

Research Instrument Cover Sheet

Titles of the research instruments:

- Intake Interview (ITS)
- Mid-term check-up at months (CUI)
- Follow-up Interview at 12 months (FUI)

Setting and population where the instrument will be used: The two instruments (Intake and Follow-up interviews), as well as the check-up sheet will be used to assess the trends and reasons for contraceptive behaviour and assess influencing factors that lead to contraceptive switching/non-switching and discontinuation. The intake interview will be conducted between Month 10 and 12 of the study and the follow-up between the 22 to 24 months. The check-up interview will be on month 16.

Participants need to be new users of family planning services at either the intervention and the control facility. For this study, “New” users of family planning methods are defined as women who:

- Never used a family planning method (new acceptors)
- Are switching from a traditional to a modern family planning method (additional users)
- Are re-starting a family planning method after a period of not using it for at least 6 months (additional users)

A cohort study of new users will be followed for one year. New users will be aged between 15-49 years old, and may or may not have used contraceptives previously. They will be interviewed at the time of method adoption at the facility and will be followed-up after 12 months. The follow-up interviews will take place at the clinic or at home if the woman does not come to the clinic and if they consent to be interviewed at home. Between the two interviews, participants will be followed up either during their routine visit to the facility or by phone at six months to confirm if they are using a method and which method it is.

Objectives of the instruments – what data should this instrument provide: The two main instruments (intake and follow up interview), collect data from new users of family planning services at the facility.

Exposure to or knowledge of the community and provider driven social accountability intervention. The mid-term check-up sheet will be used to reduce loss to follow-up and confirm if the participants is still using a method and which method it is.

Sources and citations/ previous history of instrument use:

The instrument included here is an adapted version from the following documents:

- General Information, current use of family planning, continuation, informed decision making from the Demographic Health Survey http://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm#CP_JUMP_16179
- Client satisfaction with provider from the PMA2020 and Quick Investigation of Quality (QIQ) A User's Guide for Monitoring Quality of Care in Family Planning. MEASURE

Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill. February 2001.

- Contraceptive Discontinuation: A One-Year Follow-Up Study of Female Reversible Method Users in Urban Honduras [Internet]. Contraceptive Discontinuation: A One-Year Follow-Up Study of Female Reversible Method Users in Urban Honduras - MEASURE Evaluation. Available from: <https://www.measureevaluation.org/resources/publications/sr-08-46>
- Health Workers' (2014) Women's VOICES: A Tool to Measure Governance Outcomes in Sexual, Reproductive & Maternal Health Programs. Copyright 2014 Cooperative for Assistance and Relief Everywhere, Inc. (CARE). Used by Permission.

Project ID

A 6 5 8 9 6

Centre ID

□ □ □ □

Facility ID

□ □ - □ □ - □ □ □ □

Subject ID

□ □ □ □

Screen ID

□ □ □ □ □ □

Participant ID

1. Date of current interview:

Day	Month	Year
□ □	□ □	□ □ □ □

2. Language of interview:

- 1 = English
- 2 = Akan
- 3 = Kiswahili
- 4 = Other

2a) If "Other", specify: _____

3. Type of service delivery point where interview took place:

- 1 = Regional/Provincial Hospital
- 2 = District Hospital
- 3 = Health Centre/Clinic
- 4 = Health Post (Community-based Health Planning Services, Ghana)
- 5 = Maternal/Child Health Clinic
- 6 = Dispensary (Tanzania)
- 7 = Other

3a) If "Other", specify: _____

4. Ensured privacy and confidentiality for the interview:

- 1 = Yes
- 2 = No

5. Record time at the start of the interview using a 24 hour clock:

5a) Hour: (hh) □ □
5b) Minute: (mm) □ □

MODULE 1 - BACKGROUND CHARACTERISTICS

6. How old were you on your last birthday?

□ □ (years)

7a. What is the highest level of school you have completed?

Probe: Did you complete primary, secondary or higher?

- 1 = No formal schooling
- 2 = Some primary school
- 3 = Completed primary school
- 4 = Some secondary school
- 5 = Completed secondary school
- 6 = Any tertiary education
- 7 = No answer

7b. How many years of education have you completed in total, starting from your primary, secondary and further education?

□ □ (years)

8. Now I would like you to read this sentence to me

Show card to client. If client cannot read the whole sentence, probe "Can you read any part of the sentence to me?"

- 1 = Cannot read at all
- 2 = Able to read only part of the sentence
- 3 = Able to read whole sentence
- 4 = No card with required language
- 5 = Blind/visually impaired

9. Do you consider yourself to have a disability or physical impairment?

- 1 = Yes
- 2 = No **skip to Q11**

10. If "Yes", specify which one:

- 1 = Yes
- 2 = No
- 10a) Prescription glasses
- 10b) Bedridden/wheelchair
- 10c) Medical problem
- 10d) Psychiatric
- 10e) Limb deformity
- 10f) Other

If "Other"= "Yes", specify:

10fs1) _____

10fs2) _____

10fs3) _____

11. What is your current relationship status?

- 1 = Living with partner
- 2 = Living with partner most of the time
- 3 = Not living with partner
- 4 = No partner
- 5 = Other
- 11a) If "Other", specify: _____

12. What is your current marital status?

- 1 = Currently married
- 2 = Never married
- 3 = Widowed
- 4 = Separated
- 5 = Divorced
- 6 = Other
- 12a) If "Other", specify: _____

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13. Do you usually work throughout the year, seasonally, only once in a while, or not at all?

1 = Throughout the year
2 = Seasonally/part of the year
3 = Once in a while
4 = Not at all **skip to Q18**

13a) For this work, are you paid in cash, in kind, or are you not paid at all?

1 = Cash only
2 = Cash and in kind
3 = In kind only
4 = Not Paid

14. What is your occupation? That is, what kind of work do you mainly do?

01 = Currently not working
02 = Subsistence farmer
03 = Commercial farmer
04 = Housewife
05 = Laborer
06 = Domestic worker/maid
07 = Trader/Hawker/Vendor (informal business)
08 = Owns formal business
09 = Professional (lawyer, accountant, etc)
10 = Armed services/Police/Security
11 = Other
14a) If "Other", specify: _____

15. In the past year, how many months did you work?
(months)

16. On average, how much did you earn per month?
(In Ghana cedi for Ghana facilities and in Tanzania shilling for Tanzania facilities)

17. Who usually decides how the money you earn will be spent?

1 = You alone
2 = Your husband/partner
3 = You and your husband/partner
4 = Mother-in-Law or Father-in-Law
5 = Mother or father
6 = Other
17a) If "Other", specify: _____

18. Who usually makes decisions about your healthcare?

1 = You alone
2 = Your husband/partner
3 = You and your husband/partner
4 = Mother-in-Law or Father-in-Law
5 = Mother or father
6 = Other

18a) If "Other", specify: _____

19. What is your ethnic group?

01 = Akan
02 = Ga/Dangme
03 = Ewe
04 = Guan
05 = Mole-Dagbani
06 = Grussi
07 = Gruma
08 = Mande
09 = Mnyakyusa
10 = Mkinga
11 = Mbenaa
12 = Mhehe
13 = Mgogo
14 = Mchagga
15 = Msukuma
16 = Mpogoro
17 = Mndamba
18 = Other

19a) If "Other", specify: _____

20. What is your religion?

1 = Catholic
2 = Protestant
3 = Evangelical
4 = Muslim
5 = No religion
6 = Traditionalist
7 = Other

21. How many times have you been pregnant?
If "0", skip to Q26

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22. How many times have you ever given birth?
22a) Number of deliveries
If "0", skip to Q24
- 22b) Number of live births
If "0", skip to Q24
23. How many living sons and daughters do you have?
23a) Sons:
23b) Daughters:
24. If you have been pregnant, how old were you at your first pregnancy?
25. If you have been pregnant, were your pregnancies planned?
1 = None were planned **skip to Q26**
2 = Some were planned
3 = Yes all were planned **skip to Q26**
25a) If "Some were planned", how many were planned?
26. Do you want to have any/more children or would you prefer not to have any/more children?
1 = Have a/another child
2 = No more **skip to Q28**
3 = Undecided **skip to Q28**
27. When would you like to get pregnant?
1 = Within one year
2 = In one to two years
3 = In more than two years
4 = Unsure

MODULE 2 - PAST USE OF FAMILY PLANNING

Read out: "I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years."

