | |
| | | Discreet / confidential (c) | 1 | 0 | | |
| | | Quality products (not counterfeit) (d) | 1 | 0 | | |
| | | Methods usually available (e) | 1 | 0 | | |
| | | It's what I usually do (f) | 1 | 0 | | |
| | | Recommended by friend or relative (g) | 1 | 0 | | |
| | | Provider is nice/polite (h) | 1 | 0 | | |
| | | Trust the provider (i) | 1 | 0 | | |
| | | It's safe (j) | 1 | 0 | | |
| | | It's fast/doesn't take time to get my method (k) | 1 | 0 | | |
| | | It's better than other places (l) | 1 | 0 | | |
| | | Recommended by a health care provider (m) | 1 | 0 | | |
| | | It was the only option available to me (n) | 1 | 0 | | |
| | | Other (specify) _____ (o) | 1 | 0 | | |
| | | Don't know (p) | 1 | 0 | | |
| | | No response (q) | 1 | 0 | | |
| 428. | At that time, was it the method you wanted to delay or avoid getting pregnant? | Yes | 1 | | →**430** | |
| | | No | 0 | | | |
| | | Don't know | 8 | | →**430** | |
| | | No response | 9 | | →**430** | |
| 429. | Why were you unable to get the method you wanted? | | Yes | No | | **If q428 = 0** |
| | | Not available (a) | 1 | 0 | | |
| | | Did not have enough money (b) | 1 | 0 | | |
| | | Provider recommended another method (c) | 1 | 0 | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | ***Do not read response options. Select all that participant mentions.*** | Provider was unable to provide it (d)<br>Partner did not want me to get it (e)<br>Friend or relative did not want me to get it (f)<br>Did not know where to get my preferred method (g)<br>Other: _____ (h)<br>No response (i) | 1<br>1<br>1<br>1<br><br>1<br>1<br>1 | 0<br>0<br>0<br>0<br><br>0<br>0<br>0 | | |
| 430. | At that time, who made the final decision about what method you got?<br><br>***Read response options aloud.*** | You alone<br>Provider<br>Partner<br>You and provider<br>You and partner<br>Other<br>Don't know<br>No response | 1<br>2<br>3<br>4<br>5<br>6<br>8<br>9 | | | |
| 431. | Have you gotten your [method] removed and immediately gotten a new [*method*] inserted at least once since you started using it | Yes<br>No<br>Don't know<br>No response | 0<br>1<br>8<br>9 | | **→ q433**<br>**→ q439** | **If q416 = 1-2 OR q420 = 1-2** |
| 432. | Have you refilled your [*method*] at least once since you started using it? | Yes<br>No<br>Don't know<br>No response | 0<br>1<br>8<br>9 | | **→q439** | **If q416 = 3-9 OR q420 = 3-9** |
| ***READ:*** Thank you. Now, I am going to ask you to think about the last time you obtained this [method].<br>***As a reminder, if you do not remember the answer to any of my questions, you can say "Don't know."*** | | | | | | **If q431 or q432 >0** |
| 433. | The last time you obtained [*method*], where did you obtain it? | Hospital<br>Health center<br>Health post<br>Community health worker<br>Outreach event/mobile clinic<br>Drug shop or pharmacy<br>Market or shop<br>Friend or relative<br>Delivered to home by a delivery service | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9 | | | **If q420 or q421 >0** |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | Other (specify)<br>No response | 10<br>99 | | →436 | |
| 434. | The last time you obtained [*method*], how many units/packets of the method did you get? | [__][__] months/units/packets<br><br>record 88 for don't know<br>record 99 for no response | | | | **If q431 or q432 >0 AND q416 OR q420 =4,5,6,7 OR q417=2 OR q421=2** |
| 435. | Why did you choose this location?<br><br>***Do not read response options. Select all that participant mentions.*** | | Mentioned | Not mentioned | | **If q431 or q432 >0** |
| | | Close to home (a) | 1 | 0 | | |
| | | Low cost (b) | 1 | 0 | | |
| | | Discreet / confidential (c) | 1 | 0 | | |
| | | Quality products (not counterfeit) (d) | 1 | 0 | | |
| | | Methods usually available (e) | 1 | 0 | | |
| | | It's what I usually do (f) | 1 | 0 | | |
| | | Recommended by friend or relative (g) | 1 | 0 | | |
| | | Provider is nice/polite (h) | 1 | 0 | | |
| | | Trust the provider (i) | 1 | 0 | | |
| | | It's safe (j) | 1 | 0 | | |
| | | It's fast/doesn't take time to get my method (k) | 1 | 0 | | |
| | | It's better than other places (l) | 1 | 0 | | |
| | | Recommended by a health care provider (m) | 1 | 0 | | |
| | | It was the only option available to me (n) | 1 | 0 | | |
| | | Other (specify) _____ (o) | 1 | 0 | | |
| | | Don't know (p) | 1 | 0 | | |
| | | No response (q) | 1 | 0 | | |
| 436. | During that visit, did you get the method you wanted to delay or avoid getting pregnant? | Yes<br>No<br>Don't know<br>No response | 1<br>0<br>8<br>9 | | →438<br><br>→438<br>→438 | **If q431 or q432 >0** |
| 437. | Why were you unable to get the method you wanted? | | Yes | No | | **If q436 = 0** |
| | | Not available (a) | 1 | 0 | | |
| | | Did not have enough money (b) | 1 | 0 | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | ***Do not read response options. Select all that participant mentions.*** | Provider recommended another method (c)<br>Provider was unable to provide it (d)<br>Partner did not want me to get it (e)<br>Friend or relative did not want me to get it (f)<br>Did not know where to get my preferred method (g)<br>Other: _____ (h)<br>No response (i) | 1<br>1<br>1<br>1<br>1<br>1<br>1 | 0<br>0<br>0<br>0<br>0<br>0<br>0 | | |
| 438. | During that visit, who made the final decision about what method you got? | You alone<br>Provider<br>Partner<br>You and provider<br>You and partner<br>Other<br>Don't know<br>No response | 1<br>2<br>3<br>4<br>5<br>6<br>8<br>9 | | | **If q431 or q432 >0** |
| 439. | Since you started using [method], have you experienced any changes in your menstrual cycle or monthly period/bleeding or other side effects? This can include changes in how long you bled, how much you bled, how often you bled, how regularly you bled, how your blood looked and/or smelled—including more or fewer blood clots, as well as changes in your menstrual cramping and pain. | Yes<br>No<br>Don't know<br>No response | 1<br>0<br>8<br>9 | | <br>**→445**<br>**→445**<br>**→445** | **If q416 OR q420 = 1-5** |
| 440. | Have you sought assistance from anyone or anywhere to manage any of these? | Yes<br>No<br>Don't know<br>No response | 1<br>0<br>88<br>99 | | <br>**→443**<br>**→443**<br>**→443** | **If q439 = 1** |

