R4S – Acceptability of family planning self-care behaviors and practices in Nepal, Niger, and Uganda
Survey with male participants

Instructions to Interviewers

This survey is for men living in households that have been randomly selected for male participation .

- ***BEFORE consent and BEFORE administering this survey, ask "How old were you at your last birthday?"***
  - **Do not record the response**
  - **If 18 years or older, proceed with informed consent; if too young, 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 men 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 a unique, confidential ID number

AFTER the participant has consented, but before proceeding with the eligibility 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 SNU 2 SNU 3 SNU 4 SNU 5 SNU 6 SNU 7 SNU 8	1 2 3 4 5 6 7 8
002	Does the participant reside in a rural or urban location?	Rural Semi-urban Urban	1 2 3
003	PSU CODES [EA or ward]	PSU 1 PSU 2 PSU 3 PSU 4 PSU 5	1 2 3 4 5
004	Household Number	[____|____] ***Record code***	
005	Enter the participant ID ***Fill in consecutively for each member of the household, beginning with 01.***	[2|____|____] ***Record code***	

NO.	QUESTION	RESPONSE	CODE
006	Full Participant ID ***Calculated field, based on q001-q003-q005***	[__] - [__|__] - [__|__] - [_2_|__|__] 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 his time. Let him know that he has done nothing wrong, but you would like to interview men 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	RELEVANCE
101.	How old were you at your last birthday?	[___|___] ***Years***		**If <18 → STOP**	
102.	What is your marital status?	Currently Married Living together as if married Divorced or Widowed Never Married	1 2 3 4	 **→104** **→104**	
103.	How many wives do you have?	1 More than 1 No response	1 2 9	**→107** **→107** **→107**	**If Q102 = 1 or 2**
104.	Have you ever had a girlfriend or casual partner?	Yes No Don't Know No response	1 0 8 9	**→106** **→STOP** **→STOP** **→STOP**	**If Q102 = 4**

NO.	QUESTION	RESPONSE	CODE	SKIP	RELEVANCE
105.	Have you had a girlfriend or casual partner since your divorce/the death of your spouse?	Yes No Don't know No response	1 0 8 9	 →**STOP** →**STOP** →**STOP**	**If Q102 = 3**
106.	When was the last time you met your girlfriend or casual partner?	Three months ago, or less More than three months ago Don't know No response	1 0 8 9	→**108** →**STOP** →**STOP** →**STOP**	**If Q104 = 1 or Q105 = 1**
107.	Do you currently have a girlfriend or casual partner?	Yes No No response	1 0 9	 →**109** →**109**	**If Q102 = 1 or 2**
108.	How many girlfriends or casual partners do you have?	1 More than 1 No response	1 2 9		**If Q106 = 1 or Q107 = 1**
	If you have more than one girlfriend, partner or wife, please think about the girlfriend, partner or wife you are most likely to talk to about family planning. We refer to this person as your main partner.			**If q102 = 1 or 2 AND q103 = 2 OR If q102 = 1 or 2 AND q107 = 1 OR If q108 = 2**	
109.	Are you or your main partner currently doing something or using any method to avoid becoming pregnant?	Yes No Don't know No response	1 0 8 9		
110.	Are you or your main partner sterilized? ***This includes tubal ligation or hysterectomy for women, vasectomy for men***	Yes No Don't know No response	1 2 8 9	→**STOP**	

NO.	QUESTION	RESPONSE	CODE	SKIP	RELEVANCE
111.	***Do not read questions 110-111 out loud*** Does the participant have a female partner who has already been surveyed and assigned a Participant ID?	Yes No	1 2	→**201**	
112.	***Do not read questions 110-111 out loud*** Enter the participant's female partner Participant ID. ***SNU, PSU, and HH codes are automatically generated based on Q005.***	[__] - [__|__] - [__|__] - [_1_|__|__] 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

First, I would like ask some information about you and your family.

