

INTERVIEWER : _____
EDITOR : _____
FIELD SUPERVISOR : _____

CONFIDENTIAL

WILCAH : _____
HHID : _____
SURVEY ROUND : _____

WORKER IRON SUPPLEMENTATION EVALUATION (WISE)
BOOK 4

(ADULT INDIVIDUAL BOOK) : Respondent is married or ever marrried woman age 15-49

SECTION: BR, CH, CX, CP

<p>TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED SECTION AR</p> <p>PID</p> <p>NAME OF RESPONDENT: _____</p> <p>C0. RESPONDENT IS :</p> <p>Head of household (AR02b=01) 01</p> <p>Spouse of household head (AR02b=02) 02</p> <p>Other householder 03</p>	<p>TO BE FILLED OUT BY INTERVIEWER WHO COMPLETED BOOK IV</p> <p>QUESTIONS FOR RESPONDENT :</p> <p>C1. How old are you? _____ years</p> <p>C2. Date of birth : _____ / _____ / _____</p> <p>Date Month Year</p> <p>C3. Marital Status: Married.....2</p> <p>Separated.....3</p> <p>Divorced4</p> <p>Widowed5</p>	<p>COV1. Interview was entirely/mostly conducted in what language ?</p> <p>00. Indonesian</p> <p>01. Javanese</p> <p>05. Other : _____</p> <p>COV2. Other language used (if any) :</p> <p>00. Indonesian</p> <p>01. Javanese</p> <p>05. Other: _____</p> <p>06. None</p> <p>LANGUAGE CODE</p> <p>02. Sundanese 04. Madura</p> <p>03. Chinese 95. Other, _____</p>
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NUMVIS : Number of visits _____

	INTERVIEW 1	INTERVIEW 2	INTERVIEW 3	INTERVIEW 4	INTERVIEW 5	INTERVIEW 6
DATE :	_____/_____/_____ DATE MONTH YEAR	_____/_____/_____ DATE MONTH YEAR	_____/_____/_____ DATE MONTH YEAR	_____/_____/_____ DATE MONTH YEAR	_____/_____/_____ DATE MONTH YEAR	_____/_____/_____ DATE MONTH YEAR
TIME STARTED :	_____/_____ HOUR MINUTE	_____/_____ HOUR MINUTE	_____/_____ HOUR MINUTE	_____/_____ HOUR MINUTE	_____/_____ HOUR MINUTE	_____/_____ HOUR MINUTE
TIME ENDED:	_____/_____ HOUR MINUTE	_____/_____ HOUR MINUTE	_____/_____ HOUR MINUTE	_____/_____ HOUR MINUTE	_____/_____ HOUR MINUTE	_____/_____ HOUR MINUTE
C5. RESULT OF INTERVIEW BOOK 4	C6. REASONS FOR CODE “3”OR”2” ON C5		C7. EDITING BY EDITOR		C8. MONITORING BY SUPERVISOR	
1. Completed →C7 2. Partially completed 3. Not completed	1. Respondent was not at home/not available 2. Respondent was seriously ill 3. Respondent refused (to be interviewed) 5. Other: _____		1. Entered, no corrections necessary 2. Entered AND corrected 3. Entered, but not corrected, explain: _____ 4. Manual edit without CAFÉ		Yes No a. Observed1 3 b. Edited1 3	

SECTION BR (PREGNANCY HISTORIES)

Now I would like to ask you about your menstruation.

BR17. Do you now still have menstruation?	3. No, menopause →NEXT SECTION 5. No, hasn't returned since last pregnancy→BR23 1. Yes 2. No,pregnant 4. No, _____
BR19. What was the date that your last menstrual period began?	1. ____/____/_____ Day / Month / Year →BR21 8. DK
BR20. Approximately how many weeks ago did your last menstrual period began?	1. ____ weeks 8. DK
INTERVIEWER NOTE: IF CURRENTLY MENSTRUATING, QUESTIONS BR21-22 REFER TO THE PREVIOUS MENSTRUATION.	
BR21. During your last menstruation, for how many days did you experience heavy or moderate bleeding?	____ Days
BR22. During your last menstruation, for how many days did you experience light bleeding or spotting?	____ Days
BR23. Are you currently pregnant ?	Yes..... 1 No 3

SECTION CH (PREGNANCY HISTORIES)

