

RESPONDENT NUMBER:

Region	Province	City/Mun	Brgy	Fac. No	Respondent No.

As of July, 19 2017

COVER PAGE

FORM1. Interview Women of Reproductive Age Who Are Not Currently Pregnant or within 6 Weeks of Delivery, and Desire Delaying or Limiting Childbearing.

[Fill one number for each woman contacted in the order they were contacted at the health facility; if done over several days, continue unique sequence numbers]

Identification of interview place		
Region		
Province		
City/Municipality		
Barangay		
Health facility name		
Home address (for home visit only)		
Latitude and longitude (Use the coordinate of GPS in a mobile phone)	Latitude	Longitude
Interview Record		
Date of interview (dd/mm/yyyy)		
Interviewer's name (Last Name, First Name, Middle Initial)		
Health facility level where interview took place	Public Sector 1. Government hospital 2. Rural health unit/Urban health center/Barangay health center 3. Barangay health station 4. Barangay supply/Service point office/BHW 5. Other public (specify) _____ Other places 6. Puericulture center 7. Others (specify) _____	
FOR LARGE HOSPITALS Reason for visiting the health facility	1. Reproductive health clinic for postnatal care 2. Reproductive health clinic not related to postnatal care 3. Receiving vaccination or routine check-up for child <5 years old 4. Seeking medical advice or treatment for sickness or injury of child <5 years old 5. Seeking medical advice or treatment for sickness or injury of herself 6. Others (specify) _____	

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SCREENING FORM

[CONSIDER ALL THE WOMEN AT THE HEALTH FACILITY AS OUR TARGET. THEN WE SCREEN THOSE WOMEN THROUGH Q001-010.]

State: "We would like to start by asking a few questions that determine if you are eligible for the survey."

			Answer	
001	How old were you on your last birthday?	Age in completed years		18-49 years ->002 Others -> 010
002	Are you pregnant now? (Stop the interview)	1. Yes 2. No 3. Unsure		1 ->010 2 ->003 3 ->003
003	What is the name of your last baby? Record name	1. Name: _____ 2. No previous baby		1 ->004 2 ->006
004	In what month and year was NAME born? If less than 6 weeks. Stop the interview.	Month : __ __ Year : __ __ __ __		Age ≥6 weeks ->005 Age<6 weeks ->010
005	Has your menstrual period returned since the birth of _____ (NAME)?	1. Yes 2. No 3.		1 ->006 2 ->006
006	Now, I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	1. Have (a/another) child 2. No more/none 3. Cannot get pregnant (due to tubal ligation) 4. Cannot get pregnant 5. Undecided / don't know		1 -> 007 2 -> 008 3 -> 101 (count this woman as a FP user) 4 -> 010 5 -> 010
007	Do you want (a/another) child soon?	1. Yes 2. No, want to wait 3. Don't know		1 ->010 2 ->008 3- ->010
008	Are you or your husband/partner currently doing something or using any method to delay or avoid getting pregnant?	1. Yes 2. No		1 -> 009 2 -> 101 (Count this woman as a non-FP user)
009	Which method are you or your husband using?	1. Pill, Injectable, Patch, IUD, Implants, or Sterilization 2. Others		1 -> 101 (Count this woman as a FP user) 2 -> 101 (Count this woman as a non-FP user)
010	Thank the woman, indicate ineligibility for the survey and stop the interview. [STAPLE THE SCREENING PAGE OF THE ELIGIBLE MOTHER IN HER QUESTIONNAIRE. PLACE THE SCREENING FORM OF THE INELIGIBLE WOMAN IN THE ENVELOPE MARKED "INELIGIBLE RESPONDENTS". Enter this woman into the list of "number of women contacted". Then find another woman to interview and use another screening sheet.			

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QUESTIONNAIRE

FORM1. Interview of women of reproductive age who are not currently pregnant or within 6 weeks of delivery, and desire delaying or limiting childbearing.

