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CONTRACEPTIVE PREVALENCE QUESTIONNAIRE

Family Planning Management Development (FPMD)
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Office of Population, USAID

Management Sciences for Health
165 Allandale Road
Boston, MA 02130

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PART I. CONTRACEPTIVE PREVALENCE QUESTIONNAIRE

CONFIDENTIALITY: All information obtained about any individual respondent will be held strictly confidential.

RESPONDENT: WOMAN OF REPRODUCTIVE AGE (15-49 YEARS OLD) REGARDLESS OF MARITAL STATUS, PREGNANT OR NOT, PHYSICALLY PRESENT, MAY HAVE UNDERGONE SALPHIGO-OOPHORECTOMY, AND A PERMANENT RESIDENT OF THE AREA.

1997 MULTI-INDICATOR CLUSTER SURVEY FOR LOCAL GOVERNMENT UNITS	PROV/CITY..... ☐☐ MUN..... ☐☐ BGY..... ☐☐☐☐ CLUSTER..... ☐☐☐☐ RESPONDENT..... ☐☐ Name of Eligible Woman: .....
	Reason for non-response: 1. Refused..... ☐ 2. Respondent not around/not available..... ☐ 3. Household not around/moved out..... ☐ 4. Others (specify)_____

NO	QUESTIONS	CODING CATEGORIES	SKIP TO
Q1.	How old were you on your last birthday?	Completed years..... ☐☐	

Q2.	In what month and year were you born?	Month..... ☐☐ Year..... ☐☐ IF MONTH IS UNKNOWN, ENTER DK.	
Q3.	How many children have you had during your life, including those who were born alive but died later, those who are living with you now and those who are living somewhere else?	Total No. Of Children..... ☐☐ IF NONE, ENTER '00'.....	☞ Q7
Q4.	Did you have any live birth anytime from (DATE OF THREE YEARS AGO) to the present (DATE OF INTERVIEW)?	Yes..... 1 No..... ..2	☞ Q7
Q5.	How many are these live births?	No. of Live Births..... ☐	
Q6.	In what month and year were these live births born? ENTER APPROPRIATE NUMBERS IN THE BOXES PROVIDED STARTING WITH THE NUMBER OF BIRTHS FOLLOWED BY THE MONTH AND THE YEAR OF BIRTH.	m m y y Example: ☐..☐☐☐☐ ☐..☐☐☐☐ ☐..☐☐☐☐ ☐..☐☐☐☐ ☐..☐☐☐☐	
Q7.	Are you currently pregnant?	Yes..... 1 No..... ..2	☞ Q17

Q8.	Has your PARTNER/HUSBAND ever had an operation to avoid having children?	Yes..... 1 No..... ..2	☞ Q10
Q9.	In what month and year was the vasectomy/sterilization operation performed?	Month..... ☐☐ Year..... ☐☐ IF MONTH IS UNKNOWN, ENTER DK.	
Q10.	Have YOU ever had an operation to avoid having children?	Yes..... 1 No..... ..2	☞ Q12
Q11.	In what month and year was the ligation/sterilization operation performed?	Month..... ☐☐ Year..... ☐☐ IF MONTH IS UNKNOWN, ENTER DK.	☞ Q14
Q12.	Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes..... 1 No..... ..2	☞ Q14

Q13.	Why not? IF MORE THAN 1 REASON, CIRCLE CODE FOR MAJOR REASON.	Wants children.....01 Side effects.....02 Lack of knowledge.....03 Health concerns.....04 Inconvenient.....05 Opposed to family planning.....06 Prohibited by religion.....07 Costs too much.....08 Hard to get method.....09 Menopausal/had hysterectomy.....10 Old/difficult to get pregnant.....11 Infrequent sex/husband away.....12 Amenorrheic.....13 Not married/Not sexually active.....14 Others (specify) _____15	☞ Q17 ☞ Q17 ☞ Q17 ☞ Q17 ☞ Q17 ☞ Q17 ☞ Q17 ☞ Q17 ☞ Q17 ☞ Q17 ☞ Q17 ☞ Q17 ☞ Q17 ☞ Q17 ☞ Q17
Q14.	Which methods are you CURRENTLY using?	Pill.....0 1 IUD.....0 2 Injection.....03 Diaphragm/Foam/Jelly/Cream.....04 Condom.....05 Ligation/Female Sterilization.....06 Vasectomy/Male Sterilization.....07 Calendar/Rhythm/Periodic Abstinence.....08 Mucus/Billing/Ovulation.....09 Thermometer/Temperature.....10 Lactational Amenorrhea Method (LAM).....11 Other natural family planning methods.....12 Withdrawal.....13 Others (specify) _____14	☞ Q16 ☞ Q16 ☞ Q16 ☞ Q16 ☞ Q16 ☞ Q16 ☞ Q17 ☞ Q17 ☞ Q17 ☞ Q17 ☞ Q17 ☞ Q17 ☞ Q17