CH01. INTERVIEWER CHECK: BR23 Is respondent currently pregnant?	Yes 1 No 3
CH02. (Besides this current pregnancy) In the past 4 months, have you given birth or experienced a miscarriage?	Yes 1 No 3
CH03. INTERVIEWER CHECK:	CH01=3 AND CH02=3..... 3➔ NEXT SECTION CH01=1 OR CH02=1 [BUT NOT BOTH]... 1➔ENTER “1” HERE, FILL OUT COLUMN ONE IN CH FOR THIS EVENT <input type="checkbox"/> CH01=1 AND CH02=1..... 2➔ENTER “2” HERE (“3” IF TWIN) AND FILL OUT COLUMN ONE FOR BIRTH/MISCARRIAGE, COLUMN TWO FOR CURRENT PREGNANCY <input type="checkbox"/>

LIST ALL PREGNANCIES. FILL OUT ACCORDING TO EACH PREGNANCY’S OUTCOME. FIRST FILL OUT CH05-CH11 FOR ALL COLUMNS, THEN ASK CH12-CH33 FOR EACH COLUMN.

CH04. TOTAL OF COLUMNS TO BE FILLED OUT FROM CH03 : <input type="text"/>			
CH05. Chronological order of pregnancy’s outcome (IF CH03=2 LIST BIRTH OR MISCARRIAGE FIRST)	[0][1]	[0][2]	[0][3]
CH06. Classification of pregnancy’s outcome	1. Is pregnant1 -->CH11 2. Live birth2 3. Still birth3 -->CH10 4. Miscarriage4 -->CH10	1. Is pregnant1 -->CH11 2. Live birth2 3. Still birth3 -->CH10 4. Miscarriage4 -->CH10	1. Is pregnant1 -->CH11 2. Live birth2 3. Still birth3 -->CH10 4. Miscarriage4 -->CH10
CH07. Did pregnancy end in multiple births? (INTERVIEWER NOTE: If multiple births, use one column for each birth from this pregnancy)	Yes1 No3	Yes1 No3	Yes1 No3
CH08. Name of child:	_____ AR00 <input type="text"/>	_____ AR00 <input type="text"/>	_____ AR00 <input type="text"/>
CH09. Is [...] a male or female?	Male 1 Female3	Male 1 Female 3	Male 1 Female 3
CH10. What date was [...] born/you had a miscarriage? (DAY/MON/YR)	1. <input type="text"/> / <input type="text"/> / <input type="text"/> 8. DON’T KNOW	1. <input type="text"/> / <input type="text"/> / <input type="text"/> 8. DON’T KNOW	1. <input type="text"/> / <input type="text"/> / <input type="text"/> 8. DON’T KNOW
CH11. How far was/is the pregnancy now/when you had the miscariage/when [...] was born?	<input type="text"/> Month05 Week04	<input type="text"/> Month05 Week04	<input type="text"/> Month05 Week04

SECTION CH (PREGNANCY HISTORIES)

CH12.	During this pregnancy, did you ever experience swelling of the feet or legs?	Yes..... 1 No 3	Yes..... 1 No..... 3	Yes..... 1 No..... 3
CH13.	During this pregnancy, did you ever have a pregnancy check-up?	No3-->CH15 Yes..... 1	No.....3-->CH15 Yes..... 1	No.....3-->CH15 Yes..... 1
CH14.	Where do/did you go for pregnancy check-ups? (CIRCLE ALL THAT APPLY) A. Public hospital B. Private hospital C. Community health center D. Village Delivery Post/Bidan Desa E. Clinic/office of physician F. Clinic/office of midwife G. Office of traditional midwife..... I. Posyandu..... V. Other, specify_____	A B C D E F G I V _____	A B C D E F G I V _____	A B C D E F G I V _____
CH14a.	At any time during your pregnancy, did you receive at least one of the following services? a. Weight..... b. Height c. Blood pressure d. Blood test for hemoglobin e. Measure of height of fetus f. Listen to fetal heartbeat g. Internal Exam..... h. Measurement of hips	1. Yes 3. No 8. DK a..... 1 3 8 b..... 1 3 8 c..... 1 3 8 d..... 1 3 8 e..... 1 3 8 f..... 1 3 8 g..... 1 3 8 h..... 1 3 8	1. Yes 3. No 8. DK a..... 1 3 8 b..... 1 3 8 c..... 1 3 8 d..... 1 3 8 e..... 1 3 8 f..... 1 3 8 g..... 1 3 8 h..... 1 3 8	1. Yes 3. No 8. DK a..... 1 3 8 b..... 1 3 8 c..... 1 3 8 d..... 1 3 8 e..... 1 3 8 f..... 1 3 8 g..... 1 3 8 h..... 1 3 8
CH14b.	At any time in your pregnancy did you receive an injection of DK to keep the baby from getting tetanus or convulsions at birth?	Yes..... 1 No 3 DK..... 8	Yes..... 1 No..... 3 DK..... 8	Yes..... 1 No..... 3 DK..... 8
CH15.	During this pregnancy, did you take iron pills?	Yes..... 1 No 3 -->CH17 DK..... 8 -->CH17	Yes..... 1 No..... 3 -->CH17 DK..... 8 -->CH17	Yes..... 1 No..... 3 -->CH17 DK..... 8 -->CH17
CH16.	During this pregnancy, how many iron pills did you take?	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 8. DK
CH17.	During this pregnancy, how much did you spend on prenatal care?	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> Rp. 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> Rp. 8. DK	1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> Rp. 8. DK
CH18.	INTERVIEWER'S NOTE : 1. CH06 = 1 or 4 (IS PREGNANT / MISCARRIAGE) --> CH12 NEXT COLUMN/NEXT SECTION 3. CH06 = 2 OR 3	1 → CH12 NEXT COLLUMN/NEXT SECTION 3	1 → CH12 NEXT COLLUMN/NEXT SECTION 3	1 → NEXT SECTION 3