28. Have you ever used a family planning method or tried in any way to delay or avoid getting pregnant?
1 = Yes
2 = No **skip to Q32**

29. Which method was that? (*Input only the most recent method. If respondent mentions more than one recent method, input the one that appears highest on the list*)
01 = Female sterilization
02 = Male sterilization
03 = IUD
04 = Injectables
05 = Implants
06 = Pill
07 = Male Condom
08 = Female condom
09 = Emergency contraception
10 = Standard days method
11 = Lactational amenorrhea method
12 = Rhythm method
13 = Withdrawal
14 = Other
29a) If "Other", specify: _____

30. When did you stop using your most recent method?
Probe: provide the best estimation of the date if you are not sure.

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
31. What was the most important reason for stopping (your most recent method)?
01 = Infrequent sex/husband away
02 = Marital dissolution/separation
03 = Missed appointment
04 = Became pregnant while using
05 = Wanted to become pregnant
06 = Husband/partner disapproved
07 = Wanted more effective method
08 = Method not available
09 = Health concerns
10 = Fear of side effects
11 = Lack of access to services/too far
12 = Costs too much
13 = Inconvenient to use
14 = Fatalistic
15 = Difficult to get pregnant/menopausal
16 = Interferes with normal functioning of the body
17 = Religious reasons
18 = Don't know
19 = Other
31a) If "Other", specify: _____

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Participant ID

MODULE 3 - FAMILY PLANNING SERVICES RECEIVED

READ OUT: "Now I would like to ask you about the family planning services you received today."

32. What was the main reason for your visit today?

- 1 = Family planning
- 2 = Labor and delivery
- 3 = Postnatal care
- 4 = Child health & immunization
- 5 = HIV testing or counseling
- 6 = Post-abortion care
- 7 = Other

32a) If "Other", specify: _____

READ OUT: "I would like to ask you some questions about your current use of family planning."

33. What method are you initiating (starting)?

Record Yes "1" to all methods mentioned and No "2" if not mentioned

- 1 = Yes
- 2 = No

- 33a) Female sterilization
- 33b) Male sterilization
- 33c) IUD
- 33d) Injectables
- 33e) Implants
- 33f) Pill
- 33g) Male condom
- 33h) Female condom
- 33i) Emergency contraception
- 33j) Standard days method
- 33k) Lactational amenorrhea method
- 33l) Other modern method

33s) If "Other modern method" = "Yes", specify: _____

33x. Date you initiated the method?

- 1 = Before the intake interview
- 2 = During the intake interview Skip to Q34

33xs) If "Before the intake interview", specify:

Day	Month	Year

34. (Respond only if Q33g or/and 33h = "Yes")
How do you intend to use the condom?

- Record all responses**
- 1 = Yes
 - 2 = No

34a) Only family planning method

34b) Together with another regular family planning method

34c) Only for unsafe period of new regular family planning method

34d) Occasionally

34e) Will never used condoms

34f) Other

34fs) If "Other" = "Yes", specify: _____

35. Why did you choose to use this current family planning method (highest method mentioned in Q33)?

Record Yes "1" to all reasons mentioned and No "2" if not mentioned

- 1 = Yes
- 2 = No
- 35a) Used method before
- 35b) Fewer side effects
- 35c) Easy to obtain
- 35d) Convenience
- 35e) Able to hide use from others
- 35f) Doctor recommended
- 35g) Friend recommended
- 35h) Family member recommended
- 35i) Partner approved
- 35j) Other

35js) If "Other" = "Yes", specify: _____

36. Who made the decision to use this current family planning method (highest method mentioned in Q33)?

- 1 = You alone
- 2 = Provider
- 3 = Husband/partner
- 4 = You and provider
- 5 = You and husband/partner
- 6 = No response
- 7 = Other

36a) If "Other", specify: _____

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37. Were you ever told by a health or family planning worker about other methods of family planning that you could use?
1 = Yes
2 = No **Skip to Q39**

38. If the health provider told you about other family planning methods, which method were they?
1 = Yes
2 = No

38a) Female sterilization
38b) Male sterilization
38c) IUD
38d) Injectables
38e) Implants
38f) Pill
38g) Male condom
38h) Female condom
38i) Emergency contraception
38j) Standard days method
38k) Lactational amenorrhea method
38l) Rhythm method
38m) Withdrawal
38n) Other
38ns) If "Other"= "Yes" , specify: _____

READ OUT: "I would like to ask you some questions about the health provider that you just consulted"

39. Would you return to this provider?
1 = Yes
2 = No
3 = Unsure
4 = No response

40. Would you refer your relative or friend to this provider /facility?
1 = Yes
2 = No
3 = Unsure
4 = No response

41. During today's visit, did you obtain the family planning method you wanted to delay or avoid getting pregnant?
1 = Yes **skip to Q43**
2 = No
3 = No response **skip to Q43**

42. Why didn't you obtain the method you wanted?
1 = Method out of stock
2 = Method not available at all
3 = Provider not trained to provide the method
4 = Provider recommended a different method
5 = Not eligible for method
6 = Too costly
7 = No response
8 = Other

42a) If "Other", specify: _____

43. For the method you just decided to accept, did the provider explain to you how to use the method effectively?
1 = Yes
2 = No
3 = Don't know
4 = Don't remember
5 = Not applicable

44. For the method you just decided to accept, did the provider describe possible side effects?
1 = Yes
2 = No
3 = Don't know
4 = Don't remember

45. For the method you just decided to accept, did the provider tell you what to do if you have any problems?
1 = Yes
2 = No
3 = Don't know
4 = Don't remember

46. For the method you just decided to accept, did the provider explain whether or not the method provides protection against STIs and HIV?
1 = Yes
2 = No
3 = Don't know
4 = Don't remember

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47. Did the healthcare provider give you a chance to ask questions?

1 = Yes
2 = No **skip to Q49**
3 = No response **skip to Q49**

48. Did the healthcare provider respond to any questions that you asked?

1 = Yes
2 = No

49. Was there anything from your consultation that you didn't understand?

1 = Yes
2 = No **skip to Q52**

50. Did you ask the provider to explain the part that you didn't understand?

1 = Yes **skip to Q52**
2 = No

51. Why did you not ask for the provider to explain?
1 = Yes 2 = No

51a) Not enough time

51b) Was uncomfortable asking provider

51c) I can ask someone else

51d) Other

If "Other"= "Yes", specify:

51ds1) _____

51ds2) _____

51ds3) _____

READ OUT: "I would like to ask you some questions about the services that you received."

52. Did you have a pelvic exam during your visit today?

1 = Yes
2 = No **skip to Q54**

53. Did you have enough privacy during your exam?

Probe: Clients or staff, other than those caring for you, could not see you.

1 = Yes
2 = No
3 = Don't know

54. When meeting with the provider during your visit, do you think other clients could hear what you said?

1 = Yes
2 = No
3 = Don't know

55. Do you believe that the information that you shared about yourself with the provider will be kept confidential?

1 = Yes
2 = No
3 = Don't know

56. Do you believe that you were treated well by other staff?

1 = Yes
2 = No
3 = Don't know
4 = No response
5 = There was no other staff

57. About how long did you wait between the time you first arrived at this clinic and the time you saw a staff person for a family planning consultation?

1 = <15 minutes
2 = 16-30 minutes
3 = 31-45 minutes
4 = 46-60 minutes
5 = 61-90 minutes
6 = 91-120 minutes
7 = >120 minutes
8 = Don't know

58. Do you feel that your waiting time was reasonable?

1 = Did not wait
2 = Reasonable/short
3 = Too long
4 = Don't know

59. Do you believe that the health facility is clean?

1 = Yes
2 = No
3 = Don't know

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Module 4 - DECISION-MAKING ENVIRONMENT

READ OUT: "The next few questions in this interview are about the people you talk to about family planning and how you make decisions on the use of family planning"

60. In the last few months, have you discussed your family planning use with any one?

- 1 = Yes
- 2 = No **skip to Q62**

61. If you discussed family planning use with others, with whom did you discuss?
Record all persons mentioned. Probe: Anyone else?