| | | | | | | |
|---|---|---|---|---|---|---|
| 441. | From whom or where did you seek assistance?<br><br>***Read response options aloud.*** | | Yes | No | | **If q440 = 1** |
| | | Provider at health facility (a) | 1 | 0 | | |
| | | Community health worker (b) | 1 | 0 | | |
| | | Drug shop operator or pharmacist (c) | 1 | 0 | | |
| | | Shop or market in the community (d) | 1 | 0 | | |
| | | Internet or website (e) | 1 | 0 | | |
| | | Friend or relative (f) | 1 | 0 | | |
| | | Other (specify)_____ (g) | 1 | 0 | | |
| | | Don't know (h) | 1 | 0 | | |
| | | No response (i) | 1 | 0 | | |
| 442. | What were the main side effects you sought assistance for?<br><br>***Do not read response options. Select all that respondent mentions.*** | | Yes | No | | **If q440 = 1** |
| | | **MENSTRUAL SIDE EFFECTS** | | | | |
| | | Heavier bleeding (a) | 1 | 0 | | |
| | | Lighter bleeding (b) | 1 | 0 | | |
| | | Longer bleeding (c) | 1 | 0 | | |
| | | Shorter bleeding (d) | 1 | 0 | | |
| | | More regular or predictable bleeding (e) | 1 | 0 | | |
| | | Less regular or predictable bleeding (f) | 1 | 0 | | |
| | | Changes in how blood looks (g) | 1 | 0 | | |
| | | More pain and/or cramping (h) | 1 | 0 | | |
| | | Less pain and/or cramping (i) | 1 | 0 | | |
| | | Stopped or paused bleeding (j) | 1 | 0 | | |
| | | Other changes to your menstrual cycle (k) | 1 | 0 | | |
| | | **OTHER SIDE EFFECTS** | | | | |
| | | headache (l) | 1 | 0 | | |
| | | Abdominal pain (m) | 1 | 0 | | |
| | | Nausea/vomiting (n) | 1 | 0 | | |
| | | Mood changes (o) | 1 | 0 | | |
| | | Changes to skin (such as acne) (p) | 1 | 0 | | |
| | | Weight loss or gain (q) | 1 | 0 | | |
| | | Dizziness (r) | 1 | 0 | | |
| | | Breast tenderness (s) | 1 | 0 | | |
| | | Changes in sex life (t) | 1 | 0 | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | None (u)<br>Other side effects (v)<br>No response (w) | 1<br>1<br>1 | 0<br>0<br>0 | | |
| 443. | Have you done anything to manage these menstrual changes or other side effects yourself? | Yes<br>No<br>Don't know<br>No response | 1<br>0<br>88<br>99 | | <br>→**445**<br>→**445**<br>→**445** | **If q439 = 1** |
| 444. | Which of the following have you used to manage the menstrual change or other side effects on your own?<br><br>***Read response options aloud.*** | | **YES** | **NO** | | **If q443 = 1** |
| | | Changing menstrual hygiene practices (e.g., changing the type/amount of menstrual products you use) (a) | 1 | 0 | | |
| | | Recording and tracking bleeding days (b) | 1 | 0 | | |
| | | Exercise/stretches (c) | 1 | 0 | | |
| | | Changed diet (d) | 1 | 0 | | |
| | | Heat (ex. Hot water bottle, cloth) (e) | 1 | 0 | | |
| | | Over the counter medicine(s), for example paracetamol, ibuprofen, naproxen, etc. (f) | 1 | 0 | | |
| | | Other traditional medicines/ treatments (g) | 1 | 0 | | |
| | | Other, specify: _____ (h) | 1 | 0 | | |
| | | No response (i) | 1 | 0 | | |
| 445. | Are you satisfied with the way you got your method? | Yes<br>No<br>Don't know<br>No response | 1<br>0<br>8<br>9 | | | |
| 446. | Why or why not? | | **Yes** | **No** | | |
| | | Convenient (a) | 1 | 0 | | |
| | | Did not take very much time (b) | 1 | 0 | | |
| | | Did not cost too much (c) | 1 | 0 | | |
| | | Was discrete/confidential (d) | 1 | 0 | | |
| | | Got valuable information from provider (e) | 1 | 0 | | |
| | | Quality products (not counterfeit) (f) | 1 | 0 | | |
| | | Method I wanted was available (g) | 1 | 0 | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | Was inconvenient (h)<br>Took too much time (i)<br>Expensive (j)<br>Was not discrete/confidential (k)<br>Provider was not helpful (l)<br>Low quality of projects (m<br>Method I wanted was not available (h)<br>) | 1<br>1<br>1<br>1<br>1<br>1<br>1 | 0<br>0<br>0<br>0<br>0<br>0<br>0 | | |