SECTION CH (PREGNANCY HISTORIES)

CH19. At the time that you gave birth to [...], were you in labor for more than one day and night?	Yes.....1 No3 DK.....8	Yes1 No.....3 DK8	Yes.....1 No3 DK.....8
CH20. At the time that you gave birth to [...], did you have a high fever and foul smelling vaginal discharge?	Yes.....1 No3	Yes1 No.....3	Yes.....1 No3
CH21. Where did you give birth to [...]? 01. Public hospital 02. Private hospital 03. Delivery Hospital..... 04. Community health center 05. Village Delivery Post..... 06. Clinic/office of physician 07. Clinic/office of midwife 08. Office/house of trad. midwife 09. Own house..... 10. Family Members House 95. Other, specify _____	01 02 03 04 05 06 07 08 09 10 95 _____	01 02 03 04 05 06 07 08 09 10 95 _____	01 02 03 04 05 06 07 08 09 10 95 _____
CH22. Who provided care during [...]’s birth? (CIRCLE ALL THAT APPLY) A. Physician B. Private midwife C. Village midwife D. Nurse E. Traditional birth attendant G. NOBODY..... H. Family V. Other _____	A B C D E G H V _____	A B C D E G H V _____	A B C D E G H V _____
CH23. How much did you spend on care for the delivery of [...]?	1. Rp 8. DON’T KNOW	1. Rp 8. DON’T KNOW	1. Rp 8. DON’T KNOW
CH23a. INTERVIEWER CHECK CH06	CH06=3..... 3→CH12 NEXT COLUMN/SECTION CH06=2..... 1↓	CH06=3 3→CH12 NEXT COLUMN/SECTION CH06=2 1↓	CH06=3 3→NEXT SECTION CH06=2 1↓
CH24. In your opinion, compared with other infants, was [...] bigger, smaller or similar in size? 1. Much bigger 2. Bigger..... 3. Similar 4. Smaller..... 5. Much smaller..... 8. DON’T KNOW	1 2 3 4 5 8	1 2 3 4 5 8	1 2 3 4 5 8
CH25. Was [...] weighed right after birth?	No3 → CH27 Yes.....1	No.....3 → CH27 Yes1	No3 → CH27 Yes.....1

SECTION CH (PREGNANCY HISTORIES)