- 1 = Yes
- 2 = No

- 61a) Husband/partner
- 61b) Mother
- 61c) Father
- 61d) Sister(s)
- 61e) Brother(s)
- 61f) Daughter(s)
- 61g) Son(s)
- 61h) Mother-in-law or Father-in-law
- 61i) Friend(s)/neighbour(s)
- 61j) Health Worker(s)
- 61k) Pharmacist(s)
- 61l) Other

61ls) If "Other"= "Yes", specify: _____

62. Does your husband/partner know that you are starting a family planning method?

- 1 = Yes
- 2 = No
- 3 = No husband/partner **skip to Q64**
- 4 = Don't know

63. In general, does your husband/partner support your decision to start a family planning method?

- 1 = Yes
- 2 = No

64. (Ask only if under 18 years) Does your parent/guardian know that you are starting a family planning method?

- 1 = Yes
- 2 = No
- 3 = No parent/guardian **skip to Q66**
- 4 = Emancipated
- 5 = Married
- 6 = Don't know

65. (Ask only if under 18 years) In general, does your parent/guardian support your decision to start a family planning method?

- 1 = Yes
- 2 = No

66. In the last few months, have you discussed any health concerns or family planning method side effects with any one?

- 1 = Yes
- 2 = No **skip to Q69**

67. If you have discussed health concerns or family planning side effects, with whom did you discuss?
Record all persons mentioned. Probe: Anyone else?

- 1 = Yes
- 2 = No
- 67a) Husband/partner
- 67b) Mother
- 67c) Father
- 67d) Sister(s)
- 67e) Brother(s)
- 67f) Daughter(s)
- 67g) Son(s)
- 67h) Mother-in-law or Father-in-law
- 67i) Friend(s)/neighbour(s)
- 67j) Health Worker(s)
- 67k) Pharmacist(s)
- 67l) Other

67ls) If "Other"= "Yes", specify: _____

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74. If you have been involved in any activity, specify which activities:

Record all responses

1 = Yes

2 = No

74a) Suggestion boxes

74b) Client exit interview

74c) Satisfaction survey

74d) Health committee

74e) Client provider dialogue

74f) Community monitoring and social accountability

74g) Inter-sectoral collaboration

74h) Other

74fs) If Q74f= "Yes", did this include

meetings or activities organized by

Ghana Integrity Initiative (GII)

(Ghana)/Sikika (Tanzania)?

1 = Yes

2 = No

74hs) If Q74h/Other= "Yes", specify: _____

75. Have you been interviewed by a

researcher from Population Council

(Ghana) /Ifakara Health Institute

(Tanzania) as part of CaPSAI Project

in the past year?

1 = Yes

2 = No

**Identifying repeat interview participant
/Ending the interview**

76. Is the subject eligible for repeat interview?

(i.e. Subject ID 10, 20, 30,... or the next one

in case Subject 10th refused)

1 = Yes

2 = No

**If "No", record Q77, Q78, thank the participant
then stop the interview!**

76a) If "Yes", does the subject agree to

answer some more questions?

1 = Yes

2 = No

If "No", record Q77, Q78, thank the participant

then stop the interview!

If "Yes", continue the interview.

77. Supervisor check list completed:

1 = Yes

2 = No

78. Record time at the end of the main
interview using a 24 hour clock:

78a) Hour: (hh)

78b) Minute: (mm)

**Repeat Interview (For every 10th participant, i.e. Subject ID 10,
20, 30,... or the next one in case the 10th Subject refused)**

79. What is the highest level of school you

have completed?

Probe: Did you complete primary, secondary or higher?

1 = No formal schooling

2 = Some primary school

3 = Completed primary school

4 = Some secondary school

5 = Completed secondary school

6 = Any tertiary education

7= No answer

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Participant ID

80. What is your ethnic group?

- 01 = Akan
- 02 = Ga/Dangme
- 03 = Ewe
- 04 = Guan
- 05 = Mole-Dagbani
- 06 = Grussi
- 07 = Gruma
- 08 = Mande
- 09 = Mnyakyusa
- 10 = Mkinga
- 11 = Mbená
- 12 = Mhehe
- 13 = Mgogo
- 14 = Mchagga
- 15 = Msukuma
- 16 = Mpogoro
- 17 = Mndamba
- 18 = Other

80a) If "Other", specify: _____

81. Have you ever used a family planning method or tried in any way to delay or avoid getting pregnant?

- 1 = Yes
- 2 = No

82. What method are you initiating (starting)?

Record Yes "1" to all methods mentioned and No "2" if not mentioned

- 1 = Yes
- 2 = No
- 82a) Female sterilization
- 82b) Male sterilization
- 82c) IUD
- 82d) Injectables
- 82e) Implants
- 82f) Pill
- 82g) Male condom
- 82h) Female condom
- 82i) Emergency contraception
- 82j) Standard days method
- 82k) Lactational amenorrhea method
- 82l) Other modern method

82ls) If "Other modern method" = "Yes", specify:

83. Would you return to this provider?

- 1 = Yes
- 2 = No
- 3 = Unsure
- 4 = No response

84. For the method you just decided to accept, did the provider describe possible side effects?

- 1 = Yes
- 2 = No
- 3 = Don't know
- 4 = Don't remember

85. In the last few months, have you discussed your family planning use with any one?

- 1 = Yes
- 2 = No

86. Are you aware of any activities where community members provide feedback to this health facility about family planning services?

- 1 = Yes
- 2 = No

END THE INTERVIEW. THANK THE PARTICIPANT FOR THEIR TIME.

*Check that the contact details recorded are correct.
Confirm the date and time of the next appointments.*

COMMENTS:

Interviewer's name:

Signature:

Date:

Day	Month	Year
□ □	□ □	□ □ □ □

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1. Date of current interview:

Day	Month	Year

2. Can the interview be completed?
 1 = Yes **skip to Q3**
 2 = No

2a) If "No", specify the reason why:
 1 = Unreachable despite 3 attempts
 2 = Withdrawal due to privacy concerns
 3 = Withdrawal due to inconvenience of interview time
 4 = withdrawal with no reason given
 5 = Other
 2as) If "other", specify: _____

END THE QUESTIONNAIRE!

3. Language of interview:
 1 = English
 2 = Akan
 3 = Kiswahili
 4 = Other
 3a) If "Other", specify: _____

4. Record the method of interview:
 1 = Face-to-face at the health clinic
 2 = Telephonic Interview **skip to Q5**

4a) Ensured privacy and confidentiality for the interview:
 1 = Yes 2 = No

5. Calendar for participant identified and ready for use:
 1 = Yes 2 = No

6. Record time at the start of the interview using a 24 hour clock:
 6a) Hour: (hh)

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 6b) Minute: (mm)

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UPDATE ON FAMILY PLANNING USE

7. Which method did you initiate/start during the intake interview?

Record Yes "1" to all methods mentioned, No "2" if not mentioned, Probed "3" if using the calendar, and Probe but still don't remember "4"

1 = Yes 3 = Probed
 2 = No 4 = Probed but still don't remember

7a) Female sterilization
 7b) Male sterilization
 7c) IUD
 7d) Injectables
 7e) Implants
 7f) Pill
 7g) Male condom
 7h) Female condom
 7i) Emergency contraception
 7j) Standard days method
 7k) Lactational amenorrhea method
 7l) Other modern method
 7ls) If "Other modern method" = "Yes", specify: _____

8. (Respond only if Q7g or/and 7h = "Yes")
 For the past 6 months, how did you use condoms?
 1 = Yes 2 = No

8a) Only family planning method
 8b) Together with another regular family planning method
 8c) Only for unsafe period of new regular family planning method
 8d) Occasionally
 8e) Never used condoms
 8f) Other
 8fs) If "Other" = "Yes", specify: _____

9. Are you currently using the same family planning method that you were using at the time of the intake interview?
 1 = Yes
 2 = No **Skip to Q11**

10. Have you used this family planning method continuously over the past 6 months, without interruption, until today?
 1 = Yes **Skip to Q28**
 2 = No
If "Yes", go to the Calendar, mark the appropriate with the letter code corresponding to the method used for every month since the intake interview.