**SECTION 5: Interest in accessing FP services from various sources**

***READ INSTRUCTION:*** *Now we would like to understand how you would like to access information and methods related to family planning.*

| NO. | QUESTION | RESPONSE | CODE | | | | | SKIP | RELEVANCE |
|---|---|---|---|---|---|---|---|---|---|
| 501. | How important is it to involve a health care provider or CHW when:<br><br>***Read each option and record whether the participant things it is very important, important, somewhat important, or not important.*** | | VI | I | SI | NI | DK | | **Response options will only show for methods indicated in q401-q409** |
| | | Initiating oral contraceptive pills (a) | 1 | 2 | 3 | 4 | 5 | | |
| | | Refilling oral contraceptive pills (b) | 1 | 2 | 3 | 4 | 5 | | |
| | | Initiating emergency contraception (c) | 1 | 2 | 3 | 4 | 5 | | |
| | | Refilling emergency contraception (d) | 1 | 2 | 3 | 4 | 5 | | |
| | | Initiating self-injection (e) | 1 | 2 | 3 | 4 | 5 | | |
| | | Refilling self-injection (f) | 1 | 2 | 3 | 4 | 5 | | |
| | | Switching a method (g) | 1 | 2 | 3 | 4 | 5 | | |
| | | Removal of an IUD (h) | 1 | 2 | 3 | 4 | 5 | | |
| | | Managing contraceptive side effects (i) | 1 | 2 | 3 | 4 | 5 | | |