CH26. To be exact, how many kilograms was [...]’s birth weight?	<div><div></div><div></div><div></div><div></div></div> <div>Kg</div>	<div><div></div><div></div><div></div><div></div></div> <div>Kg</div>	<div><div></div><div></div><div></div><div></div></div> <div>Kg</div>
CH27. Did you ever breastfeed [...] even for a short period?	No3-->CH30 Yes1	No..... 3-->CH30 Yes 1	No3-->CH30 Yes1
CH27a. Did you give [...] the colustrum (thick yellow breastmilk produced shortly after delivery)?	Yes.....1 No3	Yes..... 1 No..... 3	Yes.....1 No3
CH27b. How old was [...] when he/she was first fed water (plain, sugared, honey, rice water, tea)?	<div><div></div><div></div><div></div></div> <div>03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE EVER FED 96. NOT YET FED</div>	<div><div></div><div></div><div></div></div> <div>03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE EVER FED 96. NOT YET FED</div>	<div><div></div><div></div><div></div></div> <div>03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE EVER FED 96. NOT YET FED</div>
CH27c. What age was [...] when he/she was regularly (on a daily basis) fed other foods/beverages besides breast milk?	<div><div></div><div></div><div></div></div> <div>03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE FED REGULARLY 96. NOT YET FED REGULARLY</div>	<div><div></div><div></div><div></div></div> <div>03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE FED REGULARLY 96. NOT YET FED REGULARLY</div>	<div><div></div><div></div><div></div></div> <div>03. DAYS 04. WEEKS 05. MONTHS 88. DIED BEFORE FED REGULARLY 96. NOT YET FED REGULARLY</div>
CH28. For how many months did you breastfeed [...]?	<div><div></div><div></div><div></div></div> <div>04. WEEKS 05. MONTHS 88. DIED WHILE BREASTFEEDING 96. STILL BREASTFEEDING-->CH29a</div>	<div><div></div><div></div><div></div></div> <div>04. WEEKS 05. MONTHS 88. DIED WHILE BREASTFEEDING 96. STILL BREASTFEEDING-->CH29a</div>	<div><div></div><div></div><div></div></div> <div>04. WEEKS 05. MONTHS 88. DIED WHILE BREASTFEEDING 96. STILL BREASTFEEDING-->CH29a</div>

SECTION CH (PREGNANCY HISTORIES)

CH29. Why did you stop breastfeeding [...]? (CIRCLE ALL THAT APPLY) A. MOTHER SICK/WEAK B. SORE NIPPLES..... C. WORK..... D. INCONVENIENCE E. TAKE CONTRACEPTIVE PILLS F. WANT TO GET PREGNANT G. WAS PREGNANT AGAIN..... H. INSUFFICIENT BREAST MILK..... I. CHILD'S DEATH..... J. CHILD'S SICKNESS K. CHILD IN INCUBATOR L. CHILD DID NOT DEVELOP..... M. CHILD DID NOT WANT N. CHILD LIVED SEPARATELY O. DR/NURSE'S RECOMMENDATIONS..... P. HUSBAND'S OBJECTIONS Q. CHILD'S INABILITY TO SUCK R. CHILD WAS BIG ENOUGH V. OTHER, (SPECIFY)_____	A B C D E F G H I J K L M N O P Q R	A B C D E F G H I J K L M N O P Q R	A B C D E F G H I J K L M N O P Q R
	V _____ →CH30	V _____ →CH30	V _____ →CH30
CH29a. How many times did you breastfeed [...] yesterday between 7:00 am yesterday and 7:00 am today?	<div> <div></div> <div></div> <div></div> </div> times	<div> <div></div> <div></div> <div></div> </div> times	<div> <div></div> <div></div> <div></div> </div> times
CH30. After the birth of [...] did you received any follow-up care for yourself or your infant?	Tidak..... 3 → CH32 Ya..... 1	Tidak3 → CH32 Ya.....1	No..... 3 → CH32 Yes 1
CH31. Where did you go for this care? (CIRCLE ALL THAT APPLY) A. Public hospital B. Private hospital..... C. Community health center D. Village Delivery Post E. Clinic/office of physician F. Clinic/office of midwife G. Office of traditional midwife I Posyandu V Other, specify _____	A B C D E F G I	A B C D E F G I	A B C D E F G I
	V _____	V _____	V _____
CH32. Is [...] still alive?	Yes 1→ CH12NEXT COLUMN/ NEXT SECTION No..... 3	Yes..... 1→ CH12NEXT COLUMN/ NEXT SECTION No 3	Yes..... 1→ NEXT SECTION No 3
CH33. How old was [...] when he/she died?	<div> <div></div> <div></div> <div></div> </div> 03. DAYS 04. WEEKS 05. MONTHS 06. YEARS ---> CH12 NEXT SECTION	<div> <div></div> <div></div> <div></div> </div> 03. DAYS 04. WEEKS 05. MONTHS 06. YEARS ---> CH12 NEXT SECTION	<div> <div></div> <div></div> <div></div> </div> 03. DAYS 04. WEEKS 05. MONTHS 06. YEARS ---> NEXT SECTION

SECTION CX (CONTRACEPTION)

Now, we would like to ask about methods to postpone or prevent pregnancy.