Cohort Study
New Contraceptive Users
Check-up Interview

CUI
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11. When did you stop using the family planning method you initiated during the intake interview (for the first time)?
(Note: For women who became pregnant while using their method this is the date that they became pregnant)
Probe: provide the best estimation of the date if you are not sure.

Day	Month	Year

Go to the Calendar, mark the appropriate with the letter code corresponding to the method used for every month since the intake interview until the month its use was stopped then continue with the following questions.

12. Please tell me all of the reasons why you stopped using this family planning method?
Probe: Please be as specific as possible. Record Yes "1" to all reasons mentioned and No "2" if not mentioned.

1 = Yes
2 = No

- 12a) Infrequent sex/husband away
- 12b) Marital dissolution/separation
- 12c) Missed appointment
- 12d) Became pregnant while using
- 12e) Wanted to become pregnant
- 12f) Husband/partner disapproved
- 12g) Wanted more effective method
- 12h) Method not available
- 12i) Medical reasons
- 12j) Health concerns
- 12k) Fear of side effects
- 12l) Lack of access to services/too far
- 12m) Costs too much
- 12n) Inconvenient to use
- 12o) Fatalistic
- 12p) Difficult to get pregnant/menopausal
- 12q) Interfrers with normal functioning of the body
- 12r) Religious reasons
- 12s) Don't know
- 12t) No response
- 12u) Other

12us) If "Other"= "Yes", specify: _____

13. What was the most important reason you stopped using this method?
- 01 = Infrequent sex/husband away
 - 02 = Marital dissolution/separation
 - 03 = Missed appointment
 - 04 = Became pregnant while using
 - 05 = Wanted to become pregnant
 - 06 = Husband/partner disapproved
 - 07 = Wanted more effective method
 - 08 = Method not available
 - 09 = Medical reasons
 - 10 = Health concerns
 - 11 = Fear of side effects
 - 12 = Lack of access to services/too far
 - 13 = Costs too much
 - 14 = Inconvenient to use
 - 15 = Fatalistic
 - 16 = Difficult to get pregnant/menopausal
 - 17 = Interfrers with normal functioning of the body
 - 18 = Religious reasons
 - 19 = Don't know
 - 20 = No response
 - 21 = Other

13a) If "Other", specify: _____

14. Did you discuss stopping the family planning method you initiated during the intake interview with a healthcare provider before you made the decision to stop using it?

1 = Yes
2 = No **skip to Q15**
3= Don't remember **skip to Q15**

14a) Who initiated the conversation about stopping the use of this method?

- 1 = You
- 2 = Health care provider
- 3 = Don't remember

14b) Did you return to the same facility where you went during the intake interview?

- 1 = Yes
- 2 = No **skip to Q15**

**Cohort Study
New Contraceptive Users
Check-up Interview**

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[] [] [] [] [] []

14c) Did you return to the same healthcare provider that you consulted during the intake interview?
1 = Yes 2 = No

15. Did you discuss stopping the family planning method you initiated during the intake interview with your husband/partner before you made the decision to stop using it?
1 = Yes
2 = No **skip to Q15b**
3 = No husband/partner **skip to Q16**

15a) Who initiated the conversation about stopping the use of this method?
1 = You
2 = Husband/partner
3 = Don't remember

15b) Does your husband/partner know that you have stopped using this method?
1 = Yes
2 = No
3 = Husband/partner never knew I was using
4 = Don't know

16. Did you discuss stopping the family planning method you initiated during the intake interview with your parent/guardian before you made the decision to stop using it?
1 = Yes
2 = No **skip to Q16c**
3 = No parent/guardian **skip to Q17**
4 = No (over 18 years old) **skip to Q17**

16a) If "Yes", specify who: _____

16b) Who initiated the conversation about stopping the use of this method?
1 = You
2 = Parent/guardian
3 = Don't remember

16c) Does your parent/guardian know that you have stopped using this method?
1 = Yes
2 = No
3 = Parent/guardian never knew I was using
4 = Don't know

17. Have you used any family planning method since you stopped using the family planning method you initiated during the intake interview?
(Including if you started using the same method again)
1 = Yes
2 = No **skip to Q19**

Go to to the calendar, for each month after the method was stopped. Ask: Did you use a method of contraception this month, no method, or were you pregnant in this month? What method did you use? CONTINUE THE INTERVIEW

17a) What method(s) did you switch to after stopping the one you initiated during the intake interview?
1 = Yes 2 = No

17aa) Female sterilization
17ab) Male sterilization
17ac) IUD
17ad) Injectables
17ae) Implants
17af) Pill
17ag) Male Condom
17ah) Female condom
17ai) Emergency contraception
17aj) Standard days method
17ak) Lactational amenorrhoea method
17al) Rhythm method
17am) Withdrawal
17an) Other
17ans) If "Other"= "Yes", specify:

17b. When did you switch to this method? **(Ask for their best estimation if they cannot remember)**

Day	Month	Year
[] []	[] []	[] [] []

18. Are you currently using a family planning method or trying in any way to delay or avoid getting pregnant?
1 = Yes **skip to Q22**
2 = No

If "yes", go to to the calendar, for each month after the method was stopped. Ask: were you pregnant in this months? THEN CONTINUE WITH THE FOLLOWING QUESTIONS.

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19. Do you plan on using a family planning method again at some point in the future?

1 = Yes

2 = No

Skip to Q21

3 = Don't know

Skip to Q21

20. What method(s) do you think you will use?

Record Yes "1" to all methods mentioned and No "2" if not mentioned

1 = Yes

2 = No

20a) Female sterilization

20b) Male sterilization

20c) IUD

20d) Injectables

20e) Implants

20f) Pill

20g) Male Condom

20h) Female condom

20i) Emergency contraception

20j) Standard days method

20k) Lactational amenorrhea method

20l) Rhythm method

20m) Withdrawal

20n) Other

20ns) If "Other"= "Yes", specify: _____

21. Why do you think you will not use a family planning method again at some point in the future?

Record Yes "1" to all reasons mentioned and No "2" if not mentioned

1 = Yes

2 = No

21a) Infrequent sex/husband away

21b) Marital dissolution/separation

21c) Became pregnant while using

21d) Wanted to become pregnant

21e) Husband/partner disapproved

21f) Health concerns

21g) Fear of side effects

21h) Lack of access to services/too far

21i) Costs too much

21j) Inconvenient to use

21k) Fatalistic

21l) Difficult to get pregnant/menopausal

21m) Interfrers with normal functioning of the body

21n) Religious reasons

21o) Don't know

21p) Other

21ps) If "Other"= "Yes", specify: _____

22. (Only if Q18 is Yes and Q9 is No)

Which family planning method(s) are you currently using?

Record Yes "1" to all methods mentioned and No "2" if not mentioned

1 = Yes

2 = No

22a) Female sterilization

22b) Male sterilization

22c) IUD

22d) Injectables

22e) Implants

22f) Pill

22g) Male Condom

22h) Female condom

22i) Emergency contraception

22j) Standard days method

22k) Lactational amenorrhea method

22l) Rhythm method

22m) Withdrawal

22n) Other

22ns) If "Other"= "Yes", specify: _____

23. Since when have you used your current family planning method without interruption?

Day		Month		Year	

(Answer should match what is in calendar)

Project ID <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>A</td><td>6</td><td>5</td><td>8</td><td>9</td><td>6</td></tr> </table>	A	6	5	8	9	6	Centre ID	Facility ID	Subject ID	Participant ID <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> - <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table> - <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>													Screen ID <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>					
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Repeat Interview (For every 10th participant, i.e. Subject ID 10, 20, 30,... or the next one in case the 10th Subject refused)

31. Which method did you initiate/start during the intake interview?

Record Yes "1" to all methods mentioned, No "2" if not mentioned, Probed "3" if using the calendar, and Probe but still don't remember "4"

- 1 = Yes
- 2 = No
- 3 = Probed
- 4 = Probed but still don't remember

- 31a) Female sterilization
- 31b) Male sterilization
- 31c) IUD
- 31d) Injectables
- 31e) Implants
- 31f) Pill
- 31g) Male condom
- 31h) Female condom
- 31i) Emergency contraception
- 31j) Standard days method
- 31k) Lactational amenorrhea method
- 31l) Other modern method

31ls) If "Other modern method"= "Yes", specify:

32. Are you currently using the same family planning method that you were using at the time of the intake interview

- 1 = Yes
- 2 = No

33. Are you currently using a family planning method or trying in any way to delay or avoid getting pregnant?

- 1 = Yes
- 2 = No

COMMENTS:

END THE INTERVIEW. THANK THE PARTICIPANT FOR THEIR TIME.

Check that the contact details recorded are still up to date. Confirm the date and time of the next appointments.

Investigator's name: _____ **Signature:** _____

Date:

Day	Month	Year

Project ID <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width:15px; text-align: center;">A</td><td style="width:15px; text-align: center;">6</td><td style="width:15px; text-align: center;">5</td><td style="width:15px; text-align: center;">8</td><td style="width:15px; text-align: center;">9</td><td style="width:15px; text-align: center;">6</td></tr> </table>	A	6	5	8	9	6	Participant ID <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width:15px; height: 15px;"></td><td style="width:15px; height: 15px;"></td><td style="width:15px; height: 15px;"></td><td style="width:15px; height: 15px;"></td><td style="width:15px; height: 15px;"></td><td style="width:15px; height: 15px;"></td></tr> </table>							Centre ID <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width:15px; height: 15px;"></td><td style="width:15px; height: 15px;"></td><td style="width:15px; height: 15px;"></td><td style="width:15px; height: 15px;"></td></tr> </table>					Facility ID <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width:15px; height: 15px;"></td><td style="width:15px; height: 15px;"></td></tr> </table>			Subject ID <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width:15px; height: 15px;"></td><td style="width:15px; height: 15px;"></td><td style="width:15px; height: 15px;"></td><td style="width:15px; height: 15px;"></td></tr> </table>					Screen ID <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width:15px; height: 15px;"></td><td style="width:15px; height: 15px;"></td><td style="width:15px; height: 15px;"></td><td style="width:15px; height: 15px;"></td><td style="width:15px; height: 15px;"></td><td style="width:15px; height: 15px;"></td></tr> </table>						
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10. What is your current relationship status?

1 = Living with partner
 2 = Living with partner most of the time
 3 = Not living with partner
 4 = No partner
 5 = Other
 10a) If "Other", specify: _____

11. What is your current marital status?

1 = Currently married
 2 = Never married
 3 = Widowed
 4 = Separated
 5 = Divorced
 6 = Other
 11a) If "Other", specify: _____

12. Do you usually work throughout the year, seasonally, only once in a while, or not at all?

1 = Throughout the year
 2 = Seasonally/part of the year
 3 = Once in a while
 4 = Not at all **skip to Q17**

12a) For this work, are you paid in cash, in kind, or are you not paid at all?

1 = Cash only
 2 = Cash and in kind
 3 = In kind only
 4 = Not Paid

13. What is your occupation? That is, what kind of work do you mainly do?

01 = Currently not working
 02 = Subsistence farmer
 03 = Commercial farmer
 04 = Housewife
 05 = Laborer
 06 = Domestic worker/maid
 07 = Trader/Hawker/Vendor (informal business)
 08 = Owns formal business
 09 = Professional (lawyer, accountant, etc)
 10 = Armed services/Police/Security
 11 = Other

13a) If "Other", specify: _____

14. In the past year, how many months did you work?

(months)

15. On average, how much did you earn per month?

(In Ghana cedi for Ghana facilities and in Tanzania shilling for Tanzania facilities)

16. Who usually decides how the money you earn will be spent?

1 = You alone
 2 = Your husband/partner
 3 = You and your husband/partner
 4 = Mother-in-Law or Father-in-Law
 5 = Mother or father
 6 = Other
 16a) If "Other", specify: _____

17. Who usually makes decisions about your healthcare?

1 = You alone
 2 = Your husband/partner
 3 = You and your husband/partner
 4 = Mother-in-Law or Father-in-Law
 5 = Mother or father
 6 = Other
 17a) If "Other", specify: _____

18. ***I would like to ask you about any pregnancies you may have had since the intake interview.*** Have you been pregnant at any time since the intake interview (the first interview that we had at the facility. Check the calendar for the date, if needed)?

1 = Yes
 2 = No **skip to Q29**

19. How many pregnancies did you have since the intake interview and the current date? (***number of pregnancies including pregnancies that did not end in a live birth***)

20. Were you using a family planning method when you became pregnant the first time since the intake interview?

1 = Yes 2 = No **skip to Q22**

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21. What family planning method were you using at the time you became pregnant?

Record Yes "1" to all methods mentioned and No "2" if not mentioned

Check the calendar

1 = Yes

2 = No

21a) Female sterilization

21b) Male sterilization

21c) IUD

21d) Injectables

21e) Implants

21f) Pill

21g) Male Condom

21h) Female condom

21i) Emergency contraception

21j) Standard days method

21k) Lactational amenorrhea method

21l) Rhythm method

21m) Withdrawal

21n) Other

21ns) If "Other" = "Yes", specify:

22. The first time you became pregnant since the intake interview (since our first interview. Check calendar for date, if needed), did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children?

1 = At that time

skip to Q23

2 = Later

3 = Not at all

skip to Q23

22a) If later, how much longer would you have liked to have waited? (Number of months)

23. Did any of the pregnancies since the intake interview end in a miscarriage, abortion or childbirth?

1 = Yes

2 = No

24. Did you give birth at any time since the intake interview to the current date (including if the baby was born alive but did not survive)?

1 = Yes

2 = No

skip to Q28

25. When was the baby born?

Probe: provide the best estimation of the date if you are not sure.

Day Month Year

26. Is the baby still alive?

1 = Yes

2 = No

skip to Q28

27. Are you currently breastfeeding?

1 = Yes

2 = No

28. Are you pregnant now?

1 = Yes

2 = No

Module 2: SIDE EFFECTS AND FAMILY PLANNING USE UPDATE

29. Which method did you initiate/start during the intake interview?

Record Yes "1" to all methods mentioned, No "2" if not mentioned, Probed "3" if using the calendar, and Probe but still don't remember "4"

1 = Yes

3 = Probed

2 = No

4 = Probed but still don't remember

29a) Female sterilization

29b) Male sterilization

29c) IUD

29d) Injectables

29e) Implants

29f) Pill

29g) Male condom

29h) Female condom

29i) Emergency contraception

29j) Standard days method

29k) Lactational amenorrhea method

29l) Other modern method

29ls) If "Other modern method" = "Yes", specify:

30. Did you use condom in the last 6 months since the check-up interview?

1 = Yes

2 = No

skip to Q31

If "Yes", how did you use the condoms in the last 6 months (since the check-up interview)?