| NO. | QUESTION | RESPONSE | CODE | | SKIP | RELEVANCE |
|---|---|---|---|---|---|---|
| 502. | What do you see as the benefits of engaging with a provider when starting or while using oral contraceptive pills, emergency contraception, or injections you could give yourself?<br><br>***Do not read response options. Select all that participant mentions.*** | | **Yes** | **No** | | |
| | | Already go to the health facility for other reasons (a) | 1 | 0 | | |
| | | Saves time (b) | 1 | 0 | | |
| | | Close to home (c) | 1 | 0 | | |
| | | Low cost (d) | 1 | 0 | | |
| | | Discrete/confidential (e) | 1 | 0 | | |
| | | Learn about different methods from provider (f) | 1 | 0 | | |
| | | Get provider's recommendation (g) | 1 | 0 | | |
| | | Learn how to use selected method from provider (h) | 1 | 0 | | |
| | | Manage side effects (i) | 1 | 0 | | |
| | | I feel confident I will get accurate information (k) | 1 | 0 | | |
| | | Quality products (not counterfeit) (l) | 1 | 0 | | |
| | | Methods usually available (m) | 1 | 0 | | |
| | | It's what I usually do (n) | 1 | 0 | | |
| | | Other (specify) _____ (o) | 1 | 0 | | |
| | | Don't know (p) | 1 | 0 | | |
| | | No response (q) | 1 | 0 | | |

| NO. | QUESTION | RESPONSE | CODE | | | | SKIP | RELEVANCE |
|---|---|---|---|---|---|---|---|---|
| 503. | What do you see as the benefits of NOT engaging with a provider when starting or while using oral contraceptive pills, emergency contraception, or injections that you could give yourself? | | **Yes** | | **No** | | | |
| | | Saves time (a) | 1 | | 0 | | | |
| | | No need to travel/less travel (b) | 1 | | 0 | | | |
| | | Flexible schedule/get information or services when I want (c) | 1 | | 0 | | | |
| | | Lower cost (d) | | | | | | |
| | | I have more control (e) | | | | | | |
| | | Discretion / confidentiality (f) | 1 | | 0 | | | |
| | | Do not feel comfortable telling provider what I want / Do not trust provider (g) | 1 | | 0 | | | |
| | | Not getting infected with COVID-19 while getting care (h) | 1 | | 0 | | | |
| | | Methods usually available (i) | | | | | | |
| | | It's what I usually do (k) | 1 | | 0 | | | |
| | | Other (specify) _____(m) | 1 | | 0 | | | |
| | | No benefit (n) | 1 | | 0 | | | |
| | | No response (o) | 1 | | 0 | | | |
| | | | 1 | | 0 | | | |
| | | | 1 | | 0 | | | |
| 504. | Would you be interested in getting oral contraceptive pills from:<br><br>***Read response options aloud.*** | | **Yes** | **No** | **Already do** | **NR** | | |
| | | Community health worker (a) | 1 | 0 | 2 | 9 | | |
| | | Drug shop or pharmacy (b) | 1 | 0 | 2 | 9 | | |
| | | Shop or from market (c) | 1 | 0 | 2 | 9 | | |
| | | Friend or relative (d) | 1 | 0 | 2 | 9 | | |
| | | Delivered to home by delivery service (e) | 1 | 0 | 2 | 9 | | |

| NO. | QUESTION | RESPONSE | CODE | | | | SKIP | RELEVANCE |
|---|---|---|---|---|---|---|---|---|
| 505. | If you didn't have to pay for the product, where would you most like to obtain oral contraceptive pills? | Provider<br>Community health worker<br>Drug shop or pharmacy<br>Shop or market<br>Friend or relative<br>Delivered at home by delivery service<br>Not interested in this method<br>Not aware of this method | 1<br>2<br>3<br>4<br>5<br>6<br><br>7<br>9 | | | | | |
| 506. | Would you be interested in getting emergency contraception from:<br><br>***Read response options aloud.*** | | **Yes** | No | Already do | NR | | |
| | | Community Health Worker (a) | 1 | 0 | 2 | 9 | | |
| | | Drug shop or pharmacy (b) | 1 | 0 | 2 | 9 | | |
| | | Shop or from market (c) | 1 | 0 | 2 | 9 | | |
| | | Friend or relative (d) | 1 | 0 | 2 | 9 | | |
| | | Delivered to home by delivery service (e) | 1 | 0 | 2 | 9 | | |
| 507. | If you didn't have to pay for the product, where would you most like to obtain emergency contraception? | Provider<br>Community health worker<br>Drug shop or pharmacy<br>Shop or market<br>Friend or relative<br>Delivered at home by delivery service<br>Not interested in this method<br>Not aware of this method | 1<br>2<br>3<br>4<br>5<br>6<br><br>7<br>9 | | | | | |
| 508. | Would you be interested in getting instructions and materials to give yourself a contraceptive injection from:<br><br>***Read response options aloud.*** | | **Yes** | No | Already do | NR | | |
| | | Community Health Worker (a) | 1 | 0 | 2 | 9 | | |
| | | Drug shop or pharmacy (b) | 1 | 0 | 2 | 9 | | |
| | | Shop or from market (c) | 1 | 0 | 2 | 9 | | |
| | | Friend or relative (d) | 1 | 0 | 2 | 9 | | |
| | | Delivered to home by delivery service (e) | 1 | 0 | 2 | 9 | | |