BIRTH CONTROL DEVICE/METHOD		COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
COLUMN 1 = SURVEY MONTH FILL IN THE NEXT COLUMNS WITH THE PRECEEDING MONTHS		MONTH: 200	LAST MONTH MONTH: 200	2 MONTHS AGO MONTH: 200	3 MONTHS AGO MONTH: 200	4 MONTHS AGO MONTH: 200
CX01.	Do you or your husband use any device or method to postpone pregnancy during the month [...]?	Yes 1 →CX03 No..... 3 ↓	No..... 3→ Yes 1	No..... 3→ Yes 1	No..... 3→ Yes 1	No 3 → CX10 COLUMN 1 Yes 1
CX02.	Why don't you or your husband currently use a birth control device or method to postpone pregnancy? (ANSWER COULD BE MORE THAN ONE)	A B C D E F G H I J K L M N O P Q R S T U V _____ W X →NEXT COLLUMN (CX01)				
CX03.	What method(s) do you use ?	A B C D E F G H J K L M N O V _____	3. Same as previous column → CX04 A B C D E F G H J K L M N O V _____	3. Same as previous column → CX04 A B C D E F G H J K L M N O V _____	3. Same as previous column → CX04 A B C D E F G H J K L M N O V _____	3. Same as previous column → CX04 A B C D E F G H J K L M N O V _____
CX03a.	When did you start using this method?	1. ____/____ Mo Year 8. DON'T KNOW	3. Same as previous column → CX04 1. ____/____ Mo Year 8. DON'T KNOW	3. Same as previous column → CX04 1. ____/____ Mo Year 8. DON'T KNOW	3. Same as previous column → CX04 1. ____/____ Mo Year 8. DON'T KNOW	3. Same as previous column → CX04 1. ____/____ Mo Year 8. DON'T KNOW
CX04.	During month [...], did you have any health problem or side effect ?	No 3 → CX06 Yes 1	No 3 → CX06 Yes 1	No 3 → CX06 Yes 1	No 3 → CX06 Yes 1	No 3 → CX10 Column 1 Yes 1
CX05.	What kind of health problem or side effect did you have ?	A B C D E F G H J K L V _____ N	A B C D E F G H J K L V _____ N	A B C D E F G H J K L V _____ N	A B C D E F G H J K L V _____ N	A B C D E F G H J K L V _____ N
CX06.	During month [...] did you visit a health facility or family planning facility or other place to obtain contraceptive supplies, for an initial or repeat application, a consultation for side effects, or to change methods ?	No 3 →CX01 NEXT COLUMN Yes1	No 3 →CX01 NEXT COLUMN Yes1	No 3 →CX01 NEXT COLUMN Yes1	No 3 →CX01 NEXT COLUMN Yes1	No 3 → CX10 COLUMN 1 Yes 1
CX07.	What type of facility did you visit ?	A B C D E F G H J K L M N O P Q V _____	A B C D E F G H J K L M N O P Q V _____	A B C D E F G H J K L M N O P Q V _____	A B C D E F G H J K L M N O P Q V _____	A B C D E F G H J K L M N O P Q V _____
CX08.	When you visited[HEALTH FACILITY] this month, what was the reason of your visit ?	A B C D V _____	A B C D V _____	A B C D V _____	A B C D V _____	A B C D V _____
CX09.	How much did you spend to visit [...], including the cost of treatment,laboratory cost, consultation, but not including the cost of transportation ?	1. Rp ____ . ____ . ____ . 8. DON'T KNOW → CX01 NEXT COLLUMN	1. Rp ____ . ____ . ____ . 8. DON'T KNOW → CX01 NEXT COLLUMN	1. Rp ____ . ____ . ____ . 8. DON'T KNOW → CX01 NEXT COLLUMN	1. Rp ____ . ____ . ____ . 8. DON'T KNOW → CX01 NEXT COLLUMN	1. Rp ____ . ____ . ____ . 8. DON'T KNOW → CX01 COLUMN 1
ASK CX01-CX09 FOR ALL MONTHS, THEN ASK CX10 AND CX11.						
CX10.	INTERVIEWER CHECKS: DID RESPONDENT STOP USING CONTRACEPTION OR SWITCH METHODS BETWEEN MONTH [...] AND MONTH[...] ?		No 3 → Yes..... 1	No..... 3 → Yes1	No 3 → Yes 1	No 3 → CP Yes 1
CX11.	What is the reason you stopped using [NAME OF METHOD] in month [...] ?		A B C D E F G H J K L M N O V _____	A B C D E F G H J K L M N O V _____	A B C D E F G H J K L M N O V _____	A B C D E F G H J K L M N O V _____