1 = Yes

2 = No

30a) Only family planning method

30b) Together with another regular family planning method

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- 30c) Only for unsafe period of new regular family planning method
- 30d) Occassionally
- 30e) Never used condoms
- 30f) Other
- 30fs) If "Other"= "Yes", specify: _____

- 31. Did you experience any side effects while using the family planning method you initiated during the intake interview?
- 1 = Yes
- 2 = No **skip to Q38**

- 32. What side effects did you experience using the family planning method that you iniated during the intake interview?
Record Yes "1" to all side effects mentioned and No "2" if not mentioned.
- 1 = Yes
- 2 = No

- 32a) Irregular bleeding
- 32b) Spotting
- 32c) Period did not come
- 32d) Too much bleeding
- 32e) Weight gain
- 32f) Weight loss
- 32g) Facial spotting
- 32h) Headaches
- 32i) Abdominal pain
- 32j) Infection(s)
- 32k) Nausea/vomiting
- 32l) Dizziness
- 32m) Other
- 32ms) If "Other"= "Yes", specify: _____

- 33. Have you ever been informed by a health care or family planning provider that you could experience these problems/side effects with the use of this family planning method?
- 1 = Yes
- 2 = No
- 3 = Don't remember

- 34. Did these side effects interfere with your daily activities?
- 1 = Yes 2 = No

- 35. How tolerable did you feel the side effects were: tolerable, somewhat tolerable, or not at all tolerable?
- 1 = Tolerable
- 2 = Somewhat tolerable
- 3 = Not at all tolerable

- 36. Did you do, or try to do, anything about the side effects?
- 1 = Yes 2 = No **skip to Q38**

- 37. What did you do about the side effects?
- 1 = Yes 2 = No
- 37a) Self-medicated/took home remedies
- 37b) Went to clinic/saw a health worker
- 37c) Sought advice from friend/family member
- 37d) Sought advice from husband/partner
- 37e) Switched method
- 37f) Stopped using
- 37g) Other
- 37gs) If "Other"= "Yes", specify: _____

- 38. Are you currently using the same family planning method that you were using at the time of the intake interview?
- 1 = Yes 2 = No **Skip to Q40**

- 39. Have you used this family planning method continuously over the past 12 months, without interruption, until today?
- 1 = Yes **skip to Q67**
- 2 = No

- 40. When did you stop using the family planning method you initiated during the intake interview (for the first time)?
- 1 = Before check-up interview **Skip to Q46**
- 2 = After check-up interview

- 40a) If "After check-up interview", specify date:
Probe: provide the best estimation of the date if you are not sure.
- | Day | Month | Year |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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41. Please tell me all of the reasons why you stopped using this family planning method?
Probe: Please be as specific as possible.
Record 1 = "Yes" to all reasons mentioned and 2 = "No" if not mentioned.

1 = Yes

2 = No

41a) Infrequent sex/husband away

41b) Marital dissolution/separation

41c) Missed appointment

41d) Became pregnant while using

41e) Wanted to become pregnant

41f) Husband/partner disapproved

41g) Wanted more effective method

41h) Method not available

41i) Medical reasons

41j) Health concerns

41k) Fear of side effects

41l) Lack of access to services/too far

41m) Costs too much

41n) Inconvenient to use

41o) Fatalistic

41p) Difficult to get pregnant/menopausal

41q) Interfers with normal functioning of the body

41r) Religious reasons

41s) Don't know

41t) Other

41ts) If "Other" = "Yes", specify:

42. What was the most important reason you stopped using this method?

01 = Infrequent sex/husband away

02 = Marital dissolution/separation

03 = Missed appointment

04 = Became pregnant while using

05 = Wanted to become pregnant

06 = Husband/partner disapproved

07 = Wanted more effective method

08 = Method not available

09 = Medical reasons

10 = Health concerns

11 = Fear of side effects

12 = Lack of access to services/too far

13 = Costs too much

14 = Inconvenient to use

15 = Fatalistic

16 = Difficult to get pregnant/menopausal

17 = Interfers with normal functioning of the body

18 = Religious reasons

19 = Don't know

20 = Other

42a) If "Other", specify: _____

43. Did you discuss stopping the family planning method you initiated during the intake interview with a healthcare provider before you made the decision to stop using it?

1 = Yes

2 = No

skip to Q44

3 = Don't remember

skip to Q44

43a) Who initiated the conversation about stopping the use of this method?

1 = You

2 = Health care provider

3 = Don't remember

43b) Did you return to the same facility where you went during the intake interview?

1 = Yes

2 = No

skip to Q44

43c) Did you return to the same healthcare provider that you consulted during the intake interview?

1 = Yes

2 = No

44. Did you discuss stopping the family planning method you initiated during the intake interview with your husband/partner before you made the decision to stop using it?

1 = Yes

2 = No

skip to Q44b

3 = No husband/partner

skip to Q45

44a) Who initiated the conversation about stopping the use of this method?

1 = You

2 = Husband/partner

3 = Don't remember

Cohort Study

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44b) Does your husband/partner know that you have stopped using this method?
1 = Yes
2 = No
3 = Husband/partner never knew I was using
4 = Don't know

45. Did you discuss stopping the family planning method you initiated during the intake interview with a relative/your guardian before you made the decision to stop using it?
1 = Yes
2 = No skip to Q45c
3 = No relative/guardian skip to Q46
45a) If "Yes", specify who they are:

45b) Who initiated the conversation about stopping the use of this method?
1 = You
2 = Relative/guardian
3 = Don't remember

45c) Does your relative/guardian know that you have stopped using this method?
1 = Yes
2 = No
3 = Relative/guardian never knew I was using
4 = Don't know

46. Have you used any family planning method since you stopped using the family planning method you initiated during the intake interview? (Including if you started using the same method again)
Check the calendar
1 = Yes (before check-up interview) skip to Q47
2 = Yes (after check-up interview)
3 = No skip to Q48

46a) What method(s) did you switch to after stopping the one you initiated during the intake interview?
1 = Yes 2 = No
46aa) Female sterilization
46ab) Male sterilization
46ac) IUD
46ad) Injectables
46ae) Implants
46af) Pill
46ag) Male Condom
46ah) Female condom

46ai) Emergency contraception
46aj) Standard days method
46ak) Lactational amenorrhoea method
46al) Rhythm method
46am) Withdrawal
46an) Other
46ans) If "Other"= "Yes", specify:

46b. When did you switch to this method? (Ask for their best estimation if they cannot remember)
Day Month Year

Go to the calendar, for each month after the method was stopped. Ask: Did you use a method of contraception this month, no method, or were you pregnant in this month? What method did you use?
CONTINUE THE INTERVIEW

47. Are you currently using a family planning method or trying in any way to delay or avoid getting pregnant?
1 = Yes skip to Q51
2 = No

48. Do you plan on using a family planning method again at some point in the future?
1 = Yes
2 = No skip to Q50
3 = Don't know skip to Module 3 - Q87

49. What method(s) do you think you will use?
Record Yes "1" to all methods mentioned and No "2" if not mentioned
1 = Yes 2 = No

49a) Female sterilization
49b) Male sterilization
49c) IUD
49d) Injectables
49e) Implants
49f) Pill
49g) Male Condom
49h) Female condom
49i) Emergency contraception
49j) Standard days method
49k) Lactational amenorrhoea method

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Project ID

A	6	5	8	9	6
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Centre ID

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Facility ID

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Subject ID

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Screen ID

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Participant ID

49l) Rhythm method

49m) Withdrawal

49n) Other

49ns) If "Other"= "Yes", specify: _____

skip to Module 3 - Q87

50. Why do you think you will not use a family planning method again at some point in the future?

Record Yes "1" to all reasons mentioned and No "2" if not mentioned

1 = Yes 2 = No

50a) Infrequent sex/husband away

50b) Marital dissolution/separation

50c) Became pregnant while using

50d) Wanted to become pregnant

50e) Husband/partner disapproved

50f) Health concerns

50g) Fear of side effects

50h) Lack of access to services/too far

50i) Costs too much

50j) Inconvenient to use

50k) Fatalistic

50l) Difficult to get pregnant/menopausal

50m) Interfrers with normal functioning

of the body

50n) Religious reasons

50o) Don't know

50p) Other

50ps) If "Other"= "Yes", specify: _____

skip to Module 3 - Q87

51. (Only if Q47= Yes)

Which family planning method(s) are you currently using?