| NO. | QUESTION | RESPONSE | CODE | | | | SKIP | RELEVANCE |
|---|---|---|---|---|---|---|---|---|
| 509. | If you didn't have to pay for the product, where would you most like to self-injection supplies? | Provider<br>Community health worker<br>Drug shop or pharmacy<br>Shop or market<br>Friend or relative<br>Delivered at home by delivery service<br>Not interested in this method<br>Not aware of this method | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>9 | | | | | |
| 510. | Would you be interested in getting assistance to manage menstrual changes or other side effects from using family planning methods from:<br>***Read response options aloud.*** | | **Yes** | No | Already do | NR | | |
| | | Community Health Worker (a) | 1 | 0 | 2 | 9 | | |
| | | Drug shop or pharmacy (b) | 1 | 0 | 2 | 9 | | |
| | | Shop or from market (c) | 1 | 0 | 2 | 9 | | |
| | | Friend or relative (d) | 1 | 0 | 2 | 9 | | |
| | | Delivered to home by delivery service (e) | 1 | 0 | 2 | 9 | | |
| 511. | If you didn't have to pay for this service, where would you most like to get assistance to manage menstrual changes or other side effects from using family planning methods? | Provider<br>Community health worker<br>Drug shop or pharmacy<br>Shop or market<br>Friend or relative<br>Delivered at home by delivery service<br>Not interested in this method<br>Not aware of this method | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>9 | | | | | |

**SECTION 6: IUD SELF-REMOVAL**

***READ:*** *Now, I will ask you some questions about IUDs. An IUD, or intrauterine device, is a family planning method that a woman can use to delay or avoid a pregnancy for up to many years. A small loop or coil is placed inside a woman's uterus or womb by a doctor or a nurse. An IUD is usually removed by a healthcare provider at a clinic when a woman wants to stop using it. But there is early research that some women may be*

*able to remove their own IUD instead without a healthcare provider. To do this, a woman could pull on the small string attached to the IUD that is inside her vagina, near the top. I'm going to ask you a few questions about the option of removing an IUD by yourself.*

| NO. | QUESTION | RESPONSE | CODE | | SKIP | RELEVANCE |
|---|---|---|---|---|---|---|
| 601. | Would you be more or less interested in using an IUD as your family planning method if your healthcare provider told you that you had the option to try safely removing it by yourself at home when you wanted to stop using it? | More interested in using an IUD<br>No change in interest in using an IUD<br>Less interested in using an IUD<br>Don't know<br>No response | 1<br>2<br>3<br>8<br>9 | | | |
| 602. | If you ever choose to use an IUD for family planning in the future, do you think you would try to remove it yourself by pulling on the strings inside your vagina when you wanted to stop using it? | Yes<br>Maybe<br>No<br>Don't know<br>No response | 1<br>2<br>0<br>8<br>9 | | **→604** | |
| 603. | Why would you be interested in trying to remove your own IUD?<br><br>***Probe: Any other reason?***<br><br>***Do not read answer options aloud.***<br>***Select multiple.*** | | Yes | No | | **If Q602 ≠ 0** |
| | | Saves money (a) | 1 | 0 | | |
| | | Saves time (b) | 1 | 0 | | |
| | | Can do it anywhere (c) | 1 | 0 | | |
| | | Control over removal/empowerment (d) | 1 | 0 | | |
| | | Less painful than if provider did it (e) | 1 | 0 | | |
| | | More discreet/confidential (f) | 1 | 0 | | |
| | | Other (specify) _____ (g) | 1 | 0 | | |
| | | Don't know (h) | 1 | 0 | | |
| | | No response (i) | 1 | 0 | | |