[READ THE INFORMED CONSENT FORM AND REQUEST THE MOTHER TO SIGN THE FORM]

NO.	Section 1. Respondent background		
101	In (month of interview) 2017, did you live in a city, in a town proper/ <i>Poblacion</i> , in an urban barangay or rural barangay, or abroad?	1. City (City) 2. Town Proper/ <i>Poblacion</i> 3. Urban Barangay 4. Rural barangay 5. Abroad (<i>Abroad</i>) 6. Don't Know	->102
102	What is your marital status now?	1. Never married or never lived with a man 2. Currently married 3. Currently living with a man 4. Divorced/separated/widow and not currently living with a man	->103
103	What is your highest level of education attended, whether or not that level was completed?	1. No education 2. Elementary 3. High school 4. Vocational 5. College 6. Post-graduate	->104
104	How many children do you have who are still alive?	Number of children alive	->105
105	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end early, in a miscarriage or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	1. Yes 2. No	1 ->106 2 -> 107
106	In all, how many pregnancies have you had that did not end in a live born child? [WRITE DOWN NUMBER OF SPONTANEOUS ABORTION AND INDUCED ABORTION SEPARATELY]	A. Number of pregnancy losses by spontaneous abortion (<i>nalaglag</i>). B. Number of pregnancy losses by induced abortion (<i>inilaglag</i>)	->107
107	Are you covered by any health insurance, either as member or dependent? [WRITE DOWN ALL MENTIONED.]	1. Not covered 2. Philhealth 3. Government Service Insurance System (GSIS) 4. Social Security System (SSS) 5. Private insurance company/Health (maintenance organization /Pre-need insurance plan company 6. LGU card with monthly fee 7. LGU card for free to the residents	->201

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NO.	Section 2. Current use of FP					
201	REVIEW: Are you or your husband/partner currently doing something or using any method to delay or avoid getting pregnant?				1. Yes 2. No	1 ->202 2 ->207
202	Which method are you currently using? [WRITE DOWN ALL MENTIONED SEPARATED BY COMMA.]					->203
	LINE NUMBER	01	02	03	04	05
203	Now I would like to ask you one by one about all methods you are using now . [RECORD ALL METHODS BEING USED NOW, ONE METHOD PER ONE COLUMN NUMBER. IF THERE ARE MORE THAN 5 METHODS, USE ADDITIONAL QUESTIONNAIRE.] (show card)					->204
204	What was your source of information about the method when you first started using it?					->205
205	Where did you obtain that method when you first started using it?					1-13->206 14-99->207
206	What was the purpose of your going to the health facility on the day you first received the contraceptive method?					Repeat until all methods were explained. Then ->207
Code: 202, 203 1. Female sterilization 2. Male sterilization 3. IUD 4. Injectable (e.g., DMPA) 5. Implants 6. Patch 7. Pill 8. Male Condom 9. Female condom 10. Diaphragm 11. Foam/Jelly/Cream 12. Mucus/Billings/Ovulation 13. Basal body temperature 14. Symptothermal 15. Standard days method 16. LAM 17. Calendar/Rhythm/Periodic abstinence 18. Withdrawal 19. Herbal 20. Other modern method (specify) _____		Code: 204, 205 Public Sector 1. Government hospital 2. Rural health unit/Urban health center/ Barangay health center 3. Barangay health station 4. Barangay supply/Service point office/BHW 5. Other public (specify) _____ Private medical sector 6. Private hospital/clinic 7. Pharmacy 8. Private doctor 9. Private nurse, midwife 10. NGO 11. Industry-based clinic 12. Other private (specify) _____		Other sources 13. Puericulture center 14. Store 15. Church 16. Friends/Relatives 17. Internet 18. Advertisement/T.V 19. School 20. Quack doctor 21. Own self 22. Husband/Partner 23. Seminar in company		Code 206 1. Prenatal care 2. Giving birth, while a woman is still in the facility 3. Reproductive health outpatient clinic for postnatal care 4. Reproductive health clinic not related to postnatal care 5. Receiving vaccination or routine check- up for child 6. Seeking medical advice or treatment for sickness or injury of child 7. Seeking medical advice or treatment for sickness or injury of herself 8. Adolescent clinic 9. Get contraceptive 10. Seminar 99. Not Applicable