Record Yes "1" to all methods mentioned and No "2" if not mentioned

and No "2" if not mentioned

1 = Yes 2 = No

51a) Female sterilization

51b) Male sterilization

51c) IUD

51d) Injectables

51e) Implants

51f) Pill

51g) Male Condom

51h) Female condom

51i) Emergency contraception

51j) Standard days method

51k) Lactational amenorrhea method

51l) Rhythm method

51m) Withdrawal

51n) Other

51ns) If "Other"= "Yes", specify: _____

52. Since when have you

Day	Month	Year

used your current

family planning method

without interruption? (**Probe using calendar**)

53. Where did you go to obtain your current family planning method the last time?

1 = Regional/Provincial Hospital

2 = District Hospital

3 = Health Centre/Clinic

4 = Health Post (Community-based Health Planning Services, Ghana)

5 = Maternal/Child Health Clinic

6 = Dispensary (Tanzania)

7 = Other

53a) If "Other", specify: _____

54. Was it the same facility where we interviewed you for the intake interview?

1 = Yes

2 = No

3 = Don't remember

55. Do you experience any side effects with your current family planning method?

1 = Yes

2 = No **Skip to Q63**

56. What side effects do you experience?

Record Yes "1" to all side effects mentioned and No "2" if not mentioned

and No "2" if not mentioned

1 = Yes

2 = No

56a) Irregular bleeding

56b) Spotting

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Centre ID

Participant ID [][][][] - [][] - [][][][]

Facility ID

[][][][]

Subject ID

[][][][]

Screen ID

[][][][][]

56c) Period does not come

[]

56d) Too much bleeding

[]

56e) Weight gain

[]

56f) Weight loss

[]

56g) Facial spotting

[]

56h) Headaches

[]

56i) Abdominal pain

[]

56j) Infection(s)

[]

56k) Nausea/vomiting

[]

56l) Dizziness

[]

56m) Other

[]

56ms) If "Other"= "Yes", specify: _____

57. Have you ever been informed by a health care or family planning provider that you could experience these problems with the use of your current family planning method?

[]

1 = Yes

2 = No

3 = Don't remember

58. Do the side effects interfere with your daily activities?

[]

1 = Yes

2 = No

59. Do the side effects interfere with your personal relationships with your husband/partner?

[]

1 = Yes

2 = No

3 = No husband/partner

60. How tolerable do you feel the side effects are?

[]

1 = Tolerable

2 = Somewhat tolerable

3 = Not at all tolerable

61. Do you do, or try to do, anything about the side effects?

[]

1 = Yes

2 = No Skip to Q63

62. If Yes, what do you do about the side effects?

Record Yes "1" to all actions mentioned

and No "2" if not mentioned

1 = Yes 2 = No

62a) self-medicate/take home remedies

[]

62b) go to clinic/see a health worker

[]

62c) seek advice from friend/family member

[]

62d) seek advice from husband/partner

[]

62e) plan to switch method

[]

62f) plan to stop using method

[]

62g) Other

[]

62gs) If "Other"= "Yes", specify: _____

63. Why did you choose to use this current family planning method?

Record Yes "1" to all reasons mentioned

and No "2" if not mentioned

1 = Yes 2 = No

63a) Used method before

[]

63b) Fewer side effects

[]

63c) Easy to obtain

[]

63d) Convenience

[]

63e) Able to hide use from others

[]

63f) Doctor recommended

[]

63g) Friend recommended

[]

63h) Family member recommended

[]

63i) Partner approved

[]

63j) Other

[]

63js) If "Other"= "Yes", specify: _____

64. Who made the decision to use this current family planning method?

[]

1 = You alone

2 = Provider

3 = Husband/partner

4 = You and provider

5 = You and husband/partner

6 = No response

7 = Other

64a) If "Other", specify: _____

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Facility ID

-

Subject ID

-

Screen ID

65. Were you ever told by a health or family planning worker about other methods of family planning that you could use?

1 = Yes

2 = No Skip to Q67

66. If the health provider told you about other family planning methods, which method were they?

1 = Yes 2 = No

66a) Female sterilization

66b) Male sterilization

66c) IUD

66d) Injectables

66e) Implants

66f) Pill

66g) Male condom

66h) Female condom

66i) Emergency contraception

66j) Standard days method

66k) Lactational amenorrhea method

66l) Rhythm method

66m) Withdrawal

66n) Other

66ns) If "Other"= "Yes" , specify: _____

67. Have you returned to the facility where you received your family planning method at the intake interview at least once in the last 12 months?

Check the facility of the intake interview in the log.

1 = Yes

2 = No Skip to Q87

68. During your return visit to the facility, were you told what to do if you experienced side effects or problems?

1 = Yes

2 = No

69. During that visit, who made the final decision about what method you got?

1 = You alone

2 = Provider

3 = Husband/partner

4 = You and provider

5 = You and husband/partner

6 = No response

7 = Other

69a) If "Other", specify: _____

70. During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?

1 = Yes

skip to Q72

2 = No

3 = No response

skip to Q72

4 = Not applicable

skip to Q72

71. Why didn't you obtain the family planning method you wanted?

1 = Yes

2 = No

71a) Method out of stock

71b) Method not available at all

71c) Provider not trained to provide the method

71d) Provider recommended a different method

71e) Not eligible for method

71f) Decided not to adopt a method

71g) Too costly

71h) No response

71i) Other

71is) If "Other"= "Yes", specify: _____

72. Did the healthcare provider give you a chance to ask questions?

1 = Yes

2 = No

skip to Q74

3 = No response

skip to Q74

73. Did the healthcare provider respond to any questions that you asked?

1 = Yes

2 = No

74. Was there anything from your consultation that you didn't understand?

1 = Yes

2 = No

skip to Q77

75. Did you ask the provider to explain the part that you didn't understand?

1 = Yes

skip to Q77

2 = No

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Centre ID

Participant ID

Facility ID

Subject ID

Screen ID

76. Why did you not ask for the provider to explain?

1 = Yes 2 = No

76a) Not enough time

76b) Was uncomfortable asking provider

76c) I can ask someone else

76d) Other

If "Other"= "Yes", specify:

76ds1) _____

76ds2) _____

76ds3) _____

77. Would you return to this provider?

1 = Yes
2 = No
3 = No response

78. Would you refer your relative or friend to this provider/facility?

1 = Yes
2 = No
3 = No response

79. Did you have a pelvic exam during your visit that day?

1 = Yes
2 = No **Skip to Q81**

80. Did you have enough privacy during your exam?

1 = Yes
2 = No
3 = Don't know

81. When meeting with the provider during your visit, do you think other clients could hear what you said?

1 = Yes
2 = No
3 = Don't know

82. Do you believe that the information that you shared about yourself with the provider will be kept confidential?

1 = Yes
2 = No
3 = Don't know

83. Do you believe that you were treated well by other staff?

1 = Yes
2 = No
3 = Don't know
4 = No response
5 = There was no other staff

84. About how long did you wait between the time you first arrived at this clinic and the time you saw a staff person for a family planning consultation?

1 = <15 minutes
2 = 16-30 minutes
3 = 31-45 minutes
4 = 46-60 minutes
5 = 61-90 minutes
6 = 91-120 minutes
7 = >120 minutes
8 = Don't know

85. Do you feel that your waiting time was reasonable?

1 = Did not wait
2 = Reasonable/short
3 = Too long
4 = Don't know

86. Do you believe that the health facility is clean?

1 = Yes
2 = No
3 = Don't know

MODULE 3: PREGNANCY MOTIVATIONS UPDATE

**Check question 28 to see if respondent is currently pregnant
If pregnant, skip to Q93**

87. (Ask only if respondent is not pregnant)

Do you want to have a/another child, or would you prefer not to have any/more children?
1 = Want to have a/another child
2 = Says she cannot get pregnant **skip to Q89**
3 = Prefer not to have more children **skip to Q89**
4 = Undecided/don't know **skip to Q89**

88. How long would you like to wait from now before the birth of another child?

(number of months)

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Facility ID

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Subject ID

-

Screen ID

89. Does your husband/partner want to have another child within the next two years?
1 = Yes
2 = No
3 = No husband/partner
4 = Don't know

90. Who has the ultimate say in your household about the number of children you and your husband/partner should have?
1 = You alone
2 = Your husband/partner
3 = You and your husband/partner
4 = Mother-in-Law or Father-in-Law
5 = Mother or Father
6 = Other
90a) If "Other", specify:

91. In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?
1 = Big problem
2 = Small problem
3 = No problem

92. Why do you think it would be a big problem, small problem, or no problem if you discovered that you were pregnant in the next few weeks?