| NO. | QUESTION | RESPONSE | CODE | | SKIP | RELEVANCE |
|---|---|---|---|---|---|---|
| 604. | Why would you not be interested in trying to remove your own IUD?<br><br>***Probe: Any other reason?***<br><br>***Do not read answer options aloud. Select multiple.*** | | Yes | No | | **If Q602 = 0** |
| | | Worried about safety, damage to health, or injury (a) | 1 | 0 | | |
| | | Worried about pain (b) | 1 | 0 | | |
| | | Don't want to touch self/vagina (c) | 1 | 0 | | |
| | | Worried won't know/remember how to self-remove (d) | 1 | 0 | | |
| | | Won't be able to reach or feel the strings (e) | 1 | 0 | | |
| | | Worried about problems if not successful (f) | 1 | 0 | | |
| | | Other (specify) _____ (g) | 1 | 0 | | |
| | | Don't know (h) | 1 | 0 | | |
| | | No response (i) | 1 | 0 | | |
| 605. | If you wanted to try removing your own IUD, how would you most like to get information about how to do it?<br><br>***Read response options and select one.*** | Witten instructions | 1 | | | **If Q602 ≠ 0** |
| | | Video | 2 | | | |
| | | Verbal instructions, in person | 3 | | | |
| | | Verbal instructions, over the phone | 4 | | | |
| | | Other (specify)_____ | 5 | | | |
| | | Don't know | 8 | | | |
| | | No response | 9 | | | |

| NO. | QUESTION | RESPONSE | CODE | SKIP | RELEVANCE |
|---|---|---|---|---|---|
| 606. | From whom or where would you most like to get this information?<br><br>***Read response options and select one.*** | Healthcare provider | 1 | | **If q602 ≠ 0** |
| | | Community health worker | 2 | | |
| | | Posted on a website online | 3 | | |
| | | Posted or sent via chat on social media like Youtube, Facebook, Twitter, WhatsApp, Viber | 4 | | |
| | | Sent via SMS text message | 5 | | |
| | | Mobile phone application | 6 | | |
| | | Hotline/phone number | 7 | | |
| | | Other (specify) | 8 | | |
| | | Don't know | 88 | | |
| | | No response | 99 | | |

**SECTION 7: REPRODUCTIVE EMPOWERMENT**

***READ INSTRUCTION:*** *The next set of questions are about how you communicate with different people about your reproductive health needs. For each statement, tell me how much you disagree or agree – strongly disagree, disagree, neutral, agree or strongly agree.*

| NO | QUESTIONS | CODING CATEGORY | CODE | SKIP | RELEVANCE |
|---|---|---|---|---|---|
| 701. | You and your healthcare provider talk about using contraception. | Strongly disagree | 1 | | |
| | | Disagree | 2 | | |
| | | Agree | 3 | | |
| | | Strongly agree | 4 | | |

| NO | QUESTIONS | CODING CATEGORY | CODE | SKIP | RELEVANCE |
|---|---|---|---|---|---|
| 702. | You can initiate conversations about using contraception with your healthcare provider. | Strongly disagree<br>Disagree<br>Agree<br>Strongly agree | 1<br>2<br>3<br>4 | | |
| 703. | You can ask your healthcare provider questions about using contraception. | Strongly disagree<br>Disagree<br>Agree<br>Strongly agree | 1<br>2<br>3<br>4 | | |
| 704. | You can share your opinions about using contraception with your healthcare provider. | Strongly disagree<br>Disagree<br>Agree<br>Strongly agree | 1<br>2<br>3<br>4 | | |
| 705. | When discussing contraception with your healthcare provider, she/he pays attention to what you have to say. | Strongly disagree<br>Disagree<br>Agree<br>Strongly agree | 1<br>2<br>3<br>4 | | |
| 706. | You can initiate conversations about using contraception with your partner. | Strongly disagree<br>Disagree<br>Agree<br>Strongly agree | 1<br>2<br>3<br>4 | | |
| 707. | You can share your opinions about using contraception with your partner. | Strongly disagree<br>Disagree<br>Agree<br>Strongly agree | 1<br>2<br>3<br>4 | | |
| 708. | You can share your opinions about how many children you want to have with your partner. | Strongly disagree<br>Disagree<br>Agree<br>Strongly agree | 1<br>2<br>3<br>4 | | |