NO.	QUESTION	RESPONSE	CODE	SKIP
201.	What is the highest level of school you've attended?	No formal schooling Primary school Secondary school University or technical school No response	1 2 3 4 9	
202.	Did you do any paid work within the last six months?	Yes No Don't Know No response	1 0 8 9	
203.	How many living children do you have?	[___|___]		
204.	Would you like to have any (more) children?	Yes No Don't Know No response	1 0 8 9	 **→206** **→206** **→206**
205.	Which of the following best describes your wishes for children in the future? ***Read response options and select one.***	I want a child within the next two years I want to wait more than two years before the birth of a child I want a child but I don't know when I don't know if I want a child I don't want any children or I don't want any more children No response	1 2 3 4 5 9	
<u>READ:</u> 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."				

NO.	QUESTION	RESPONSE	CODE	SKIP
206.	What is the typical age when girls start their menstrual cycle (also called menarche)? ***Read response options aloud and select one.***	8 to 10 years 10 to 15 years 16 to 18 years Don't know	1 2 3 88	
207.	What is the sign that a girl is now able to get pregnant? ***Read response options aloud and select one.***	Physical changes (increase in breast size, wider hips, pubic hair) First monthly bleeding (period) Start developing feelings of sexual attraction Don't know	1 2 3 8	
208.	What is considered the first day of a woman's menstrual cycle? ***Read response options aloud and select one.***	The first day of monthly bleeding (period) The day of ovulation The last day of monthly bleeding (period) Don't know	1 2 3 8	
209.	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. ***Read response options aloud and select one.***	Between 15 to 20 days Between 26 to 32 days Between 35 to 40 days Don't know	1 2 3 8	

NO.	QUESTION	RESPONSE	CODE	SKIP
210.	When during the menstrual cycle is a woman most likely to become pregnant? ***Read response options aloud and select one.***	Just before her monthly bleeding (period) begins During her monthly bleeding (period) Right after her monthly bleeding (period) has ended Halfway between the beginning of one monthly bleeding (period) and the beginning of the next Anytime Don't know	1 2 3 4 5 8	
211.	About how many days per cycle can a woman get pregnant? ***Read response options aloud and select one.***	1-2 days per cycle 5-7 days per cycle 10-12 days per cycle Anytime Don't know	1 2 3 4 8	
212.	How long does it take for you to get to the nearest preferred health facility?	Less than 15 minutes 15 to 30 minutes 30 minutes to 1 hour 1-2 hours More than 2 hours Don't know No response	1 2 3 4 5 8 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	RELEVANCE
301.	In the past 12 months, have you and/or your main partner sought information about any of the following?		Yes	No		
		When couples can get pregnant (a)	1	0		
		Contraceptive method choices (b)	1	0		
		Managing contraceptive				

NO.	QUESTION	RESPONSE	CODE		SKIP	RELEVANCE
	Read responses and select all that apply	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 and 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? ***Read response options.***		**Yes**	**No**		
		SMS/voice message (a)	1	0		
		Social media apps such as WhatsApp, Facebook, Twitter, Instagram (b)	1	0		
		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? ***Read response options.***		Yes	No		
		How family planning methods work (a)	1	0		
		Contraceptive side effects (b)	1	0		
		Contraceptive benefits (c)	1	0		

NO.	QUESTION	RESPONSE	CODE		SKIP	RELEVANCE
		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 and your partner's 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? ***PROBE: Women can take a pill every day to avoid becoming pregnant.***	Yes No No response	1 0 9		
402.	Have you ever heard of emergency contraception? ***PROBE: As an emergency measure after unprotected sexual intercourse women can take***	Yes No No response	1 0 9		