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207	If you are not using any method to delay or avoid getting pregnant now, have you or your sexual partner done something or used a method to delay or avoid getting pregnant in the past? If you are using a method to delay or avoid getting pregnant now, have you or your sexual partner ever used a different method to delay or avoid getting pregnant in the past?					1. Yes 2. No		1->208 2-> 301	
208	Which methods have you used in the past? ([WRITE DOWN ALL MENTIONED.]								-> 209
	LINE NUMBER	01	02	03	04	05			
209	Now I would like to ask you one by one about all methods you have used in the past. [RECORD ALL METHODS, ONE METHOD PER ONE COLUMN NUMBER AT THE RIGHT. IF THERE ARE MORE THAN 5 METHODS, USE ADDITIONAL QUESTIONNAIRE.]								-> 210
210	What was the source of information of the method when you first started using it?								-> 211
211	Where did you obtain the family planning method when you first started using it?								1-13->212 14-99->213
212	Why did you visit the health facility where you first started using the family planning method?								-> 213
213	Why did you stop using the family planning method that you used in the past?								-> 301
Code: 208, 209		Code: 210, 211 Public Sector 1. Government hospital 2. Rural health unit/Urban health center/ Barangay health center 3. Barangay health station 4. Barangay supply/Service point office/BHW 5. Other public (specify) _____ Private medical sector 6. Private hospital/clinic 7. Pharmacy 8. Private doctor 9. Private nurse, midwife 10. NGO 11. Industry-based clinic 12. Other private (specify) _____			Code 212 1. Prenatal care 2. Giving birth, while a woman is still in the facility 3. Reproductive health outpatient clinic for postnatal care 4. Reproductive health clinic not related to postnatal care 5. Receiving vaccination or routine check- up for child 6. Seeking medical advice or treatment for sickness or injury of child 7. Seeking medical advice or treatment for sickness or injury of herself 8. Adolescent clinic 9. Get contraceptive 10. Seminar 99. Not Applicable				
1. Female sterilization 2. Male sterilization 3. IUD 4. Injectable (e.g., DMPA) 5. Implants 6. Patch 7. Pill 8. Male Condom 9. Female condom 10. Diaphragm 11. Foam/Jelly/Cream 12. Mucus/Billings/Ovulation 13. Basal body temperature 14. Symptothermal 15. Standard days method 16. LAM 17. Calendar/Rhythm/Periodic abstinence 18. Withdrawal 19. Herbal 20. Other modern method (specify) _____		13. Puericulture center 14. Store 15. Church 16. Friends/Relatives 17. Internet 18. Advertisement/T.V 19. School 20. Quack Doctor 21. Self/Own 22. Husband/Partner 23. Seminar in Company 99-Not Applicable (APPLIES TO Q. 211 ONLY)			16. Afraid to get pregnant 17. Expired LAM Period 18. Already old to get pregnant 19. Removed accidentally 20. Just decided				
Code: 213		8. Husband/partner did not support or allow to use 9. Wanted to get pregnant 10. Got pregnant 11. Switched to other method 12. Partner working away from home							