| NO | QUESTIONS | CODING CATEGORY | CODE | SKIP | RELEVANCE |
|---|---|---|---|---|---|
| 709. | You can tell your partner that you don't feel like having sex without him getting angry, violent, or threatening to leave. | Strongly disagree<br>Disagree<br>Agree<br>Strongly agree | 1<br>2<br>3<br>4 | | |
| 710. | When having conversations about sex and sexual reproductive health with your partner, he pays attention to what you have to say. | Strongly disagree<br>Disagree<br>Agree<br>Strongly agree | 1<br>2<br>3<br>4 | | |
| 711. | You can use contraception even if your partner doesn't want you to. | Strongly disagree<br>Disagree<br>Agree<br>Strongly agree | 1<br>2<br>3<br>4 | | |
| 712. | You can refuse sex with your partner if you don't want to have sex. | Strongly disagree<br>Disagree<br>Agree<br>Strongly agree | 1<br>2<br>3<br>4 | | |
| 713. | Now I will read you two questions and possible answers. Please answer with one of the possible answer options.<br><br>Who makes the final decision about whether or not you use contraception?<br><br>***Read response options***<br>***Select one response*** | Myself<br>My partner<br>My partner and myself jointly<br>My parents<br>My partner's parents<br>Another family member<br>Healthcare provider<br>Other (specify):_____<br><br>Don't know | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br><br>88 | | |

| NO | QUESTIONS | CODING CATEGORY | CODE | SKIP | RELEVANCE |
|---|---|---|---|---|---|
| 714. | Who do you want to make the final decision about whether or not you use contraception?<br><br>***Read response options***<br>***Select one response*** | Myself<br>My partner<br>My partner and myself jointly<br>My parents<br>My partner's parents<br>Another family member<br>Healthcare provider<br>Other (specify):_____<br><br>Don't know | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br><br>88 | | |
| ***READ:*** *"I am going to read you a series of statements. For each statement, please state if you strongly disagree, disagree, agree, or strongly agree."* | | | | | |
| 715. | If your partner did not want you to use contraception, you have a friend or relative who could help you convince your partner that you should use contraception. | Strongly disagree<br>Disagree<br>Agree<br>Strongly agree | 1<br>2<br>3<br>4 | | |
| 716. | If you partner did not want you to use contraception, you could go to people in your community who know about contraception and could help you convince your partner that you should use contraception. | Strongly disagree<br>Disagree<br>Agree<br>Strongly agree | 1<br>2<br>3<br>4 | | |
| 717. | If your partner did not want you to use contraception, you have friends or family who would support you getting contraception anyway. | Strongly disagree<br>Disagree<br>Agree<br>Strongly agree | 1<br>2<br>3<br>4 | | |
| 718. | Friends or family members you are close to can decide when they want to use contraception. | Strongly disagree<br>Disagree<br>Agree<br>Strongly agree | 1<br>2<br>3<br>4 | | |

| NO | QUESTIONS | CODING CATEGORY | CODE | SKIP | RELEVANCE |
|---|---|---|---|---|---|
| 719. | Friends or family members you are close to use contraception even when their partner does not want them to. | Strongly disagree<br>Disagree<br>Agree<br>Strongly agree | 1<br>2<br>3<br>4 | | |
| 720. | Friends or family members you are close to think you should be able to decide when to use contraception. | Strongly disagree<br>Disagree<br>Agree<br>Strongly agree | 1<br>2<br>3<br>4 | | |

**SECTION 8: SELF-EFFICACY**

***READ INSTRUCTION:*** *I am going to ask you a series of questions. For each question I would like you to tell me how certain are you that you can do the item I mention. I would like you to respond on a scale of 0 to 10 with 0 being "cannot do at all" and 10 being "highly certain can do".*

| NO | QUESTIONS | CODING CATEGORY | CODE | SKIP | RELEVANCE |
|---|---|---|---|---|---|
| | *How certain are you that you can do the following?* | | | | |
| 801. | Choose a family planning method that will work well for me | Cannot do at all<br><br><br><br><br><br><br><br><br>Highly certain can do | 0<br>1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10 | | |
| 802. | Obtain the method of family planning I want, if I want one | Cannot do at all<br><br><br><br><br> | 0<br>1<br>2<br>3<br>4<br>5 | | |