NO.	QUESTION	RESPONSE	CODE	SKIP	
	special pills at any time within five days to prevent pregnancy.				
403.	Have you ever heard of male condoms? ***PROBE: Men can put a rubber sheath on their penis before sexual intercourse.***	Yes No No response	1 0 9		
404.	Have you ever heard of female condoms? ***PROBE: Women can put a sheath in their vagina before sexual intercourse.***	Yes No No response	1 0 9		
405.	Have you ever heard of the diaphragm? ***PROBE: Women can place a thin flexible disk in their vagina before sexual intercourse.***	Yes No No response	1 0 9		
406.	Have you ever heard of foam or jelly as a contraceptive method? ***PROBE: Women can place a suppository, jelly, or cream in their vagina before sexual intercourse to prevent pregnancy.***	Yes No No response	1 0 9		
407.	Have you ever heard of the standard days method or Cycle Beads? ***PROBE: A Woman can use a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she and her partner use***	Yes No No response	1 0 9		

NO.	QUESTION	RESPONSE	CODE		SKIP	
	a condom or do not have sexual intercourse.					
408.	Have you ever heard of the Lactational Amenorrhea Method or LAM?	Yes No No response	1 0 9			
409.	Have you ever heard of the rhythm method? ***PROBE: Women can avoid pregnancy by not having sexual intercourse on the days of the month they think they can get pregnant.***	Yes No No response	1 0 9			
410.	Have you ever heard of the withdrawal method? ***PROBE: Men can be careful and pull out before climax.***	Yes No No response	1 0 9			
411.	Have you ever heard of any other ways or methods that women or men can use to avoid pregnancy?	Yes No No response	1 0 9			
412.	What places do you know of to get methods? ***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		

NO.	QUESTION	RESPONSE	CODE	SKIP	
413.	Have you ever had sexual intercourse?	Yes No Don't know No response	1 0 8 9	 →415 →415 →415	**Skip if Q102 = 1 or 2**
414.	When was the last time you had sexual intercourse? ***Select 1 for days*** ***Select 2 for weeks*** ***Select 3 for months*** ***Select 4 for years*** ***Only select days if <1 week*** ***Only select weeks if <1 month*** ***Only select months if <1 year*** ***If don't know, record 88*** ***If no response, record 99*** ***Accept estimates***	[__|__] Days Weeks Months Years	 1 2 3 4		**If Q413 = 1**
415.	[*automated from screening question Q104]* Are you or your main sexual partner currently doing something or using any method to delay or avoid getting pregnant?	Yes No Don't know No response	1 2 8 9	 **→419** **→419** **→419**	
416.	What method are you and your main sexual partner currently using? ***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***	Implant IUD Injectables Pill Emergency contraception Male condom Female condoms Diaphragm	1 2 3 4 5 6 7 8	**→R1** **→R1** **&Uganda →417 (otherwise →R1)** **→R1** **→R1** **→R1** **→R1** **→R1**	**If Q415=1**

NO.	QUESTION	RESPONSE	CODE	SKIP	
	traditional methods being the least effective. [refer to Method Description list, in Annex. This will be programmed into the electronic version of the survey for reference]	Foam/Jelly Std. Days/Cycle beads LAM Rhythm method Withdrawal Other traditional methods No response	9 10 11 12 13 14 99	**→R1** **→R1** **→R1** **→419** **→419** **→419** **→419** **(skip to q419 only if no modern method selected)**	
417.	Was the injection administered via syringe or small needle? [UGANDA ONLY]	Syringe Small needle (Sayana Press) Don't know No response	1 2 8 9	**→R1** **→R1**	**if Q416=3 & Uganda**
418.	Who administered the injection? [UGANDA ONLY]	My partner did it herself I gave it to my partner Another friend or relative A health care provider A community health worker Chemical/drug shop operator Pharmacist Someone else Don't know No response	1 2 3 4 5 6 7 8 88 99	**All → R1**	**If Q416=3 & Uganda**
419.	Have you and your main sexual partner ever done anything or tried in any way to delay or avoid getting pregnant?	Yes No Don't know No response	1 2 8 9	 **→501** **→501** **→501**	**if q415≠1**

