Before Focus Group Discussions

FGD Number	C[1/2/3]0[___]
Completed consent with participant?	◯ Yes
Date	_____

We are asking you some questions about yourself before the group discussion. We have asked some of these questions before, but we are just confirming them today.

Q	QUESTION	RESPONSES	SKIP
1	**How old were you on your last birthday?**	Age [ ]	Skip to B if not 18-49
	Question versions by site: *Wits MRU – version "a" of questions* *Two Oceans in Health – version "b" of questions* *OHSU – version "c" of questions*		
2a	**What is the highest level of school you completed?**	☐ Primary ☐ Secondary ☐ Tertiary/University ☐ Post matric qualification ☐ No response	-
2b	**What is the highest level of school you completed?**	Primary ..... 1 Secondary ..... 2 Tertiary ..... 4 University ..... 5 No response ..... -99	-
2c	**What is the highest level of school you completed?**	Primary ..... 1 Secondary ..... 2 Tertiary ..... 4 University ..... 5 No response ..... -99	-

Q	QUESTION	RESPONSES	SKIP
3a	**What types of partner do you currently have?** *Select all that apply*	☐ Regular partner/boyfriend/ fiancé - not living together ☐ Regular partner/boyfriend/ fiancé - living together ☐ Husband/spouse (legally or traditionally married) - living together ☐ Husband/spouse (legally or traditionally married) - not living together ☐ Casual partner/s ☐ No partner ☐ Other, specify (Okunye, chaza) _____ ☐ No response	-
3b	**Are you married or living together with someone as if married?** *If no, probe:* Have you been married before?	No, never in union ..... 0 Yes, currently married..... 1 Yes, living with a man ..... 2 Divorced/separated/widowed..... 3 No response..... -99	-
3c	**Are you married or living together with someone as if married?** *If no, probe:* Have you been married before?	No, never in union ..... 0 Yes, currently married..... 1 Yes, living with a man ..... 2 Divorced/separated/widowed..... 3 No response..... -99	-
4	**(a) Are you pregnant?** **(b) Are you breastfeeding?** **(c) Has it been less than a year since you last gave birth?**	☐ Yes (to any) ☐ No (to all)	Skip to C if Yes
5	**Have you ever been pregnant?**	☐ Yes ☐ No ☐ No response	-
6	**Are you currently using a method of contraception?**	☐ Yes ☐ No	Skip to Q8 if Yes
7	**Have you used a method of contraception in the last three months?** *Confirm*: Have you used any method since_____ [*3 months before today (e.g., August if it is November)*] *Note with injectable users: This would be 6 months after their last DMPA injection (e.g., May if it is November) or 4 months after their last NET-EN injection (e.g., July if it is November).*	☐ Yes ☐ No	Skip to D if No
8a	**What method [are/were] you using?** *Probe*: **Anything else?** *Select all methods mentioned.*	☐ Injectable DMPA ☐ Injectable NET-EN ☐ Pills ☐ Implant(s) ☐ Hormonal IUD	Skip to E if only "Other"

Q	QUESTION	RESPONSES	SKIP
		☐ Nonhormonal IUD ☐ Hormonal rings ☐ Hormonal patches ☐ Other, specify (Okunye, chaza) _____	
8b	**What method [are/were] you using?** **Probe: Anything else?** *Select all methods mentioned.*	Injectables ..... 1 Pills ..... 2 Implant(s) ..... 3 Hormonal IUD ..... 4 Nonhormonal IUD ..... 5 Hormonal rings ..... 6 Hormonal patches..... 7 Other, specify..... 8	Skip to E if only 8
8c	**What method [are/were] you using?** **Probe: Anything else?** *Select all methods mentioned.*	Injectables ..... 1 Pills ..... 2 Implant(s) ..... 3 Hormonal IUD ..... 4 Nonhormonal IUD ..... 5 Hormonal rings ..... 6 Hormonal patches..... 7 Other, specify..... 8	Skip to E if only 8
9	**[Has your period or menstrual cycle been/was your period or menstrual cycle] different at all while using this method?** **Or different compared to your usual period or menstrual cycle before you ever used any contraception?** ***Confirm***: For example: • More or less bleeding • Longer or shorter bleeding • Bleeding when you don't expect it • Changes in how your bleeding looks • Stopped or paused bleeding • More or less pain or cramping before, during, or after bleeding	☐ Yes ☐ No	Skip to F if No
A	**Thank you. We will start the group discussion shortly.**		-
B	**To confirm, you are [AGE] years old?**	☐ Not 18-49.....1 ☐ 18-49.....0	Skip back to Q1 if 0 Skip to G if 1
C	**Are you sure you are [pregnant, breastfeeding, or it has been less than a year since you last gave birth]?**	☐ Pregnant, breastfeeding, or <1 year postpartum.....1 ☐ Not pregnant, breastfeeding, or <1 year postpartum.....0	Skip back to Q4 if 0 Skip to G if 1
D	**Are you sure you [are/were] not using any method of contraception?**	Not using/used.....1 Using.....2 Used.....0	Skip back to Q6 if 2 or Q7 if 0

Q	QUESTION	RESPONSES	SKIP
			Skip to G if 1
E	**Are you sure you [are/were] not using contraceptive:** • **pills you take each day,** • **injections every one or more months,** • **one or more small rods in your upper arm placed by a doctor or nurse, or** • **loop or coil placed inside your womb by a doctor or a nurse?**	Not using/used.....1 Using/used 0	Skip back to Q8 if 0 Skip to G if 1
F	**Are you sure you [have not had/did not have] any changes in your period, menses, or monthly bleeding or cramping while using this method?**	No menstrual changes .....1 Menstrual changes 0	Skip back to Q9 if 0 Skip to G if 1
G	**Thank you, but something has changed, and you are not eligible to join the discussion today.**		-
END			

Participant eligible?	◯ Yes | ◯ No
If yes, participant number	_____