Q15.	IF THE ANSWER IN QUESTION 14 IS IUD (02): In what month and year was the IUD inserted?	Month..... ☐☐ Year..... ☐☐ IF MONTH IS UNKNOWN, ENTER DK.	
Q16.	Where did you avail yourself of the methods you are currently using (ANSWERS IN QUESTION 14)?	Name of Facility Pill _____ ☐☐ IUD _____ ☐☐ Injection _____ ☐☐ Diaphragm/Foam/Jelly/Cream _____ ☐☐ Condom _____ ☐☐ Ligation/Female Sterilization _____ ☐☐ Vasectomy/Male Sterilzation _____ ☐☐	
Q17.	Are you single, currently married, living together, separated, divorced or widowed?	Single/Never married.....1 Currently married.....2 Living together.....3 Separated/divorced.....4 Widowed.....5	

Remarks: _____

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Interviewer: **Date of Interview**:

PART II. VITAMIN A & IMMUNIZATION QUESTIONNAIRE

CONFIDENTIALITY: All information obtained about any individual respondent will be held strictly confidential.

RESPONDENT: MOTHER WITH A CHILD BETWEEN 12 MONTHS OLD AND 60 MONTHS OLD.

1997 MULTI-INDICATOR CLUSTER SURVEY FOR LOCAL GOVERNMENT UNITS	PROV/CITY..... ☐☐ MUN..... ☐☐ BGY..... ☐☐☐☐ CLUSTER..... ☐☐☐☐ RESPONDENT..... ☐☐ Name of Mother: .... Name of Youngest Child (12-59 months): ....
	Reason for non-response: 1. Refused..... ☐ 2. Respondent not around/not available..... ☐ 3. Household not around/moved out..... ☐ 4. Others (specify)_____

NO	QUESTIONS	CODING CATEGORIES	SKIP TO
Q1.	Date of Child's Birth	m m / d d / y y ☐☐ / ☐☐ / ☐☐	

Q2.	Did (NAME OF CHILD) ever receive Vitamin A?	Yes..... .. 1 No..... .. 2	☞ Q5
Q3.	Did (NAME OF CHILD) receive Vitamin A during KOP?	Yes..... .. 1 No..... .. 2	☞ Q5
Q4.	Where did (NAME OF CHILD) receive Vitamin A?	Sangkap center / Patak Center..... 1 Home visit..... 2 Other (specify)..... 3	
Q5.	What was the reason for (NAME OF CHILD) not receiving Vitamin A?	Afraid of side effects.....1 Did not go to health center..... 2 Not available at health center..... 3 Child was sick..... 4 Other (specify).....5	

INTERVIEWER: Now ask a few questions about the vaccinations (NAME OF CHILD) has received.

NO	QUESTIONS	CODING CATEGORIES	SKIP TO

Q6.	Did (NAME OF CHILD) ever receive any vaccinations to prevent him/her from getting a disease?	Yes..... .. 1 No..... .. 2	
Q7.	Did (NAME OF CHILD) receive complete immunization before his/her first birthday? COMPLETE IMMUNIZATION (FIC): 1 dose BCG 3 doses DPT 3 doses OPV 1 dose of Measles vaccine	Yes..... .. 1 No..... .. 2	
Q8.	Do you have a card where (NAME OF CHILD's) vaccinations are written? IF YES, MAY I SEE IT PLEASE?	Yes (card seen)..... 1 Yes (card not seen)..... 2 No..... .. 3	☞ Q11 ☞ Q10
Q9.	Did you ever have a vaccination card for (NAME OF CHILD)?	Yes..... .. 1 No..... .. 2	