NO.	QUESTION	RESPONSE	CODE	SKIP	
420.	What method(s) did you and your main sexual partner use most recently? ***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.*** [refer to Method Description list, in Annex. This will be programmed into the electronic version of the survey for reference]	Implant IUD Injectables Pill Emergency contraception Male condom Female condoms Diaphragm Foam/Jelly Std. Days/Cycle beads LAM Rhythm method Withdrawal Other traditional methods Never used any method Don't know/remember No response	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 88 99	**→501** **→501** **→501** **→501** **→501** **→501** **(skip to q501 if no modern method selected)**	**if q415≠1**
421.	Was the injection administered via syringe or small needle? [UGANDA ONLY]	Syringe Small needle (Sayana Press) No response	1 2 9		**if Q420=3 & Uganda**
422.	Who administered the injection? [UGANDA ONLY]	I did it myself A friend or relative A health care provider A community health worker Chemical/drug shop operator Pharmacist Someone else No response	1 2 3 4 5 6 7 9		**If Q420=3 & Uganda**

NO.	QUESTION	RESPONSE	CODE	SKIP	
	FOR PROGRAMMING PURPOSES ONLY define [*method*] as reference for the rest of Section 4	If Q402=1, [*method*] = Q403 If Q406=1, [*method*] = Q407			
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 since you have used it 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 q419 =1**
423.	When did you stop using [*method*]? ***Do not read response options. Select the option that best fits the participant's response, accept estimates.***	Within the past 3 months Within the past 4-11 months Within the past 1-2 years More than 2 years ago Don't know No response	1 2 3 4 8 9		**If q419 = 1**
424.	For how long have you/did you and your partner used [*method*]? ***Select 1 for months*** ***Select 2 for years*** ***Only select months if <1 year*** ***If don't know, record 88*** ***If no response, record 99***	[__|__] Months Years	 1 2		
425.	What is the primary reason for why you chose [*method*] when you first started using it without stopping?	Easy to use Discrete to use Easy to access Low cost Effectiveness Lack of side effects Positive health benefits Recommended by friend or relative	1 2 3 4 5 6 7 8		

NO.	QUESTION	RESPONSE	CODE	SKIP	
		Recommended by provider or community health worker	9 10		
		Recommended by my partner	11		
		It was my only option/I had no choice	12		
		Other: _____	99		
		No response			
426.	When you and/or your partner started using [*method*] without stopping, where did you get it from?	Hospital Health center Health post Community health worker Outreach event/mobile clinic Drug shop or pharmacy Market or shop Friend or relative Delivered to home by a delivery service Other (specify) _____ No response	1 2 3 4 5 6 7 8 9 10 99	**→428**	**If q416 OR q420 = 1-10**
427.	Why did you and/or your partner choose this location? ***Do not read response options. Select all that participant mentions.***		Mentioned / Not mentioned		**If q416 OR q420 = 1-10 Or If q426≠'99'**
			0		
		Close to home (a)	1		
		Low cost (b)	0 1		
		Discreet / confidential (c)	0 1		
		Quality products (not counterfeit) (d)	0 1		
		Methods usually available (e)	0 1		
		It's what I usually do (f)	0 1		
		Recommended by friend or relative (g)	0 1		
		Provider is nice/polite (h)	0 1		
		Trust the provider (i)	0 1		
		It's safe (j)			
		It's fast/doesn't take time to get my method (k)	0 1		
		It's better than other places (l)	0 1		
		Recommended by a health care provider (m)	0 1		
			0 1		