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5. Health worker did not continue to provide the method.	13. Did not like the method	21. Concerns for side effects					
6. Quality of care provided by the health facility or provider	14. Forgot to take Regularly						
7. Advice of friends, relatives, neighbors	15. Advice of Health Staff						
Section 3. FP Concerns and Today's FP counseling							
301	Do you have any concerns about any type of family planning method?	1. Yes 2. No					1 ->302 2 ->305
	LINE NUMBER	01	02	03	04	05	06
302	About which family planning methods do you have concerns? [WRITE ONE METHOD PER CELL. IF THERE ARE MORE THAN 6 METHODS WITH CONCERN, USE ANOTHER questionnaire] <div> <div>1. Female sterilization</div> <div>2. Male sterilization</div> <div>3. IUD</div> <div>4. Injectable</div> <div>5. Implants</div> <div>6. Patch</div> <div>7. Pill</div> <div>8. Condom</div> <div>9. Calendar/Rhythm/Period</div> <div>10. Withdrawal</div> </div>						-> 303
303	What are your concerns about that family planning method? [USE ONE LINE NUMBER FOR ONE METHOD. WRITE DOWN ALL MENTIONED CONCERNS PER EACH METHOD.]						-> 304
	<div> <div>1. Cause cancer in the uterus</div> <div>2. Cause cysts in the uterus</div> <div>3. Cause infection of the uterus</div> <div>4. Cause frequent bleeding</div> <div>5. Cause thyroid problems</div> <div>6. Cause/worsen asthma</div> <div>7. Cause/worsen lots of veins</div> <div>8. Cause dry skin, skin disease</div> <div>9. Cause weight</div> <div>10. Cause weight loss</div> <div>11. Cause bloated stomach</div> <div>12. Cause headache</div> <div>13. Cause irritability</div> <div>14. Increase libido/turn into a maniac</div> <div>IUD/Implants</div> <div>22. Melt or move around inside the body and doctors will not be able to find.</div> <div>23. Washed away/pushed out of body.</div> <div>24. Painful to insert</div> <div>IUD</div> <div>25. Itchy on the vagina.</div> <div>26. Entangled around the man's penis</div> <div>27. Messy when inserted</div> <div>Male Sterilization</div> <div>28. Part of the man's testicles are cut off</div> <div>29. It hurts the testicles</div> <div>39. Cause of Death</div> <div>40. Dizziness/vomiting</div> <div>41. Easily forget to take</div> <div>42. Cause hearing problem</div> <div>43. Cause memory loss</div> <div>44. Side effects</div> <div>45. Cause liver disease</div> <div>46. Cause kidney disease</div> <div>47. Injection is painful</div> <div>48. Painful during intercourse</div> <div>49. Afraid of operation (tubal ligation)</div> <div>50. Cannot carry heavy things</div> <div>51. Pills remain in the body</div> <div>52. Cannot do normal things</div> </div>						

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	15. Cause loss/reduce of libido 16. Cause loss/reduce of sexual satisfaction 17. One will not have children anymore 18. Not fully effective, woman could still get pregnant 19. When it does not work, the baby is born with abnormalities 20. Results in mortal sin because it is against church teachings 21. It is not legally allowed to use	30. The man loses his manhood (<i>pagkalalaki</i>) 31. Delayed menstruation 32. Cause Heart Problem 33. Painful during menstruation 34. Do not like pap smear while taking pills 35. Cause hypertension 36. Cause hypotension 37. Cause Myoma 38. Delayed Menstruation due to Myoma	53. Quality control of the commodity 54. Cause cramps 55. Cause Edema 56. Cause pain in the hips 57. IUD doesn't fit 58. Cause for losing consciousness 59. Cause bad effect in breastfeeding 60. Cause of poor eyesight 61. Diarrhea						
	LINE NUMBER		01	02	03	04	05	06	
304	Who told you or how did you find about your concerns about family planning methods? [REPEAT EACH CONCERN IN TURN. FOR EACH WRITE DOWN ALL SOURCES OF INFORMATION.] 1. Health staff 2. BHW or health volunteers 3. Husband or partner did not want to use 4. Friend, neighbours, relatives 5. Church 6. Radio 7. Television 8. Newspaper or magazine 9. Online or internet 10. Own experience 11. Seminar								-> 305

[IF THE WOMAN HAS NOT HAD THE CONSULTATION GO TO SECTION 4 AND ASK QUESTIONS 305-321 AFTER THE CONSULTATION.]