93. (Ask only if respondent is currently pregnant, Q28 = "yes"). After the child you are currently expecting, would you like to have another child, or would you prefer not to have any more children?
1 = Want to have a/another child
2 = Prefer not to have more children skip to Q95
3 = Undecided/Don't know skip to Q95

94. After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? (number of months)

95. After the birth of the child you are expecting now, would your husband/partner like to have another child?
1 = Yes
2 = No
3 = No husband/partner
4 = Don't know

Module 4. DECISION-MAKING ENVIRONMENT

96. In the last 12 months, have you discussed your family planning use with any one?
1 = Yes
2 = No skip to Q98

97. If you have discussed your family planning use with others, with whom did you discuss?
Probe: Anyone else?
1 = Yes 2 = No

- 97a) Husband/partner
97b) Mother
97c) Father
97d) Sister(s)
97e) Brother(s)
97f) Daughter(s)
97g) Son(s)
97h) Mother-in-law or Father-in-law
97i) Friend(s)/neighbor(s)
97j) health worker(s)
97k) Pharmacist(s)
97l) Other

97ls) If "Other" = "Yes", specify:

98. Does your husband/partner know that you were using a family planning method in the last 12 months?
1 = Yes
2 = No
3 = No husband/partner skip to Q100
4 = Don't know skip to Q100

99. In general, does your husband/partner support your use of modern family planning method in the last 12 months?
1 = Yes 2 = No

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Facility ID

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-

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100. Does your parent/guardian know that you were using a family planning method in the last 12 months?

1 = Yes

2 = No

3 = No parent/guardian skip to Q102

4 = Emancipated

5 = Married

6 = Don't know skip to Q102

7 = Over 18 years old

101. In general, does your parent/guardian support your use of modern family planning method in the last 12 months?

1 = Yes

2 = No

102. Since the intake interview, have you discussed any health concerns or family planning side effects with anyone?

1 = Yes

2 = No skip to 107

103. If you have discussed health concerns or family planning side effects with others, with whom did you discuss with?

1 = Yes

2 = No

103a) Husband/partner

103b) Mother

103c) Father

103d) Sister(s)

103e) Brother(s)

103f) Daughter(s)

103g) Son(s)

103h) Mother-in-Law or Father-in-law

103i) Friend(s)/neighbor(s)

103j) Health Worker(s)

103k) Pharmacist(s)

103l) Other

Vertical grid of 12 checkboxes for 103a-l

103ls) If "Other"= "Yes", specify: _____

104. What family planning method side effects or health concerns were discussed with others?

1 = Yes

2 = No

104a) Irregular bleeding

104b) Spotting

104c) Period did not come

104d) Too much bleeding

104e) Weight gain

104f) Weight loss

104g) Facial spotting

104h) Headaches

104i) Abdominal pain

104j) Infection(s)

104k) Nausea/vomiting

104l) Dizziness

104m) Other

104ms) If "Other"= "Yes", specify: _____

Vertical grid of 12 checkboxes for 104a-m

105. How important is it to you to have regular menstrual bleeding: very important, somewhat important, or not important?

1 = Very important

2 = Somewhat important

3 = Not important skip to Q107

4 = Don't know skip to Q107

106. Why is regular menstrual bleeding important to you?

1 = Yes

2 = No

106a) It's the way the body is meant to be

106b) It's not good to keep that blood inside

106c) It's a way of knowing that

I'm not pregnant

106d) Changes in menstrual flow

106e) Too bothersome/too uncomfortable

106f) Not sure/don't know

106g) Other

106gs) If "Other"= "Yes", specify: _____

Vertical grid of 7 checkboxes for 106a-g

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Facility ID

-

Subject ID

-

Screen ID

Module 5. EXPOSURE TO/KNOWLEDGE OF COMMUNITY AND PROVIDER DRIVEN SOCIAL ACCOUNTABILITY INTERVENTION

107. Are you aware of any activities where community members provide feedback to this health facility about family planning services?
1 = Yes
2 = No **Skip to Q109**

108. If you are aware of any activity, which one are you aware of:
1 = Yes 2 = No

- 108a) Suggestion boxes
- 108b) Client exit interview
- 108c) Satisfaction survey
- 108d) Health committee
- 108e) Client provider dialogue
- 108f) Community monitoring and social accountability
- 108g) Inter-sectoral collaboration
- 108h) Other

108fs) If Q108f= "Yes", did this include meetings or activities organized by Ghana Integrity Initiative (GII) (Ghana) /Sikika (Tanzania)?
1 = Yes
2 = No

108hs) If Q108h/Other= "Yes", specify: _____

109. Have you been involved in any of these activities?
1 = Yes
2 = No **Skip to Q111**

110. If you have been involved in any activity, specify which activities:
Record all responses
1 = Yes
2 = No

- 110a) Suggestion boxes
- 110b) Client exit interview
- 110c) Satisfaction survey
- 110d) Health committee
- 110e) Client provider dialogue
- 110f) Community monitoring and social accountability

110g) Inter-sectoral collaboration
110h) Other

110fs) If Q110f= "Yes", did this include meetings or activities organized by Ghana Integrity Initiative (GII) (Ghana)/Sikika (Tanzania)?
1 = Yes 2 = No

110hs) If Q110h/Other= "Yes", specify: _____

Identifying repeat interview participant /Ending the interview

111. Is the subject eligible for repeat interview? (i.e. Subject ID 10, 20, 30,... or the next one in case Subject 10th refused)
1 = Yes
2 = No
If "No", record Q112, Q113, thank the participant then stop the interview!

111a) If "Yes", does the subject agree to answer some more questions?
1 = Yes
2 = No
If "No", record Q112, Q113, thank the participant then stop the interview!
If "Yes", continue the interview.

112. Supervisor check list completed:
1 = Yes
2 = No

113. Record time at the end of the main interview using a 24 hour clock:
113a) Hour: (hh)
113b) Minute: (mm)

Repeat Interview (For every 10th participant, i.e. Subject ID 10, 20, 30,... or the next one in case the 10th Subject refused)

114. Are you still attending the same clinic as the one you attended during the intake interview (where we interviewed you for the first time. Check the calendar for the date, if needed)?
1 = Yes 2 = No

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Facility ID

Subject ID

Screen ID

Participant ID

115. Who usually makes decisions about your healthcare?

1 = You alone
2 = Your husband/partner
3 = You and your husband/partner
4 = Mother-in-Law or Father-in-Law
5 = Mother or father
6 = Other
115a) If "Other", specify: _____

116. ***I would like to ask you about any pregnancies you may have had since the intake interview.***
Have you been pregnant at any time since the intake interview (the first interview that we had at the facility. Check the calendar for the date, if needed)?

1 = Yes 2 = No

117. Did you experience any side effects while using the family planning method you initiated during the intake interview?

1 = Yes
2 = No

118. Are you currently using the same family planning method that you were using at the time of the intake interview

1 = Yes 2 = No

119. Have you returned to the facility where you received your family planning method at the intake interview at least once in the last 12 months?

Check the facility of the intake interview in the log.
1 = Yes
2 = No

120. During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?

1 = Yes
2 = No
3 = No response
4 = Not applicable

122. Who has the ultimate say in your house about the number of children you and your husband/partner should have?

1 = You alone
2 = Your husband/partner
3 = You and your husband/partner
4 = Mother-in-Law or Father-in-Law
5 = Mother or Father
6 = Other
122a) If "Other", specify: _____

123. In the last 12 months, have you discussed your family planning use with any one?

1 = Yes
2 = No

124. Since the intake interview, have you discussed any health concerns or family planning side effects with anyone?

1 = Yes
2 = No

125. Are you aware of any activities where community members provide feedback to this health facility about family planning services?

1 = Yes
2 = No

END THE INTERVIEW. THANK THE PARTICIPANT FOR THEIR TIME.
Check that the contact details recorded are still up to date.

COMMENTS: _____