| NO | QUESTIONS | CODING CATEGORY | CODE | SKIP | RELEVANCE |
|---|---|---|---|---|---|
| | | | 6 | | |
| | | | 7 | | |
| | | | 8 | | |
| | | | 9 | | |
| | | Highly certain can do | 10 | | |
| 803. | Obtain a different method of family planning if the one I want isn't available | Cannot do at all | 0 | | |
| | | | 1 | | |
| | | | 2 | | |
| | | | 3 | | |
| | | | 4 | | |
| | | | 5 | | |
| | | | 6 | | |
| | | | 7 | | |
| | | | 8 | | |
| | | | 9 | | |
| | | Highly certain can do | 10 | | |
| 804. | Find solutions to bothersome side effects from family planning or switch methods if needed because of bothersome side effects | Cannot do at all | 0 | | |
| | | | 1 | | |
| | | | 2 | | |
| | | | 3 | | |
| | | | 4 | | |
| | | | 5 | | |
| | | | 6 | | |
| | | | 7 | | |
| | | | 8 | | |
| | | | 9 | | |
| | | Highly certain can do | 10 | | |
| 805. | Use a family planning method according to instructions to prevent pregnancy | Cannot do at all | 0 | | |
| | | | 1 | | |
| | | | 2 | | |
| | | | 3 | | |
| | | | 4 | | |
| | | | 5 | | |

| NO | QUESTIONS | CODING CATEGORY | CODE | SKIP | RELEVANCE |
|---|---|---|---|---|---|
| | | | 6 | | |
| | | | 7 | | |
| | | | 8 | | |
| | | | 9 | | |
| | | Highly certain can do | 10 | | |
| 806. | Stop using family planning and get pregnant again if/when I want to | Cannot do at all | 0 | | |
| | | | 1 | | |
| | | | 2 | | |
| | | | 3 | | |
| | | | 4 | | |
| | | | 5 | | |
| | | | 6 | | |
| | | | 7 | | |
| | | | 8 | | |
| | | | 9 | | |
| | | Highly certain can do | 10 | | |

***READ:*** *This is the end of the survey. Thank you for your answers.*

**End of survey-**

**ANNEX**:

Method Reference List, in order from most effective to least effective. The description for each method will be programmed into the electronic version of the questionnaire, wherever appropriate.

| | Contraceptive method | Description |
|---|---|---|
| 1. | Voluntary sterilization (female) | *Women can have an operation (tubal ligation, laparectomy, surgical contracpetion) to avoid having any more children.* |
| 2. | Voluntary sterilization (male) | *Men can have an operation (vasectomy, surgical contraception) to avoid having any more children.* |

| | | |
|---|---|---|
| 3. | Implant | *Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.* |
| 4. | Intra Uterine Device (IUD) | *Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.* |
| 5. | Intra-muscular injectable (Depo-Provera) | *Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.* |
| 6. | Subcutaneous injectable (DMPA-SC) | *A contraceptive injection administered via a small needle that you could give yourself after a provider or CHW shows you how to do it. This is a much smaller needle than ones you may be familiar with that are used for other types of injectable contraceptives.* |
| 7. | Daily oral pills | *Women can take a pill every day to avoid becoming pregnant. Pills may be purchased at a pharmacy, drug shop, or online depending on the country.* |
| 8. | Emergency contraception | *As an emergency measure after unprotected sexual intercourse women can take special pills at any time within three to five days to prevent pregnancy. Pills may be purchased at a pharmacy, drug shop, or online.* |
| 9. | Condoms (male) | *Men can put a rubber sheath on his penis before sexual intercourse.* |
| 10. | Condoms (female) | *A woman can place a pouch with a flexible ring on each end inside of her vagina before sexual intercourse.* |
| 11. | Diaphragm | A *shallow, dome-shaped cup made of silicone that a woman can insert into her vagina. It covers her cervix and keeps sperm out of her uterus.* |
| 12. | Spermicidal gel | *Creams, films, foams, gels, and suppositories that contain chemicals that stop sperm from moving. A woman can insert it deep in her vagina, so it also keeps sperm from getting through her cervix and into her uterus.* |
| 13. | Standard days method or Cycle Beads | *A woman can use a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she and her partner use a condom or do not have sexual intercourse* |
| 14. | LAM | *Women who have just had a baby and meet three criteria are protected from pregnancy. Women must be exclusively breastfeeding, have not resumed menstruating, and are 6 months or less postpartum* |
| 15. | Calendar or Rhythm method | *A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.* |
| 16. | Withdrawal | *Men can be careful and pull out before climax.* |