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305	Today, did any staff member at the health facility speak to you about family planning methods?	1. Yes 2. No		1 ->306 2 ->317
306	Did the health staff ask you about your concerns on family planning?	1. Yes 2. No		1 ->307 2 ->317
307	Do you feel the health staff understands your concerns?	1. Yes 2. No		-> 308
308	Did the health staff help you to find solutions to your concerns?	1. Yes 2. No		-> 309
309	Did the health staff offer you information how different family planning methods work?	1. Yes 2. No		1 ->310 2 ->312
310	Which methods did the health staff mention today? [WRITE DOWN ALL MENTIONED SEPARATED BY COMMA.]	1. Female sterilization 2. Male sterilization 3. IUD 4. Injectable (e.g., DMPA) 5. Implants 6. Patch 7. Pill 8. Male Condom 9. Female condom 10. Diaphragm 11. Foam/Jelly/Cream 12. Mucus/Billings/Ovulation 13. Basal body temperature 14. Symptothermal 15. Standard days method 16. LAM 17. Calendar/Rhythm/Periodic abstinence 18. Withdrawal 19. Herbal 20. Other modern method (specify) _____		-> 311
311	Did the health staff tell you about side-effects or problems you might have with any methods of family planning?	1. Yes 2. No		-> 312
312	Did the health worker offer you information how your family planning method (which you are now using) works?	1. Yes 2. No 99. N/A (not using a method now)		1 -> 313 2-> 313 3-> 315
313	Did the health staff explain about the side effects of your current method?	1. Yes 2. No		-> 314
314	Did the health staff ask you to describe how you use your current method?	1. Yes 2. No		-> 317
315	After receiving FP counselling will you begin using a family planning method today?	1. Yes 2. No		1 -> 317 2 -> 316
316	After receiving FP counselling, do you think you will use a contraceptive method anytime in the future?	1. Yes 2. No		1 -> 317 2 -> 321

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317	Which contraceptive method would you prefer most to use? (ONE METHOD ONLY)	<ol style="list-style-type: none"> None Female sterilization Male sterilization IUD Injectable (e.g., DMPA) Implants Patch Pill Male Condom Female condom Diaphragm Foam/Jelly/Cream Mucus/Billings/Ovulation Basal body temperature Symptothermal Standard days method LAM Calendar/Rhythm/Periodic abstinence Withdrawal Herbal Other modern method (specify) ____ 		1-> 321 2-21-> 318
318	Why do you prefer the method?	<ol style="list-style-type: none"> Free Always available No side effects Easy to use Recommended by health staff Recommended by friends, neighbours, relatives Lifetime effectivity 3 months effectivity 3 years effectivity 10 years effectivity 100% effective for this person Affordable price Improves communication/understanding with husband 6 months (LAM) No side effects for her Happy to gain weight stops menstruation (less hassle) Regularity of menstruation 		1-2-> 401 3-7->319
319	Will you use the method?	<ol style="list-style-type: none"> Yes No 		1->401 2->320
320	Why do you think you will not use your preferred method?	<ol style="list-style-type: none"> Perceived to be expensive No idea where and how to avail Advised by the doctor not to use due to _____ Ligated Side effects Gain Weight Husband disagrees No menstruation yet Sexually inactive Painful Undecided 		-> 401

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321	Why do you think you will not use any contraceptive method anytime in the future	1. Afraid of side effects 2. Already old to get pregnant 3. Not supported by husband 4. No need 5. hard to get pregnant 6. Not enough information 7. Against religion 8. Want to get pregnant 9. No reason 10. Hard to use 11. Not legally use 12. Not yet thinking about it		-> 401
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Section 4. Past Health Facility visit and FP Counseling				
401	From January 1- December 31, 2016, have you visited a health facility for care for yourself or your children for any purpose?	1. Yes 2. No		1 -> 402 2 -> END OF INTERVIEW