		It was the only option available to me (n) Other (specify) _____ (o) Don't know (p) No response (q)	1 1 1	0 0		
428.	At that time, was it the method you wanted to delay or avoid getting pregnant?	Yes No Don't know No response	1 0 8 9		**→430** **→430** **→430**	
429.	Why were you and/or your partner unable to get the method you wanted? ***Do not read response options. Select all that participant mentions.***		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		
		Provider was unable to provide it (d)	1	0		
		Partner did not want me to get it (e)	1	0		
		Friend or relative did not want me to get it (f)	1	0		
		Did not know where to get my preferred method (g)	1	0		
		Other: _____ (h)	1	0		
		No response (i)	1	0		
430.	At that time, who made the final decision about what method you got? ***Read response options aloud.***	You alone Provider Partner You and provider You and partner Other Don't know No response	1 2 3 4 5 6 8 9			
431.	Have you and/or your partner refilled [method] at least once since you started using it?	Yes No Don't know No response	1 0 8 9		**→ 501**	**If q416 = 1-10 OR q420 = 1-10**

READ: Thank you. Now, I am going to ask you to think about the last time you/your partner obtained this [method]. ***As a reminder, if you do not remember the answer to any of my questions, you can say "Don't know."***					**If q431 >0**
432.	The last time you and/or your partner obtained [*method*], how many units/packets of the method did you get?	[__][__] months/units/packets record 88 for don't know record 99 for no response			**if q421>0 AND q416 OR q420 =4,5,6,7 OR q417=2 OR q421=2**
433.	The last time you and/or your partner obtained [*method*], where did you obtain it?	Hospital Health center Health post Community health worker Outreach event/mobile clinic Drug shop or pharmacy Market or shop Friend or relative Delivered to home by a delivery service Other (specify) _____ No response	1 2 3 4 5 6 7 8 9 10 99	**→435**	**If q421 >0**
434.	Why did you choose this location? ***Do not read response options. Select all that participant mentions.***		Mentioned / Not mentioned		**If q421 >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) Other (specify) _____ (o) Don't know (p) No response (q)	1 1 1	0 0		
435.	During that visit, did you get the method you wanted to delay or avoid getting pregnant?	Yes No Don't know No response	1 0 8 9		**→437** **→437** **→437**	**If q421 >0**
436.	Why were you unable to get the method you wanted? ***Do not read response options. Select all that participant mentions.***		Yes	No		**If q435 = 0**
		Not available (a)	1	0		
		Did not have enough money (b)	1	0		
		Provider recommended another method (c)	1	0		
		Provider was unable to provide it (d)	1	0		
		Partner did not want us to get it (e)	1	0		
		Friend or relative did not want me to get it (f)	1	0		
		Did not know where to get my preferred method (g)	1	0		
		Other: _____ (h)	1	0		
		No response (i)	1	0		
437.	At that time, who made the final decision about what method you got?	You alone Provider Partner You and provider You and partner Other Don't know No response	1 2 3 4 5 6 8 9			**If q421 >0**
438.	Are you satisfied with the way you got your method?	Yes No Don't know No response	1 0 8 9			

439.	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)	1	0		
		Took too much time (i)	1	0		
		Expensive (j)	1	0		
		Was not discrete/confidential (k)	1	0		
		Provider was not helpful (l)	1	0		
		Low quality of projects (m	1	0		
		Method I wanted was not available (h))	1	0		

SECTION 5: INTEREST IN ACCESSING FP SERVICES FROM VARIOUS SOURCES

READ: *Now we would like to understand how you would like to access information and methods related to family planning methods you may be interested in getting.*

NO.	QUESTION	RESPONSE	CODE					SKIP	RELEVANCE
501.	How important is it to involve a health care provider or CHW when: ***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)							
		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? ***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)				
		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)				
		It's what I usually do (n)	1	0		
		Other (specify) _____ (o)	1	0		
			1	0		
		Don't know (p)	1	0		
		No response (q)				
			1	0		
			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)	1		0			
		I have more control (e)						
		Discretion / confidentiality (f)						
		Do not feel comfortable telling provider	1		0			
		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)	1		0			
		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 family planning methods from: ***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 family planning methods?	Provider Community health worker Drug shop or pharmacy Shop or market Friend or relative Delivered at home by delivery service Not interested in this method Not aware of this method	1 2 3 4 5 6 7 9		

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

End of survey-