- CX02

A. Is pregnant
B. Want to have a child
C. Lack of knowledge
D. Husband disapproves
E. High cost
F. Health reasons
G. Side effects
H. Advice of dr/nurse/midwife
I. Difficulty in obtaining method
J. Religion
K. Respondent disapproves
L. Family disapproves

M. Do not care/ indifferent
N. Infrequent intercourse
O. Difficulty in getting pregnant
P. Menopause/hysterectomy
Q. Inconvenient
R. Husband's absence
S. Just gave birth (pre-menstrual)
T. Just gave birth (no sex)
U. Breastfeeding
V. Other _____
W.Kids grown
X. Don't want to use
- CX03

A. Contraceptive Pills
B. IUD/AKDR/Spiral
C. 1-month injection
D. 2-month injection
E. 3-month injection
F. Intravag/diaphram
G. Condom
H. Contraceptive tubes/implant
J. Female Sterilization
K. Male Sterilization
L. Rhythm method
M. Coitus interruptus
N. Traditional herbs
O. Traditional massage
V. Other _____
- CX05

A. Gained weight
B. Lost weight
C. Excessive bleeding during menstruation
D. Irregular menstruation
E. Flare-up of red facial rash
F. Convulsions/ cramps
G. High blood pressure
H. Headache

J. Nausea
K. Weakness
L. Skin problems
N. Stomach ache
V. Other, specify, _____
- CX07

A. Public hospital
B. Private hospital
C. Puskesmas, Pembantu
D. Private clinic
E. Posyandu
F. Birth control post/Association
G. Field worker (PLKB)
H. TKBK/TMK
J. Pharmacist/Drugstore
K. Private Physician

L.Nurse/para medic
M. Midwife
N. Traditional midwife
O.Friend/Family
P. Birth Control Safari
Q. Bidan
Desa/Polindes
V. Other, _____
- CX08

A. Initial Application
B.Repeat application
C. Side effect consultation
D.Change of birth control method
V. Other _____
- CX11

A. (Got) Pregnant while using
B. Want to get pregnant
C. Husband objection
D. Side effects
E. Health problems
F. Difficulty in getting pregnant
G. Wants more effective method
H.Inconvenience/discomfort
J. Husband was absent

K. Too expensive
L. Menopause
M.Divorced/Widowed
N. Detached (FP device)
O. Too hard to use/tired of using
V. Other, specify _____

SECTION CP (INTERVIEWER NOTES)
FILL OUT THIS SECTION UPON THE COMPLETION OF THE QUESTIONNAIRE BOOK.

CP1. WHO ELSE (OTHER PERSONS) BESIDES THE RESPONDENT WAS PRESENT DURING THE INTERVIEW? ANSWER MAY BE MORE THAN ONE. A. NO ONE B. A CHILD 5 YEARS OLD OR UNDER C. A CHILD OLDER THAN 5 YEARS OLD D. HUSBAND/WIFE E. AN ADULT, LIVING IN THE HOUSEHOLD F. AN ADULT, NOT A HOUSEHOLDER	CP2. WHAT IS YOUR EVALUATION OF THE ACCURACY OF THE RESPONDENT'S ANSWERS? 1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD	CP3. WHAT IS YOUR EVALUATION ON THE SERIOUSNESS AND ATTENTIVENESS OF THE RESPONDENT? 1. EXCELLENT 2. GOOD 3. FAIR 4. NOT SO GOOD 5. VERY BAD
CP4. WHAT QUESTIONS DID THE RESPONDENT FIND DIFFICULT, EMBARRASSING, OR CONFUSING? _____ _____ _____	CP5. WHAT QUESTIONS DID THE INTERVIEWER FIND DIFFICULT, EMBARRASSING, OR CONFUSING? _____ _____ _____	CP6. WHAT QUESTIONS DID RESPONDENT SEEM INTERESTED IN? _____ _____ _____

NOTES :

NUMED: NUMBER OF EDITS

	EDIT 1	EDIT 2	EDIT 3
DATE :	<div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div></div></div> <div>DATE MONTH YEARS</div>	<div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div></div></div> <div>DATE MONTH YEARS</div>	<div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div></div></div> <div>DATE MONTH YEARS</div>
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