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	LINE NUMBER	01	02	03	04	05	06	
402	Now I would like to record all your facility visits from January 1 – December 31, 2016. Start with the latest visit you had. Why did you visit a health facility? [AFTER WRITING THE FIRST VISIT IN LINE NUMBER 01, ASK Q403-410 FOR THAT VISIT. THEN ASK THE 2 nd LATEST VISIT TO WRITE IN 402 LINE NUMBER 02, THEN ASK Q 403 AND Q404. REPEAT FOR ALL HEALTH FACILITY VISITS FROM JANUARY 1 - DECEMBER 31, 2016.] [IF THERE ARE MORE THAN 6, USE AN ADDITIONAL QUESTIONNAIRE.]							-> 403
403	Where did you visit?							-> 404
404	At that visit, were you or your sexual partner already using any method to delay or avoid getting pregnant? 1=Yes 2=No							1 -> 405 2 -> 406
405	Which method(s) were you using? [WRITE DOWN ALL MENTIONED.]							->406

Code 402 1. Prenatal care 2. Giving birth, while a woman is still in the facility 3. Reproductive health outpatient clinic for postnatal care 4. Reproductive health clinic not related to postnatal care 5. Receiving vaccination or routine check-up for child 6. Seeking medical advice or treatment for sickness or injury of child 7. Seeking medical advice or treatment for sickness or injury of herself 8. Adolescent clinic 9. Get contraceptive 10. Seeking medical advice or treatment for sickness of husband 99. Not Applicable	Code: 403 Public Sector 1. Government hospital 2. Rural health unit/Urban health center/Barangay health center 3. Barangay health station 4. Barangay supply/Service point office/BHW 5. Other public (specify) _____ Private medical sector 6. Private hospital/clinic 7. Pharmacy 8. Private doctor 9. Private nurse, midwife 10. NGO 11. Industry-based clinic 12. Other private (specify) _____	Other sources 13. Puericulture center 14. Store 15. Church 16. Friends/Relatives 17. Internet 18. Advertisement/T.V 19. School 20. Quack Doctor 21. Self/Own 22. Husband/Partner 23. Seminar in Company 99-Not Applicable	Code: 405 1. Female sterilization 2. Male sterilization 3. IUD 4. Injectable (e.g., DMPA) 5. Implants 6. Patch 7. Pill 8. Male Condom 9. Female condom 10. Diaphragm 11. Foam/Jelly/Cream 12. Mucus/Billings/Ovulation 13. Basal body temperature 14. Symptothermal 15. Standard days method 16. LAM 17. Calendar/Rhythm/Periodic abstinence 18. Withdrawal 19. Herbal 20. Other modern method (specify) _____
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	LINE NUMBER	01	02	03	04	05	06	
406	At that visit, did any staff member at the health facility speak to you about family planning methods? 1-Yes 2-No							1-> 407 2-> 402 next column number
407	After that visit, did you start using any FP method or change from your previous method to a new method? 1=Yes 2=No							1 -> 409 2 -> 408
408	If you did not start a new method or change from your previous method, why? 1. No need 2. Possible side effects of new method 3. New method not available at the facility 4. Concerns about risk of pregnancy with new method 5. Not enough information 6. Could not afford to purchase 7. Advice of friends, relatives, neighbors not to start or change 8. Husband/partner did not support 9. No menstruation yet/Lactational Amenorrhea (LA) 10. Pregnant at that time 11. Advice by BHW not to use due to old age 12. Wants another baby 13. I am too old 14. Religion							
409	Which FP method did you start using after that visit or which new method did you change to?							-> 402 next column number
	1. Female sterilization 2. Male sterilization 3. IUD 4. Injectable (e.g., DMPA) 5. Implants 6. Patch 7. Pill 8. Male Condom 9. Female condom 10. Diaphragm	11. Foam/Jelly/Cream 12. Mucus/Billings/Ovulation 13. Basal body temperature 14. Symptothermal 15. Standard days method 16. LAM 17. Calendar/Rhythm/Periodic abstinence 18. Withdrawal 19. Herbal 20. Other modern method (specify) _____						

END OF THE INTERVIEW