Q10.	Please tell me if (NAME OF CHILD) has received any of the following vaccinations? ANSWERS MUST BE VERIFIED FROM HEALTH CENTER RECORDS.	YES NO BCG ☐ ☐ DPT1 ☐ ☐ DPT2 ☐ ☐ DPT3 ☐ ☐ POLIO 1 ☐ ☐ POLIO 2 ☐ ☐ POLIO 3 ☐ ☐ MEASLES ☐ ☐ HEP B 1 ☐ ☐ HEP B 2 ☐ ☐ HEP B 3 ☐ ☐	
Q11.	Copy vaccination dates for each vaccine from the card.	MM DD YY BCG _____/_____/_____ DPT1 _____/_____/_____ DPT2 _____/_____/_____ DPT3 _____/_____/_____ POLIO 1 _____/_____/_____ POLIO 2 _____/_____/_____ POLIO 3 _____/_____/_____ MEASLES _____/_____/_____ HEP B 1 _____/_____/_____ HEP B 2 _____/_____/_____ HEP B 3 _____/_____/_____	
Q12.	What is the reason (NAME OF CHILD) was not fully immunized?	Not aware of EPI Program.....1 Fear of side effects.....2 Child is always sick.....3 Nobody to bring child to Health Center..... 4 Other (specify).....5	

Remarks: _____

Interviewer:

Date of Interview:

PART III. TETANUS TOXOID QUESTIONNAIRE

CONFIDENTIALITY: All information obtained about any individual respondent will be held strictly confidential.

RESPONDENT: MOTHER WITH A CHILD LESS THAN FIVE YEARS OLD.

1997 MULTI-INDICATOR CLUSTER SURVEY FOR LOCAL GOVERNMENT UNITS	PROV/CITY..... ☐☐ MUN..... ☐☐ BGY..... ☐☐☐☐ CLUSTER..... ☐☐☐☐ RESPONDENT..... ☐☐ Name of Mother: .... Name of Youngest Child (less than 60 months): ....
	Reason for non-response: 1. Refused..... ☐ 2. Respondent not around/not available..... ☐ 3. Household not around/moved out..... ☐ 4. Others (specify)_____

NO	QUESTIONS	CODING CATEGORIES	SKIP TO
Q1.	Date of Youngest Child's Birth	m m / d d / y y ☐☐ / ☐☐ / ☐☐	

Q2.	When your were pregnant with (NAME OF YOUNGEST CHILD), did you see anyone for prenatal care for this pregnancy? If YES, whom did you see? Anyone else? RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL Doctor..... 1 Nurse..... 2 Midwife..... 3 OTHER PERSON Trained Hilot..... 4 Untrained Hilot..... 5 Other..... 6 No One..... 7	☞ Q4
Q3.	How many prenatal visits did you have during this pregnancy?	No. of visits..... ☐☐	
Q4.	When you were pregnant with (NAME OF YOUNGEST CHILD), were you given any of the following? Iron tablet/capsule? Iodine capsule? Tetanus toxoid, an injection to prevent the baby from getting tetanus, that is, convulsions after birth?	Iron tablet/capsule: Yes.....1 No.....2 Iodine capsule: Yes.....1 No.....2 Tetanus toxoid: Yes.....1 No.....2	☞ Q6 ☞ Q6 ☞ Q6

Q5.	During this pregnancy how many times did you get tetanus toxoid injection?	No. of times ☐	
Q6.	Did you receive any tetanus toxoid injections at any time before your pregnancy with (NAME OF YOUNGEST CHILD)?	Yes..... .. 1 No..... .. 2	☞ Q9
Q7.	How many times did you receive the tetaus toxoid injection?	No. of times ☐	
Q8.	Of the tetanus toxoid shots you reported in Q7, when was the last shot received? RECORD MONTH AND YEAR OR THE NUMBER OF YEARS AGO.	mm/yy..... ☐☐/ ☐☐ OR Years ago..... ☐☐	

Remarks: _____

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Interviewer: **Date of Interview**: