



**PROSPECTIVE MORBIDITY SURVEY IN ZIMBABWE, 2016**



**Questionnaire for Patient**

University of Zimbabwe-University of California San Francisco, Zimbabwe Ministry of Health and Child Care, and Guttmacher Institute

Questionnaire ID:   
 (number should be same as provider questionnaire)

BACKGROUND INFORMATION		CODES										
001	HEALTH FACILITY NAME _____											
002	HEALTH FACILITY CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										
003	DATE OF INTERVIEW	<input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YY										
004	DISTRICT _____											
005	TYPE OF HEALTH FACILITY Central hospital Provincial hospital District hospital Mission hospital Rural hospital Primary health center Private hospital NGO - For profit NGO - Not-for-profit Other: _____	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> <tr><td>6</td></tr> <tr><td>7</td></tr> <tr><td>8</td></tr> <tr><td>9</td></tr> <tr><td>10</td></tr> </table>	1	2	3	4	5	6	7	8	9	10
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
006	START TIME <input type="text"/> <input type="text"/> hr <input type="text"/> <input type="text"/> min											
007	INTERVIEWER NAME _____	<input type="text"/> Code										
008	LANGUAGE OF INTERVIEW English Shona Ndebele	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> </table>	1	2	3							
1												
2												
3												
009	RESULT OF INTERVIEW COMPLETE REFUSED INCOMPLETE PATIENT UNABLE TO ANSWER PATIENT DIED PRIOR TO INTERVIEW OTHER (SPECIFY) _____	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> <tr><td>96</td></tr> </table>	1	2	3	4	5	96				
1												
2												
3												
4												
5												
96												
010	IF THE PATIENT WAS UNABLE TO ANSWER OR REFUSED, DO YOU THINK THEY ARE 19 YEARS OF AGE OR YOUNGER? YES NO	<table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> </table>	1	2								
1												
2												

**Section I: SOCIO-DEMOGRAPHICS OF THE PATIENT**

**Thank you for agreeing to participate in this survey. I want to again assure you that your answers will be kept confidential. I would like to begin by asking you a few questions about yourself, your job, and your home.**

QUESTIONS		RESPONSES																																					
101	In what year were you born?	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td>Year</td> </tr> </table>						Year																															
				Year																																			
102	Do you live in an urban or rural area of Zimbabwe?	<table border="1"> <tr> <td>Urban</td> <td style="width: 20px; height: 20px;"></td> <td>1</td> </tr> <tr> <td>Rural</td> <td style="width: 20px; height: 20px;"></td> <td>2</td> </tr> <tr> <td>From outside Zimbabwe</td> <td style="width: 20px; height: 20px;"></td> <td>3</td> </tr> </table>		Urban		1	Rural		2	From outside Zimbabwe		3																											
Urban		1																																					
Rural		2																																					
From outside Zimbabwe		3																																					
103	What is your current marital status?	<table border="1"> <tr> <td>Never married/ Never lived together with a partner</td> <td style="width: 20px; height: 20px;"></td> <td>1</td> </tr> <tr> <td>With partner but not living together</td> <td style="width: 20px; height: 20px;"></td> <td>2</td> </tr> <tr> <td>Living together with partner</td> <td style="width: 20px; height: 20px;"></td> <td>3</td> </tr> <tr> <td>Married</td> <td style="width: 20px; height: 20px;"></td> <td>4</td> </tr> <tr> <td>Separated/Divorced/Widowed</td> <td style="width: 20px; height: 20px;"></td> <td>5</td> </tr> </table>		Never married/ Never lived together with a partner		1	With partner but not living together		2	Living together with partner		3	Married		4	Separated/Divorced/Widowed		5																					
Never married/ Never lived together with a partner		1																																					
With partner but not living together		2																																					
Living together with partner		3																																					
Married		4																																					
Separated/Divorced/Widowed		5																																					
104	What is your religion?	<table border="1"> <tr> <td>Apostolic</td> <td style="width: 20px; height: 20px;"></td> <td>1</td> </tr> <tr> <td>Pentecostal</td> <td style="width: 20px; height: 20px;"></td> <td>2</td> </tr> <tr> <td>Protestant</td> <td style="width: 20px; height: 20px;"></td> <td>3</td> </tr> <tr> <td>Roman Catholic</td> <td style="width: 20px; height: 20px;"></td> <td>4</td> </tr> <tr> <td>Other Christian</td> <td style="width: 20px; height: 20px;"></td> <td>5</td> </tr> <tr> <td>Traditional religions</td> <td style="width: 20px; height: 20px;"></td> <td>6</td> </tr> <tr> <td>Muslim</td> <td style="width: 20px; height: 20px;"></td> <td>7</td> </tr> <tr> <td>None</td> <td style="width: 20px; height: 20px;"></td> <td>8</td> </tr> <tr> <td>Other</td> <td style="width: 20px; height: 20px;"></td> <td>96</td> </tr> <tr> <td>(specify)</td> <td colspan="2">_____</td> </tr> </table>		Apostolic		1	Pentecostal		2	Protestant		3	Roman Catholic		4	Other Christian		5	Traditional religions		6	Muslim		7	None		8	Other		96	(specify)	_____							
Apostolic		1																																					
Pentecostal		2																																					
Protestant		3																																					
Roman Catholic		4																																					
Other Christian		5																																					
Traditional religions		6																																					
Muslim		7																																					
None		8																																					
Other		96																																					
(specify)	_____																																						
105	Are you currently enrolled in school?	<table border="1"> <tr> <td>No</td> <td style="width: 20px; height: 20px;"></td> <td>0</td> </tr> <tr> <td>Yes, part-time</td> <td style="width: 20px; height: 20px;"></td> <td>1</td> </tr> <tr> <td>Yes, full-time</td> <td style="width: 20px; height: 20px;"></td> <td>2</td> </tr> </table>		No		0	Yes, part-time		1	Yes, full-time		2																											
No		0																																					
Yes, part-time		1																																					
Yes, full-time		2																																					
106	What is your highest level of formal education?	<table border="1"> <tr> <td>No education</td> <td style="width: 20px; height: 20px;"></td> <td>1</td> </tr> <tr> <td>Did not complete primary</td> <td style="width: 20px; height: 20px;"></td> <td>2</td> </tr> <tr> <td>Completed primary</td> <td style="width: 20px; height: 20px;"></td> <td>3</td> </tr> <tr> <td>Some secondary</td> <td style="width: 20px; height: 20px;"></td> <td>4</td> </tr> <tr> <td>O-levels</td> <td style="width: 20px; height: 20px;"></td> <td>5</td> </tr> <tr> <td>A-levels</td> <td style="width: 20px; height: 20px;"></td> <td>6</td> </tr> <tr> <td>University or college</td> <td style="width: 20px; height: 20px;"></td> <td>7</td> </tr> <tr> <td>Post-graduate education</td> <td style="width: 20px; height: 20px;"></td> <td>8</td> </tr> </table>		No education		1	Did not complete primary		2	Completed primary		3	Some secondary		4	O-levels		5	A-levels		6	University or college		7	Post-graduate education		8												
No education		1																																					
Did not complete primary		2																																					
Completed primary		3																																					
Some secondary		4																																					
O-levels		5																																					
A-levels		6																																					
University or college		7																																					
Post-graduate education		8																																					
107	What kind of work do you mainly do?  <i>[Read aloud and circle only one response]</i>	<table border="1"> <tr> <td>Work, full time</td> <td style="width: 20px; height: 20px;"></td> <td>1</td> <td></td> </tr> <tr> <td>Work, part-time</td> <td style="width: 20px; height: 20px;"></td> <td>2</td> <td></td> </tr> <tr> <td>Self-employed</td> <td style="width: 20px; height: 20px;"></td> <td>3</td> <td></td> </tr> <tr> <td>Full time housewife</td> <td style="width: 20px; height: 20px;"></td> <td>4</td> <td>→Skip to 109</td> </tr> <tr> <td>Student</td> <td style="width: 20px; height: 20px;"></td> <td>5</td> <td>→Skip to 109</td> </tr> <tr> <td>Unemployed</td> <td style="width: 20px; height: 20px;"></td> <td>6</td> <td>→Skip to 109</td> </tr> <tr> <td>Unpaid family worker</td> <td style="width: 20px; height: 20px;"></td> <td>7</td> <td>→Skip to 109</td> </tr> <tr> <td>Other</td> <td style="width: 20px; height: 20px;"></td> <td>96</td> <td></td> </tr> <tr> <td>(specify)</td> <td colspan="3">_____</td> </tr> </table>		Work, full time		1		Work, part-time		2		Self-employed		3		Full time housewife		4	→Skip to 109	Student		5	→Skip to 109	Unemployed		6	→Skip to 109	Unpaid family worker		7	→Skip to 109	Other		96		(specify)	_____		
Work, full time		1																																					
Work, part-time		2																																					
Self-employed		3																																					
Full time housewife		4	→Skip to 109																																				
Student		5	→Skip to 109																																				
Unemployed		6	→Skip to 109																																				
Unpaid family worker		7	→Skip to 109																																				
Other		96																																					
(specify)	_____																																						

Prospective Morbidity Study  
Questionnaire for Patient  
August 2016

108	Are you working for pay or without pay?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Working for pay</td> <td style="width: 20%; text-align: center; border: 1px solid black;">1</td> </tr> <tr> <td>Working without pay</td> <td style="text-align: center; border: 1px solid black;">2</td> </tr> </table>	Working for pay	1	Working without pay	2																													
Working for pay	1																																		
Working without pay	2																																		
109	How many people slept in your household last night, including you?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40px; border: 1px solid black; text-align: center;"> </td> <td style="width: 40px; border: 1px solid black; text-align: center;"> </td> <td style="padding-left: 10px;">members</td> </tr> </table>			members																														
		members																																	
110	<p>In your household, do you have:</p> <p><b>[Interviewer: Read out each item and circle respondent's answer. Fill in the "Other" option only if the respondent gives a different response <u>unprompted</u>]</b></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>a. Electricity?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b. A battery/generator?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c. A solar panel?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d. A radio?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e. A television?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f. A mobile telephone?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g. A landline?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>h. A refrigerator?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>i. A computer?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>x. Other (specify): _____</td><td colspan="2" style="text-align: center;">96</td></tr> </tbody> </table>		YES	NO	a. Electricity?	1	2	b. A battery/generator?	1	2	c. A solar panel?	1	2	d. A radio?	1	2	e. A television?	1	2	f. A mobile telephone?	1	2	g. A landline?	1	2	h. A refrigerator?	1	2	i. A computer?	1	2	x. Other (specify): _____	96	
	YES	NO																																	
a. Electricity?	1	2																																	
b. A battery/generator?	1	2																																	
c. A solar panel?	1	2																																	
d. A radio?	1	2																																	
e. A television?	1	2																																	
f. A mobile telephone?	1	2																																	
g. A landline?	1	2																																	
h. A refrigerator?	1	2																																	
i. A computer?	1	2																																	
x. Other (specify): _____	96																																		
111	<p>Does a member of your household own:</p> <p><b>[Interviewer: Read out each item and circle respondent's answer.]</b></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>a. A wristwatch?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>b. A bicycle?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>c. A motorcycle or scooter?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>d. An animal-drawn cart?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>e. A car or vehicle?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>f. A tractor?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>g. A boat with a motor?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>h. A wheelbarrow?</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	a. A wristwatch?	1	2	b. A bicycle?	1	2	c. A motorcycle or scooter?	1	2	d. An animal-drawn cart?	1	2	e. A car or vehicle?	1	2	f. A tractor?	1	2	g. A boat with a motor?	1	2	h. A wheelbarrow?	1	2						
	YES	NO																																	
a. A wristwatch?	1	2																																	
b. A bicycle?	1	2																																	
c. A motorcycle or scooter?	1	2																																	
d. An animal-drawn cart?	1	2																																	
e. A car or vehicle?	1	2																																	
f. A tractor?	1	2																																	
g. A boat with a motor?	1	2																																	
h. A wheelbarrow?	1	2																																	
112	<p>What is the main material that your roof is made of?</p> <p><b>[Interviewer: Circle only the one main material.]</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Natural roofing (thatch) or no roof</td> <td style="width: 20%; text-align: center; border: 1px solid black;">1</td> </tr> <tr> <td>Rudimentary roofing (rustic mat/wood planks/pastic)</td> <td style="text-align: center; border: 1px solid black;">2</td> </tr> <tr> <td>Finished roofing (metal/wood/tiles/cement/asbestos)</td> <td style="text-align: center; border: 1px solid black;">3</td> </tr> <tr> <td>Other: _____</td> <td style="text-align: center; border: 1px solid black;">96</td> </tr> </table>	Natural roofing (thatch) or no roof	1	Rudimentary roofing (rustic mat/wood planks/pastic)	2	Finished roofing (metal/wood/tiles/cement/asbestos)	3	Other: _____	96																									
Natural roofing (thatch) or no roof	1																																		
Rudimentary roofing (rustic mat/wood planks/pastic)	2																																		
Finished roofing (metal/wood/tiles/cement/asbestos)	3																																		
Other: _____	96																																		
113	<p>What is the main source of drinking water for members of your household?</p> <p><b>[Interviewer: Circle only the one main source of drinking water.]</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Piped water</td> <td style="width: 20%; text-align: center; border: 1px solid black;">1</td> </tr> <tr> <td>Tube well or borehole</td> <td style="text-align: center; border: 1px solid black;">2</td> </tr> <tr> <td>Dug well</td> <td style="text-align: center; border: 1px solid black;">3</td> </tr> <tr> <td>Water from spring</td> <td style="text-align: center; border: 1px solid black;">4</td> </tr> <tr> <td>Rainwater</td> <td style="text-align: center; border: 1px solid black;">5</td> </tr> <tr> <td>Tanker truck</td> <td style="text-align: center; border: 1px solid black;">6</td> </tr> <tr> <td>Cart with small tank</td> <td style="text-align: center; border: 1px solid black;">7</td> </tr> <tr> <td>Surface water (river/dam/lake/pond/stream/canal/irrigation channel)</td> <td style="text-align: center; border: 1px solid black;">8</td> </tr> <tr> <td>Bottled water</td> <td style="text-align: center; border: 1px solid black;">9</td> </tr> <tr> <td>Other: _____</td> <td style="text-align: center; border: 1px solid black;">96</td> </tr> </table>	Piped water	1	Tube well or borehole	2	Dug well	3	Water from spring	4	Rainwater	5	Tanker truck	6	Cart with small tank	7	Surface water (river/dam/lake/pond/stream/canal/irrigation channel)	8	Bottled water	9	Other: _____	96													
Piped water	1																																		
Tube well or borehole	2																																		
Dug well	3																																		
Water from spring	4																																		
Rainwater	5																																		
Tanker truck	6																																		
Cart with small tank	7																																		
Surface water (river/dam/lake/pond/stream/canal/irrigation channel)	8																																		
Bottled water	9																																		
Other: _____	96																																		
114	<p>What kind of toilet facility do members of your household usually use?</p> <p><b>[Interviewer: Circle only the one most common.]</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Flush or pour flush toilet</td> <td style="width: 20%; text-align: center; border: 1px solid black;">1</td> </tr> <tr> <td>Blair toilet</td> <td style="text-align: center; border: 1px solid black;">2</td> </tr> <tr> <td>Latrine/pit toilet</td> <td style="text-align: center; border: 1px solid black;">3</td> </tr> <tr> <td>Bucket toilet</td> <td style="text-align: center; border: 1px solid black;">4</td> </tr> <tr> <td>No facility/bush/field</td> <td style="text-align: center; border: 1px solid black;">5</td> </tr> <tr> <td>Other: _____</td> <td style="text-align: center; border: 1px solid black;">96</td> </tr> </table>	Flush or pour flush toilet	1	Blair toilet	2	Latrine/pit toilet	3	Bucket toilet	4	No facility/bush/field	5	Other: _____	96																					
Flush or pour flush toilet	1																																		
Blair toilet	2																																		
Latrine/pit toilet	3																																		
Bucket toilet	4																																		
No facility/bush/field	5																																		
Other: _____	96																																		

**Section II: REPRODUCTIVE HISTORY OF THE PATIENT**

Now I would like to ask you some questions about your personal life. I would like to know more about all the pregnancies that you have had during your life. I would like to remind you that your answers will be kept confidential.

	QUESTIONS	RESPONSES						
201	How many pregnancies have you had in total, including the one you are seeking care for?	(number) <input type="text"/> <input type="text"/>						
202	Have you ever given birth?	<table border="1"> <tr> <td>Yes</td> <td><input type="text"/></td> <td>1</td> </tr> <tr> <td>No</td> <td><input type="text"/></td> <td>2 →Skip to 206</td> </tr> </table>	Yes	<input type="text"/>	1	No	<input type="text"/>	2 →Skip to 206
Yes	<input type="text"/>	1						
No	<input type="text"/>	2 →Skip to 206						
203	In total, how many children have you given birth to (including any that may have been born alive but later died)?	(number) <input type="text"/> <input type="text"/>						
204	How many biological living children do you have, including those who are not currently living with you? <b>[Interviewer: Check to make sure that this number is not higher than Q203]</b>	(number) <input type="text"/> <input type="text"/>						
205	When was your last childbirth?	<input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year						
206	Before the pregnancy that led you to seek care in this facility: a. How many spontaneous abortions have you had? b. How many induced abortions had you had?	a. (number) <input type="text"/> <input type="text"/> b. (number) <input type="text"/> <input type="text"/>						
207	Excluding the pregnancy for which you are seeking care in this facility, how many times have you been pregnant when you did not want to be?	(number) <input type="text"/> <input type="text"/>						

Section III: RECENT PREGNANCY AND DELAYS TO SEEKING CARE																																		
Now I would like to talk about your recent pregnancy, that is, the one that resulted in the complications you are being treated for now.																																		
	QUESTION	RESPONSES																																
301	At the time you became pregnant with the last pregnancy that resulted in your seeking care at this facility, did you want to become pregnant then, did you want to wait until later, or did you not want to have any more children at all?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Wanted <b>then</b></td> <td style="border: 1px solid black; text-align: center; width: 40px;">1</td> <td rowspan="4" style="vertical-align: middle;">→ skip to 303</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Wanted <b>later</b></td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Did <b>not want at all</b></td> <td style="border: 1px solid black; text-align: center;">3</td> <td rowspan="2" style="vertical-align: middle;">→ skip to 304</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Don't know</td> <td style="border: 1px solid black; text-align: center;">98</td> </tr> </table>	Wanted <b>then</b>	1	→ skip to 303	Wanted <b>later</b>	2	Did <b>not want at all</b>	3	→ skip to 304	Don't know	98																						
Wanted <b>then</b>	1	→ skip to 303																																
Wanted <b>later</b>	2																																	
Did <b>not want at all</b>	3		→ skip to 304																															
Don't know	98																																	
302	How much longer would you like to have waited before getting pregnant?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Less than 2 years</td> <td style="border: 1px solid black; text-align: center; width: 40px;">1</td> <td rowspan="3" style="vertical-align: middle;">→ skip to 304</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Two or more years</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Don't know</td> <td style="border: 1px solid black; text-align: center;">98</td> </tr> </table>	Less than 2 years	1	→ skip to 304	Two or more years	2	Don't know	98																									
Less than 2 years	1	→ skip to 304																																
Two or more years	2																																	
Don't know	98																																	
303	Even though you wanted the pregnancy at the time you became pregnant, did you later change your mind in the weeks or months after learning that you were pregnant?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Yes</td> <td style="border: 1px solid black; text-align: center; width: 40px;">1</td> <td rowspan="2" style="vertical-align: middle;">→ skip to 305</td> </tr> <tr> <td style="border-bottom: 1px solid black;">No</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> </table>	Yes	1	→ skip to 305	No	2																											
Yes	1	→ skip to 305																																
No	2																																	
304	<p>Why did you not want the pregnancy at that time?</p> <p style="text-align: center; margin-top: 20px;"><b>[Interviewer: Do not read aloud. Circle all that apply. Probe after woman is done listing responses, "Any other reasons?"]</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Have enough children</td><td style="border: 1px solid black; text-align: center; width: 40px;">A</td></tr> <tr><td style="border-bottom: 1px solid black;">High cost of raising children</td><td style="border: 1px solid black; text-align: center;">B</td></tr> <tr><td style="border-bottom: 1px solid black;">It is too soon after last birth</td><td style="border: 1px solid black; text-align: center;">C</td></tr> <tr><td style="border-bottom: 1px solid black;">Would have to leave school</td><td style="border: 1px solid black; text-align: center;">D</td></tr> <tr><td style="border-bottom: 1px solid black;">Not married</td><td style="border: 1px solid black; text-align: center;">E</td></tr> <tr><td style="border-bottom: 1px solid black;">Would have to stop working</td><td style="border: 1px solid black; text-align: center;">F</td></tr> <tr><td style="border-bottom: 1px solid black;">Got pregnant by someone other than husband/regular partner</td><td style="border: 1px solid black; text-align: center;">G</td></tr> <tr><td style="border-bottom: 1px solid black;">Abandoned by partner</td><td style="border: 1px solid black; text-align: center;">H</td></tr> <tr><td style="border-bottom: 1px solid black;">Forced to have sex</td><td style="border: 1px solid black; text-align: center;">I</td></tr> <tr><td style="border-bottom: 1px solid black;">Health reasons</td><td style="border: 1px solid black; text-align: center;">J</td></tr> <tr><td style="border-bottom: 1px solid black;">Feel too old to have children</td><td style="border: 1px solid black; text-align: center;">K</td></tr> <tr><td style="border-bottom: 1px solid black;">Forced by partner to end pregnancy</td><td style="border: 1px solid black; text-align: center;">L</td></tr> <tr><td style="border-bottom: 1px solid black;">Partner denied being the father</td><td style="border: 1px solid black; text-align: center;">M</td></tr> <tr><td style="border-bottom: 1px solid black;">Parents/other relatives were opposed</td><td style="border: 1px solid black; text-align: center;">N</td></tr> <tr><td style="border-bottom: 1px solid black;">Other _____</td><td style="border: 1px solid black; text-align: center;">X</td></tr> <tr><td colspan="2" style="padding-left: 5px;">(specify)</td></tr> </table>	Have enough children	A	High cost of raising children	B	It is too soon after last birth	C	Would have to leave school	D	Not married	E	Would have to stop working	F	Got pregnant by someone other than husband/regular partner	G	Abandoned by partner	H	Forced to have sex	I	Health reasons	J	Feel too old to have children	K	Forced by partner to end pregnancy	L	Partner denied being the father	M	Parents/other relatives were opposed	N	Other _____	X	(specify)	
Have enough children	A																																	
High cost of raising children	B																																	
It is too soon after last birth	C																																	
Would have to leave school	D																																	
Not married	E																																	
Would have to stop working	F																																	
Got pregnant by someone other than husband/regular partner	G																																	
Abandoned by partner	H																																	
Forced to have sex	I																																	
Health reasons	J																																	
Feel too old to have children	K																																	
Forced by partner to end pregnancy	L																																	
Partner denied being the father	M																																	
Parents/other relatives were opposed	N																																	
Other _____	X																																	
(specify)																																		
305	When you became pregnant this time ( <b>the last pregnancy</b> that resulted in your <b>seeking treatment in this facility</b> ), were you doing something or using any method to delay or avoid getting pregnant?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Yes</td> <td style="border: 1px solid black; text-align: center; width: 40px;">1</td> <td rowspan="2" style="vertical-align: middle;">→ skip to 307</td> </tr> <tr> <td style="border-bottom: 1px solid black;">No</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> </table>	Yes	1	→ skip to 307	No	2																											
Yes	1	→ skip to 307																																
No	2																																	
306	<p>Which methods were you using (or what were you doing) at the time you became pregnant?</p> <p style="text-align: center; margin-top: 20px;"><b>[Interviewer: Remind the patient that we are referring to the last pregnancy that resulted in her seeking treatment in this health facility]</b></p> <p style="text-align: center; margin-top: 20px;"><b>[Interviewer: Do not read out, circle as many as applicable. ]</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Rhythm (periodic abstinence) with calendar</td><td style="border: 1px solid black; text-align: center; width: 40px;">A</td></tr> <tr><td style="border-bottom: 1px solid black;">Male condom</td><td style="border: 1px solid black; text-align: center;">B</td></tr> <tr><td style="border-bottom: 1px solid black;">Female condom</td><td style="border: 1px solid black; text-align: center;">C</td></tr> <tr><td style="border-bottom: 1px solid black;">Pills</td><td style="border: 1px solid black; text-align: center;">D</td></tr> <tr><td style="border-bottom: 1px solid black;">Injectables</td><td style="border: 1px solid black; text-align: center;">E</td></tr> <tr><td style="border-bottom: 1px solid black;">Implants</td><td style="border: 1px solid black; text-align: center;">F</td></tr> <tr><td style="border-bottom: 1px solid black;">Intrauterine devices (IUD/IUCD)</td><td style="border: 1px solid black; text-align: center;">G</td></tr> <tr><td style="border-bottom: 1px solid black;">Female sterilization</td><td style="border: 1px solid black; text-align: center;">H</td></tr> <tr><td style="border-bottom: 1px solid black;">Vasectomy</td><td style="border: 1px solid black; text-align: center;">I</td></tr> <tr><td style="border-bottom: 1px solid black;">Withdrawal</td><td style="border: 1px solid black; text-align: center;">J</td></tr> <tr><td style="border-bottom: 1px solid black;">Other Traditional method</td><td style="border: 1px solid black; text-align: center;">X</td></tr> <tr><td colspan="2" style="padding-left: 5px;">(specify)</td></tr> </table> <div style="text-align: right; font-weight: bold; margin-top: 10px;">S K I P  T O  3 0 8</div>	Rhythm (periodic abstinence) with calendar	A	Male condom	B	Female condom	C	Pills	D	Injectables	E	Implants	F	Intrauterine devices (IUD/IUCD)	G	Female sterilization	H	Vasectomy	I	Withdrawal	J	Other Traditional method	X	(specify)									
Rhythm (periodic abstinence) with calendar	A																																	
Male condom	B																																	
Female condom	C																																	
Pills	D																																	
Injectables	E																																	
Implants	F																																	
Intrauterine devices (IUD/IUCD)	G																																	
Female sterilization	H																																	
Vasectomy	I																																	
Withdrawal	J																																	
Other Traditional method	X																																	
(specify)																																		

Prospective Morbidity Study  
Questionnaire for Patient  
August 2016

307	<p>Please tell me the reasons why you were not using a method of family planning when you became pregnant this time?</p> <p><b>[Interviewer: Remind the patient that we are referring to the last pregnancy that resulted in her seeking treatment in this health facility]</b></p> <p><b>[Interviewer: Do not read aloud. Circle all that apply. When respondent stops listing, then ask:]</b></p> <p>Are there any other reasons why you were not using a method of family planning when you became pregnant this time?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Fear of side effects</td><td style="text-align: center; padding: 2px;">A</td><td rowspan="2" style="text-align: center; padding: 2px;"><b>ask 307a</b></td></tr> <tr><td style="padding: 2px;">Health reasons</td><td style="text-align: center; padding: 2px;">B</td></tr> <tr><td style="padding: 2px;">Husband or partner opposed</td><td style="text-align: center; padding: 2px;">C</td><td style="text-align: center; padding: 2px;"><b>ask 307b</b></td></tr> <tr><td style="padding: 2px;">Other family members opposed</td><td style="text-align: center; padding: 2px;">D</td><td style="text-align: center; padding: 2px;"><b>ask 307c</b></td></tr> <tr><td style="padding: 2px;">Don't want to use it/don't like it</td><td style="text-align: center; padding: 2px;">E</td><td style="text-align: center; padding: 2px;"><b>ask 307d</b></td></tr> <tr><td style="padding: 2px;">Wanted more children</td><td style="text-align: center; padding: 2px;">F</td><td rowspan="10" style="text-align: center; padding: 2px;"><b>skip to 308</b></td></tr> <tr><td style="padding: 2px;">Didn't know where to get FP</td><td style="text-align: center; padding: 2px;">G</td></tr> <tr><td style="padding: 2px;">FP services too far away</td><td style="text-align: center; padding: 2px;">H</td></tr> <tr><td style="padding: 2px;">Against religious beliefs</td><td style="text-align: center; padding: 2px;">I</td></tr> <tr><td style="padding: 2px;">Couldn't afford family planning</td><td style="text-align: center; padding: 2px;">J</td></tr> <tr><td style="padding: 2px;">Didn't think I could get pregnant</td><td style="text-align: center; padding: 2px;">K</td></tr> <tr><td style="padding: 2px;">Didn't expect to have sex</td><td style="text-align: center; padding: 2px;">L</td></tr> <tr><td style="padding: 2px;">Didn't think about it</td><td style="text-align: center; padding: 2px;">M</td></tr> <tr><td style="padding: 2px;">Coerced into having sex</td><td style="text-align: center; padding: 2px;">N</td></tr> <tr><td style="padding: 2px;">I have never used family planning</td><td style="text-align: center; padding: 2px;">O</td></tr> <tr><td style="padding: 2px;">Other (specify)</td><td style="text-align: center; padding: 2px;">X</td></tr> </table>	Fear of side effects	A	<b>ask 307a</b>	Health reasons	B	Husband or partner opposed	C	<b>ask 307b</b>	Other family members opposed	D	<b>ask 307c</b>	Don't want to use it/don't like it	E	<b>ask 307d</b>	Wanted more children	F	<b>skip to 308</b>	Didn't know where to get FP	G	FP services too far away	H	Against religious beliefs	I	Couldn't afford family planning	J	Didn't think I could get pregnant	K	Didn't expect to have sex	L	Didn't think about it	M	Coerced into having sex	N	I have never used family planning	O	Other (specify)	X
Fear of side effects	A	<b>ask 307a</b>																																					
Health reasons	B																																						
Husband or partner opposed	C	<b>ask 307b</b>																																					
Other family members opposed	D	<b>ask 307c</b>																																					
Don't want to use it/don't like it	E	<b>ask 307d</b>																																					
Wanted more children	F	<b>skip to 308</b>																																					
Didn't know where to get FP	G																																						
FP services too far away	H																																						
Against religious beliefs	I																																						
Couldn't afford family planning	J																																						
Didn't think I could get pregnant	K																																						
Didn't expect to have sex	L																																						
Didn't think about it	M																																						
Coerced into having sex	N																																						
I have never used family planning	O																																						
Other (specify)	X																																						
307a	<p>Which side effects or health impacts were you concerned about?</p> <p><b>[Interviewer: Do not read aloud. Circle all that apply. When respondent stops listing, then ask:]</b></p> <p>Are there any other side effects or health impacts that concern you?</p> <p><b>[Interviewer: Go to 308 if any option besides C, D, or E circled in 307; if C circled, go to 307b; if D circled, go to 307c; if E go to 307d.]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Loss of menstrual cycle</td><td style="text-align: center; padding: 2px;">A</td></tr> <tr><td style="padding: 2px;">Heavy periods</td><td style="text-align: center; padding: 2px;">B</td></tr> <tr><td style="padding: 2px;">Spotting (irregular bleeding)</td><td style="text-align: center; padding: 2px;">C</td></tr> <tr><td style="padding: 2px;">Infertility</td><td style="text-align: center; padding: 2px;">D</td></tr> <tr><td style="padding: 2px;">Weight gain</td><td style="text-align: center; padding: 2px;">E</td></tr> <tr><td style="padding: 2px;">Weight loss</td><td style="text-align: center; padding: 2px;">F</td></tr> <tr><td style="padding: 2px;">Mood swings</td><td style="text-align: center; padding: 2px;">G</td></tr> <tr><td style="padding: 2px;">Headaches</td><td style="text-align: center; padding: 2px;">H</td></tr> <tr><td style="padding: 2px;">Nausea</td><td style="text-align: center; padding: 2px;">I</td></tr> <tr><td style="padding: 2px;">Fatigue</td><td style="text-align: center; padding: 2px;">J</td></tr> <tr><td style="padding: 2px;">Contraindications (e.g. high blood pressure)</td><td style="text-align: center; padding: 2px;">K</td></tr> <tr><td style="padding: 2px;">Other (specify): _____ _____</td><td style="text-align: center; padding: 2px;">X</td></tr> </table>	Loss of menstrual cycle	A	Heavy periods	B	Spotting (irregular bleeding)	C	Infertility	D	Weight gain	E	Weight loss	F	Mood swings	G	Headaches	H	Nausea	I	Fatigue	J	Contraindications (e.g. high blood pressure)	K	Other (specify): _____ _____	X													
Loss of menstrual cycle	A																																						
Heavy periods	B																																						
Spotting (irregular bleeding)	C																																						
Infertility	D																																						
Weight gain	E																																						
Weight loss	F																																						
Mood swings	G																																						
Headaches	H																																						
Nausea	I																																						
Fatigue	J																																						
Contraindications (e.g. high blood pressure)	K																																						
Other (specify): _____ _____	X																																						
307b	<p>For what reasons is your [husband/partner] opposed to your using family planning?</p> <p><b>[Interviewer: Do not read aloud. Circle all that apply. When respondent stops listing, then ask:]</b></p> <p>Are there any other reasons your [husband/partner] is opposed?</p> <p><b>[Interviewer: Go to 308 if any option besides D or E circled in 307; if D circled, go to 307c; if E circled, go to 307d.]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Loss of menstrual cycle</td><td style="text-align: center; padding: 2px;">A</td></tr> <tr><td style="padding: 2px;">Heavy periods</td><td style="text-align: center; padding: 2px;">B</td></tr> <tr><td style="padding: 2px;">Spotting (irregular bleeding)</td><td style="text-align: center; padding: 2px;">C</td></tr> <tr><td style="padding: 2px;">Fear of infertility</td><td style="text-align: center; padding: 2px;">D</td></tr> <tr><td style="padding: 2px;">Fear of weight gain</td><td style="text-align: center; padding: 2px;">E</td></tr> <tr><td style="padding: 2px;">Fear of weight loss</td><td style="text-align: center; padding: 2px;">F</td></tr> <tr><td style="padding: 2px;">Mood swings</td><td style="text-align: center; padding: 2px;">G</td></tr> <tr><td style="padding: 2px;">He wants more children</td><td style="text-align: center; padding: 2px;">H</td></tr> <tr><td style="padding: 2px;">Against religious beliefs</td><td style="text-align: center; padding: 2px;">J</td></tr> <tr><td style="padding: 2px;">He thinks I am or would be unfaithful</td><td style="text-align: center; padding: 2px;">K</td></tr> <tr><td style="padding: 2px;">Other (specify): _____ _____</td><td style="text-align: center; padding: 2px;">X</td></tr> </table>	Loss of menstrual cycle	A	Heavy periods	B	Spotting (irregular bleeding)	C	Fear of infertility	D	Fear of weight gain	E	Fear of weight loss	F	Mood swings	G	He wants more children	H	Against religious beliefs	J	He thinks I am or would be unfaithful	K	Other (specify): _____ _____	X															
Loss of menstrual cycle	A																																						
Heavy periods	B																																						
Spotting (irregular bleeding)	C																																						
Fear of infertility	D																																						
Fear of weight gain	E																																						
Fear of weight loss	F																																						
Mood swings	G																																						
He wants more children	H																																						
Against religious beliefs	J																																						
He thinks I am or would be unfaithful	K																																						
Other (specify): _____ _____	X																																						
307c	<p>For what reasons [is this person/are these people] opposed to your using a method?</p> <p><b>[Interviewer: Do not read aloud. Circle all that apply. When respondent stops listing, then ask:]</b></p> <p>Are there any other reasons [this person/these people] are opposed?</p> <p><b>[Interviewer: Go to 308 if any option besides E circled in 307; if E circled, go to 307d.]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">They want me to abstain from sex</td><td style="text-align: center; padding: 2px;">A</td></tr> <tr><td style="padding: 2px;">They want me to have more children</td><td style="text-align: center; padding: 2px;">B</td></tr> <tr><td style="padding: 2px;">Fear that contraception will cause infertility</td><td style="text-align: center; padding: 2px;">C</td></tr> <tr><td style="padding: 2px;">Fear of contraception's side effects</td><td style="text-align: center; padding: 2px;">D</td></tr> <tr><td style="padding: 2px;">Fear that contraception may interfere with bodily processes</td><td style="text-align: center; padding: 2px;">E</td></tr> <tr><td style="padding: 2px;">Against their religious beliefs</td><td style="text-align: center; padding: 2px;">F</td></tr> <tr><td style="padding: 2px;">Other (specify): _____ _____</td><td style="text-align: center; padding: 2px;">X</td></tr> </table>	They want me to abstain from sex	A	They want me to have more children	B	Fear that contraception will cause infertility	C	Fear of contraception's side effects	D	Fear that contraception may interfere with bodily processes	E	Against their religious beliefs	F	Other (specify): _____ _____	X																							
They want me to abstain from sex	A																																						
They want me to have more children	B																																						
Fear that contraception will cause infertility	C																																						
Fear of contraception's side effects	D																																						
Fear that contraception may interfere with bodily processes	E																																						
Against their religious beliefs	F																																						
Other (specify): _____ _____	X																																						

Prospective Morbidity Study  
Questionnaire for Patient  
August 2016

307d	<p>For what reasons do you not want to use family planning?</p> <p><b>[Interviewer: Do not read aloud. Circle all that apply. When respondent stops listing, then ask:]</b></p> <p>Are there other reasons you do not want to use family planning?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Loss of menstrual cycle</td><td style="text-align: center;">A</td></tr> <tr><td>Heavy periods</td><td style="text-align: center;">B</td></tr> <tr><td>Spotting (irregular bleeding)</td><td style="text-align: center;">C</td></tr> <tr><td>Fear of infertility</td><td style="text-align: center;">D</td></tr> <tr><td>Fear of weight gain</td><td style="text-align: center;">E</td></tr> <tr><td>Fear of weight loss</td><td style="text-align: center;">F</td></tr> <tr><td>Fear of mood swings</td><td style="text-align: center;">G</td></tr> <tr><td>Fear of headaches</td><td style="text-align: center;">H</td></tr> <tr><td>Fear of nausea</td><td style="text-align: center;">I</td></tr> <tr><td>Fear of fatigue</td><td style="text-align: center;">J</td></tr> <tr><td>Worried it won't work</td><td style="text-align: center;">K</td></tr> <tr><td>Inconvenient to use</td><td style="text-align: center;">L</td></tr> <tr><td>Inconvenient to obtain</td><td style="text-align: center;">M</td></tr> <tr><td>Worried family will find out</td><td style="text-align: center;">N</td></tr> <tr><td>My religion does not allow it</td><td style="text-align: center;">O</td></tr> <tr><td>Family planning is immoral</td><td style="text-align: center;">P</td></tr> <tr><td>Other (specify): _____</td><td style="text-align: center;">X</td></tr> </table>	Loss of menstrual cycle	A	Heavy periods	B	Spotting (irregular bleeding)	C	Fear of infertility	D	Fear of weight gain	E	Fear of weight loss	F	Fear of mood swings	G	Fear of headaches	H	Fear of nausea	I	Fear of fatigue	J	Worried it won't work	K	Inconvenient to use	L	Inconvenient to obtain	M	Worried family will find out	N	My religion does not allow it	O	Family planning is immoral	P	Other (specify): _____	X				
Loss of menstrual cycle	A																																							
Heavy periods	B																																							
Spotting (irregular bleeding)	C																																							
Fear of infertility	D																																							
Fear of weight gain	E																																							
Fear of weight loss	F																																							
Fear of mood swings	G																																							
Fear of headaches	H																																							
Fear of nausea	I																																							
Fear of fatigue	J																																							
Worried it won't work	K																																							
Inconvenient to use	L																																							
Inconvenient to obtain	M																																							
Worried family will find out	N																																							
My religion does not allow it	O																																							
Family planning is immoral	P																																							
Other (specify): _____	X																																							
308	Do you intend to use a method in the next 12 months?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Yes</td><td style="text-align: center;">1</td></tr> <tr><td>No</td><td style="text-align: center;">2</td></tr> <tr><td>Don't know</td><td style="text-align: center;">98</td></tr> </table>	Yes	1	No	2	Don't know	98																																
Yes	1																																							
No	2																																							
Don't know	98																																							
309	<p>Which methods of family planning are available to you, if you wanted to start using?</p> <p style="text-align: center;"><b>[Interviewer: Do not read aloud. Circle ALL that apply]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Rhythm (periodic abstinence) with calendar</td><td style="text-align: center;">A</td></tr> <tr><td>Male condom</td><td style="text-align: center;">B</td></tr> <tr><td>Female condom</td><td style="text-align: center;">C</td></tr> <tr><td>Pills</td><td style="text-align: center;">D</td></tr> <tr><td>Injectables</td><td style="text-align: center;">E</td></tr> <tr><td>Implants</td><td style="text-align: center;">F</td></tr> <tr><td>Intrauterine devices (IUD/IUCD)</td><td style="text-align: center;">G</td></tr> <tr><td>Female sterilization</td><td style="text-align: center;">H</td></tr> <tr><td>Vasectomy</td><td style="text-align: center;">I</td></tr> <tr><td>Withdrawal</td><td style="text-align: center;">J</td></tr> <tr><td>Other Traditional method (specify) _____</td><td style="text-align: center;">X</td></tr> </table>	Rhythm (periodic abstinence) with calendar	A	Male condom	B	Female condom	C	Pills	D	Injectables	E	Implants	F	Intrauterine devices (IUD/IUCD)	G	Female sterilization	H	Vasectomy	I	Withdrawal	J	Other Traditional method (specify) _____	X																
Rhythm (periodic abstinence) with calendar	A																																							
Male condom	B																																							
Female condom	C																																							
Pills	D																																							
Injectables	E																																							
Implants	F																																							
Intrauterine devices (IUD/IUCD)	G																																							
Female sterilization	H																																							
Vasectomy	I																																							
Withdrawal	J																																							
Other Traditional method (specify) _____	X																																							
310	How many weeks (or months) pregnant were you before you experienced the loss of this pregnancy?	<p>a. Weeks <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p style="text-align: center;"><b>OR</b></p> <p>b. Months <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>Unknown gestation <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">98</td></tr></table></p>						98																																
	98																																							
<p><b>I would now like to ask you a few questions about when you first started having medical problems associated with your most recent pregnancy. I am going to ask about the complications you experienced, and how they felt to you. It does not matter whether you are seeking treatment for a spontaneous or an induced abortion. Your honest answers to these questions will help us understand problems women face receiving medical care, and how the country can better respond to them. The answers you provide will not in any way affect the treatment you receive.</b></p>																																								
311	<p>Please describe any of the following health problems you had when you <u>first started having health problems</u> as a result of this pregnancy complication as a mild, moderate or severe problem.</p> <p style="text-align: center;"><b>[Interviewer: Read out each category, ie "Did you experience bleeding?" If YES, ask if problem was mild, moderate, severe. Probe for any other problems]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Yes</th> <th rowspan="2">No</th> </tr> <tr> <th>Mild</th> <th>Moderate</th> <th>Severe</th> </tr> </thead> <tbody> <tr><td>a. Bleeding</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> <tr><td>b. Pain</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> <tr><td>c. Injuries</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> <tr><td>d. Fever</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> <tr><td>e. Vaginal discharge (other than blood)</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> <tr><td>f. Other (specify) _____</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td></tr> </tbody> </table>		Yes			No	Mild	Moderate	Severe	a. Bleeding	1	2	3	4	b. Pain	1	2	3	4	c. Injuries	1	2	3	4	d. Fever	1	2	3	4	e. Vaginal discharge (other than blood)	1	2	3	4	f. Other (specify) _____	1	2	3	4
	Yes			No																																				
	Mild	Moderate	Severe																																					
a. Bleeding	1	2	3	4																																				
b. Pain	1	2	3	4																																				
c. Injuries	1	2	3	4																																				
d. Fever	1	2	3	4																																				
e. Vaginal discharge (other than blood)	1	2	3	4																																				
f. Other (specify) _____	1	2	3	4																																				
312	After realizing you were having health problems, did you tell someone?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Yes</td><td style="text-align: center;">1</td></tr> <tr><td>No</td><td style="text-align: center;">2 → skip to 314</td></tr> </table>	Yes	1	No	2 → skip to 314																																		
Yes	1																																							
No	2 → skip to 314																																							

Prospective Morbidity Study  
Questionnaire for Patient  
August 2016

313	<p>Whom did you tell?</p> <p style="text-align: center;"><b>[Interviewer: Do not read aloud. Circle ALL that apply]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Husband/partner/boyfriend</td><td style="text-align: center;">A</td></tr> <tr><td>Mother/mother-in-law</td><td style="text-align: center;">B</td></tr> <tr><td>Sister</td><td style="text-align: center;">C</td></tr> <tr><td>Some other relative</td><td style="text-align: center;">D</td></tr> <tr><td>Friend</td><td style="text-align: center;">E</td></tr> <tr><td>Health care worker</td><td style="text-align: center;">F</td></tr> <tr><td>Traditional health provider</td><td style="text-align: center;">G</td></tr> <tr><td>Other person (specify)</td><td style="text-align: center;">X</td></tr> <tr><td colspan="2" style="text-align: center;">_____</td></tr> </table> <div style="float: right; text-align: center; border: 1px solid black; padding: 5px;"> <b>S K I P  T O  3 1 5</b> </div>	Husband/partner/boyfriend	A	Mother/mother-in-law	B	Sister	C	Some other relative	D	Friend	E	Health care worker	F	Traditional health provider	G	Other person (specify)	X	_____									
Husband/partner/boyfriend	A																											
Mother/mother-in-law	B																											
Sister	C																											
Some other relative	D																											
Friend	E																											
Health care worker	F																											
Traditional health provider	G																											
Other person (specify)	X																											
_____																												
314	<p>What was (were) the reason(s) why you did not tell anybody you were experiencing health problems?</p> <p style="text-align: center;"><b>[Interviewer: Do not read aloud. Circle ALL that apply]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Did not consider it serious enough</td><td style="text-align: center;">A</td></tr> <tr><td>Afraid of husband/partner's reaction</td><td style="text-align: center;">B</td></tr> <tr><td>Afraid of family's reaction</td><td style="text-align: center;">C</td></tr> <tr><td>Afraid of being reported to police</td><td style="text-align: center;">D</td></tr> <tr><td>Did not want others to know</td><td style="text-align: center;">E</td></tr> <tr><td>Do not have a close friend/relative to tell</td><td style="text-align: center;">F</td></tr> <tr><td>Felt embarrassed</td><td style="text-align: center;">G</td></tr> <tr><td>Other (specify)</td><td style="text-align: center;">X</td></tr> <tr><td colspan="2" style="text-align: center;">_____</td></tr> </table>	Did not consider it serious enough	A	Afraid of husband/partner's reaction	B	Afraid of family's reaction	C	Afraid of being reported to police	D	Did not want others to know	E	Do not have a close friend/relative to tell	F	Felt embarrassed	G	Other (specify)	X	_____									
Did not consider it serious enough	A																											
Afraid of husband/partner's reaction	B																											
Afraid of family's reaction	C																											
Afraid of being reported to police	D																											
Did not want others to know	E																											
Do not have a close friend/relative to tell	F																											
Felt embarrassed	G																											
Other (specify)	X																											
_____																												
315	<p>After experiencing health problems, how long did it take for you to <u>realize</u> you needed medical care?</p> <p style="text-align: center;"><b>[Interviewer: Please ask and indicate number of <u>either</u> minutes, hours, days or weeks. If they cannot give a numerical answer, circle the column for unit of time it was within]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th colspan="3">Time from health problem to realizing needed care</th></tr> <tr><th></th><th>Time</th><th>This unit</th></tr> <tr><td>a. Minutes</td><td></td><td>96</td></tr> <tr><td>b. Hours</td><td></td><td>96</td></tr> <tr><td>c. Days</td><td></td><td>96</td></tr> <tr><td>d. Weeks</td><td></td><td>96</td></tr> </table>	Time from health problem to realizing needed care				Time	This unit	a. Minutes		96	b. Hours		96	c. Days		96	d. Weeks		96								
Time from health problem to realizing needed care																												
	Time	This unit																										
a. Minutes		96																										
b. Hours		96																										
c. Days		96																										
d. Weeks		96																										
316	<p>What was it about your health problems that made you realize you needed medical care?</p> <p style="text-align: center;"><b>[Interviewer: Do not read aloud. Circle ALL that apply]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Symptoms would not stop</td><td style="text-align: center;">A</td></tr> <tr><td>Symptoms felt severe</td><td style="text-align: center;">B</td></tr> <tr><td>Worried about health consequences of waiting</td><td style="text-align: center;">C</td></tr> <tr><td>Experienced this problem before</td><td style="text-align: center;">D</td></tr> <tr><td>Partner/relative/friend told me to seek care</td><td style="text-align: center;">E</td></tr> <tr><td>Symptoms interfered with my work/school/housework</td><td style="text-align: center;">F</td></tr> <tr><td>Other (specify)</td><td style="text-align: center;">X</td></tr> <tr><td colspan="2" style="text-align: center;">_____</td></tr> </table>	Symptoms would not stop	A	Symptoms felt severe	B	Worried about health consequences of waiting	C	Experienced this problem before	D	Partner/relative/friend told me to seek care	E	Symptoms interfered with my work/school/housework	F	Other (specify)	X	_____											
Symptoms would not stop	A																											
Symptoms felt severe	B																											
Worried about health consequences of waiting	C																											
Experienced this problem before	D																											
Partner/relative/friend told me to seek care	E																											
Symptoms interfered with my work/school/housework	F																											
Other (specify)	X																											
_____																												
317	<p>Did you seek help when you realized you needed medical care?</p>	<table style="width: 100%;"> <tr> <td style="width: 60%;">Yes</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 30%;"></td> </tr> <tr> <td>No</td> <td style="text-align: center;">2</td> <td>→ skip to 319</td> </tr> </table>	Yes	1		No	2	→ skip to 319																				
Yes	1																											
No	2	→ skip to 319																										
318	<p>What did you do?</p> <p style="text-align: center;"><b>[Interviewer: Do not read aloud - circle only ONE]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Self-treated</td><td style="text-align: center;">1</td><td></td></tr> <tr><td>Went to friend/relative</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>Went to a traditional healer</td><td style="text-align: center;">3</td><td></td></tr> <tr><td>Went to a TBA</td><td style="text-align: center;">4</td><td></td></tr> <tr><td>Went to a pharmacist</td><td style="text-align: center;">5</td><td></td></tr> <tr><td>Went to a private doctor</td><td style="text-align: center;">6</td><td rowspan="2" style="text-align: center; vertical-align: middle;"><b>skip to 320</b></td></tr> <tr><td>Went to a health facility</td><td style="text-align: center;">7</td></tr> <tr><td>Other (specify)</td><td style="text-align: center;">96</td><td></td></tr> <tr><td colspan="3" style="text-align: center;">_____</td></tr> </table>	Self-treated	1		Went to friend/relative	2		Went to a traditional healer	3		Went to a TBA	4		Went to a pharmacist	5		Went to a private doctor	6	<b>skip to 320</b>	Went to a health facility	7	Other (specify)	96		_____		
Self-treated	1																											
Went to friend/relative	2																											
Went to a traditional healer	3																											
Went to a TBA	4																											
Went to a pharmacist	5																											
Went to a private doctor	6	<b>skip to 320</b>																										
Went to a health facility	7																											
Other (specify)	96																											
_____																												



Prospective Morbidity Study  
Questionnaire for Patient  
August 2016

319	<p>What was (were) the reason(s) why you did not seek care from a doctor or health facility when you started having health problems?</p> <p style="text-align: center;"><b>[Interviewer: Do not read aloud. Circle ALL that apply]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Did not have money</td><td style="text-align: center;">A</td></tr> <tr><td>Partner makes decisions, waited for approval</td><td style="text-align: center;">B</td></tr> <tr><td>Partner did not think I should go</td><td style="text-align: center;">C</td></tr> <tr><td>Other family member's decision, waited for approval</td><td style="text-align: center;">D</td></tr> <tr><td>Other family member did not think I should go</td><td style="text-align: center;">E</td></tr> <tr><td>Disagreement among family members about what to do</td><td style="text-align: center;">F</td></tr> <tr><td>Did not know where to go</td><td style="text-align: center;">G</td></tr> <tr><td>Health facilities are too far</td><td style="text-align: center;">H</td></tr> <tr><td>Afraid of mistreatment at facility</td><td style="text-align: center;">I</td></tr> <tr><td>Afraid others would find out</td><td style="text-align: center;">J</td></tr> <tr><td>Afraid of facility calling police</td><td style="text-align: center;">K</td></tr> <tr><td>Lack (or difficulty) of transportation</td><td style="text-align: center;">L</td></tr> <tr><td>Did not think health problem was serious</td><td style="text-align: center;">M</td></tr> <tr><td>Did not have someone to take care of children</td><td style="text-align: center;">N</td></tr> <tr><td>My religion does not allow me to go</td><td style="text-align: center;">O</td></tr> <tr><td>Other (specify)</td><td style="text-align: center;">X</td></tr> <tr><td>_____</td><td></td></tr> </table>	Did not have money	A	Partner makes decisions, waited for approval	B	Partner did not think I should go	C	Other family member's decision, waited for approval	D	Other family member did not think I should go	E	Disagreement among family members about what to do	F	Did not know where to go	G	Health facilities are too far	H	Afraid of mistreatment at facility	I	Afraid others would find out	J	Afraid of facility calling police	K	Lack (or difficulty) of transportation	L	Did not think health problem was serious	M	Did not have someone to take care of children	N	My religion does not allow me to go	O	Other (specify)	X	_____	
Did not have money	A																																			
Partner makes decisions, waited for approval	B																																			
Partner did not think I should go	C																																			
Other family member's decision, waited for approval	D																																			
Other family member did not think I should go	E																																			
Disagreement among family members about what to do	F																																			
Did not know where to go	G																																			
Health facilities are too far	H																																			
Afraid of mistreatment at facility	I																																			
Afraid others would find out	J																																			
Afraid of facility calling police	K																																			
Lack (or difficulty) of transportation	L																																			
Did not think health problem was serious	M																																			
Did not have someone to take care of children	N																																			
My religion does not allow me to go	O																																			
Other (specify)	X																																			
_____																																				
320	<p>How much time passed between the moment you <u>realized</u> you needed medical care and the time the <u>decision</u> was made that you needed to be taken to a health facility?</p> <p style="text-align: center;"><b>[Interviewer: Please ask and indicate number of <u>either</u> minutes, hours, days, or weeks. If they cannot give a numerical answer, circle the column for unit of time it was within]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Time from realized needed medical care to decision to go to facility</th> </tr> <tr> <th></th> <th style="text-align: center;">Time</th> <th style="text-align: center;">This unit</th> </tr> </thead> <tbody> <tr> <td>a. Minutes</td> <td style="text-align: center;">   </td> <td style="text-align: center;">96</td> </tr> <tr> <td>b. Hours</td> <td style="text-align: center;">   </td> <td style="text-align: center;">96</td> </tr> <tr> <td>c. Days</td> <td style="text-align: center;">   </td> <td style="text-align: center;">96</td> </tr> <tr> <td>d. Weeks</td> <td style="text-align: center;">   </td> <td style="text-align: center;">96</td> </tr> </tbody> </table>	Time from realized needed medical care to decision to go to facility				Time	This unit	a. Minutes		96	b. Hours		96	c. Days		96	d. Weeks		96																
Time from realized needed medical care to decision to go to facility																																				
	Time	This unit																																		
a. Minutes		96																																		
b. Hours		96																																		
c. Days		96																																		
d. Weeks		96																																		
321	<p>During the time you waited between when your medical problems started and when you decided to go to a health facility, did your symptoms get worse?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Yes</td><td style="text-align: center;">1</td></tr> <tr><td>No</td><td style="text-align: center;">2</td></tr> <tr><td>Don't know</td><td style="text-align: center;">98</td></tr> </table>	Yes	1	No	2	Don't know	98																												
Yes	1																																			
No	2																																			
Don't know	98																																			
322	<p>Whose decision was it to seek medical care in a health facility?</p> <p style="text-align: center;"><b>[Interviewer: Do not read aloud - circle only ONE]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Respondent</td><td style="text-align: center;">1</td></tr> <tr><td>Husband/partner/boyfriend</td><td style="text-align: center;">2</td></tr> <tr><td>Couple jointly</td><td style="text-align: center;">3</td></tr> <tr><td>Mother/mother-in-law</td><td style="text-align: center;">4</td></tr> <tr><td>Some other relative</td><td style="text-align: center;">5</td></tr> <tr><td>Family decision jointly</td><td style="text-align: center;">6</td></tr> <tr><td>Neighbour/friend</td><td style="text-align: center;">7</td></tr> <tr><td>Someone else (specify)</td><td style="text-align: center;">96</td></tr> <tr><td>_____</td><td></td></tr> <tr><td>Don't know</td><td style="text-align: center;">98</td></tr> </table>	Respondent	1	Husband/partner/boyfriend	2	Couple jointly	3	Mother/mother-in-law	4	Some other relative	5	Family decision jointly	6	Neighbour/friend	7	Someone else (specify)	96	_____		Don't know	98														
Respondent	1																																			
Husband/partner/boyfriend	2																																			
Couple jointly	3																																			
Mother/mother-in-law	4																																			
Some other relative	5																																			
Family decision jointly	6																																			
Neighbour/friend	7																																			
Someone else (specify)	96																																			
_____																																				
Don't know	98																																			
323	<p>How much time passed between the moment when the <u>decisions was made</u> for you to be taken to a health facility and the time you <u>actually got to the facility</u>?</p> <p style="text-align: center;"><b>[Interviewer: Please ask and indicate number of <u>either</u> minutes, hours, days, or weeks. If they cannot give a numerical answer, circle the column for unit of time it was within]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Time from decision to facility</th> </tr> <tr> <th></th> <th style="text-align: center;">Time</th> <th style="text-align: center;">This unit</th> </tr> </thead> <tbody> <tr> <td>a. Minutes</td> <td style="text-align: center;">   </td> <td style="text-align: center;">96</td> </tr> <tr> <td>b. Hours</td> <td style="text-align: center;">   </td> <td style="text-align: center;">96</td> </tr> <tr> <td>c. Days</td> <td style="text-align: center;">   </td> <td style="text-align: center;">96</td> </tr> <tr> <td>d. Weeks</td> <td style="text-align: center;">   </td> <td style="text-align: center;">96</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>If respondent's answer is less than 24 hours, skip to 325</b></td> </tr> </tbody> </table>	Time from decision to facility				Time	This unit	a. Minutes		96	b. Hours		96	c. Days		96	d. Weeks		96	<b>If respondent's answer is less than 24 hours, skip to 325</b>															
Time from decision to facility																																				
	Time	This unit																																		
a. Minutes		96																																		
b. Hours		96																																		
c. Days		96																																		
d. Weeks		96																																		
<b>If respondent's answer is less than 24 hours, skip to 325</b>																																				

Prospective Morbidity Study  
Questionnaire for Patient  
August 2016

324	<p>What was (were) the reason(s) why you didn't go to a facility right away?</p> <p style="text-align: center;"><b>[Interviewer: Do not read aloud. Circle ALL that apply]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Lack of transport</td><td style="text-align: center;">A</td></tr> <tr><td>Lack of money</td><td style="text-align: center;">B</td></tr> <tr><td>Live too far from a health facility</td><td style="text-align: center;">C</td></tr> <tr><td>Bad weather</td><td style="text-align: center;">D</td></tr> <tr><td>No one to accompany respondent</td><td style="text-align: center;">E</td></tr> <tr><td>No one to watch children</td><td style="text-align: center;">F</td></tr> <tr><td>Indecision about which facility</td><td style="text-align: center;">G</td></tr> <tr><td>Fear of other people knowing</td><td style="text-align: center;">H</td></tr> <tr><td>Other (specify)</td><td style="text-align: center;">X</td></tr> <tr><td>_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Don't know</td><td style="text-align: center;">Y</td></tr> </table>	Lack of transport	A	Lack of money	B	Live too far from a health facility	C	Bad weather	D	No one to accompany respondent	E	No one to watch children	F	Indecision about which facility	G	Fear of other people knowing	H	Other (specify)	X	_____	_____	Don't know	Y				
Lack of transport	A																											
Lack of money	B																											
Live too far from a health facility	C																											
Bad weather	D																											
No one to accompany respondent	E																											
No one to watch children	F																											
Indecision about which facility	G																											
Fear of other people knowing	H																											
Other (specify)	X																											
_____	_____																											
Don't know	Y																											
325	<p>Did you come directly to this facility, or did you first go to another health facility before coming here?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Yes, came directly here</td> <td style="text-align: center;">1</td> <td rowspan="3" style="vertical-align: middle;">→ skip to 329</td> </tr> <tr> <td>No, didn't come directly</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Don't know</td> <td style="text-align: center;">98</td> </tr> </table>	Yes, came directly here	1	→ skip to 329	No, didn't come directly	2	Don't know	98																			
Yes, came directly here	1	→ skip to 329																										
No, didn't come directly	2																											
Don't know	98																											
326	<p>Where did you first seek care when you had the complication?</p> <p style="text-align: center;"><b>[Interviewer: Circle only one]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Central hospital</td><td style="text-align: center;">1</td></tr> <tr><td>Provincial hospital</td><td style="text-align: center;">2</td></tr> <tr><td>District hospital</td><td style="text-align: center;">3</td></tr> <tr><td>Mission hospital</td><td style="text-align: center;">4</td></tr> <tr><td>Rural hospital</td><td style="text-align: center;">5</td></tr> <tr><td>Primary health center</td><td style="text-align: center;">6</td></tr> <tr><td>Private hospital</td><td style="text-align: center;">7</td></tr> <tr><td>Private clinic</td><td style="text-align: center;">8</td></tr> <tr><td>NGO clinic</td><td style="text-align: center;">9</td></tr> <tr><td>Traditional healer</td><td style="text-align: center;">10</td></tr> <tr><td>Pharmacy</td><td style="text-align: center;">11</td></tr> <tr><td>Other</td><td style="text-align: center;">98</td></tr> <tr><td>(specify) _____</td><td style="text-align: center;">_____</td></tr> </table>	Central hospital	1	Provincial hospital	2	District hospital	3	Mission hospital	4	Rural hospital	5	Primary health center	6	Private hospital	7	Private clinic	8	NGO clinic	9	Traditional healer	10	Pharmacy	11	Other	98	(specify) _____	_____
Central hospital	1																											
Provincial hospital	2																											
District hospital	3																											
Mission hospital	4																											
Rural hospital	5																											
Primary health center	6																											
Private hospital	7																											
Private clinic	8																											
NGO clinic	9																											
Traditional healer	10																											
Pharmacy	11																											
Other	98																											
(specify) _____	_____																											
327	<p>What was (were) the reason(s) you sought care there first?</p> <p style="text-align: center;"><b>[Interviewer: Do not read aloud. Circle ALL that apply]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Close to house</td><td style="text-align: center;">A</td></tr> <tr><td>Charges low fees</td><td style="text-align: center;">B</td></tr> <tr><td>Takes care of patients</td><td style="text-align: center;">C</td></tr> <tr><td>Staff are very considerate</td><td style="text-align: center;">D</td></tr> <tr><td>Privacy/small facility</td><td style="text-align: center;">E</td></tr> <tr><td>I know someone who works at the facility</td><td style="text-align: center;">F</td></tr> <tr><td>Other (specify)</td><td style="text-align: center;">X</td></tr> <tr><td>_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Don't know</td><td style="text-align: center;">Y</td></tr> </table>	Close to house	A	Charges low fees	B	Takes care of patients	C	Staff are very considerate	D	Privacy/small facility	E	I know someone who works at the facility	F	Other (specify)	X	_____	_____	Don't know	Y								
Close to house	A																											
Charges low fees	B																											
Takes care of patients	C																											
Staff are very considerate	D																											
Privacy/small facility	E																											
I know someone who works at the facility	F																											
Other (specify)	X																											
_____	_____																											
Don't know	Y																											
328	<p>Why did you leave the first facility for another facility?</p> <p style="text-align: center;"><b>[Interviewer: Do not read aloud. Circle ALL that apply]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Did not get better</td><td style="text-align: center;">A</td></tr> <tr><td>Could not afford the charges</td><td style="text-align: center;">B</td></tr> <tr><td>Was referred elsewhere</td><td style="text-align: center;">C</td></tr> <tr><td>No staff on duty to provide treatment</td><td style="text-align: center;">D</td></tr> <tr><td>No equipment to provide treatment</td><td style="text-align: center;">E</td></tr> <tr><td>No bed was available</td><td style="text-align: center;">F</td></tr> <tr><td>Too long of a wait/too many other patients</td><td style="text-align: center;">G</td></tr> <tr><td>Treatment was unsatisfactory</td><td style="text-align: center;">H</td></tr> <tr><td>Other (specify)</td><td style="text-align: center;">X</td></tr> <tr><td>_____</td><td style="text-align: center;">_____</td></tr> <tr><td>Don't know</td><td style="text-align: center;">Y</td></tr> </table>	Did not get better	A	Could not afford the charges	B	Was referred elsewhere	C	No staff on duty to provide treatment	D	No equipment to provide treatment	E	No bed was available	F	Too long of a wait/too many other patients	G	Treatment was unsatisfactory	H	Other (specify)	X	_____	_____	Don't know	Y				
Did not get better	A																											
Could not afford the charges	B																											
Was referred elsewhere	C																											
No staff on duty to provide treatment	D																											
No equipment to provide treatment	E																											
No bed was available	F																											
Too long of a wait/too many other patients	G																											
Treatment was unsatisfactory	H																											
Other (specify)	X																											
_____	_____																											
Don't know	Y																											
329	<p>How much time passed between the time you arrived at <u>this</u> health facility and the time you were <u>first attended</u> to?</p> <p style="text-align: center;"><b>[Interviewer: Please ask and indicate number of <u>either</u> minutes, hours, days, or weeks. If they cannot give a numerical answer, circle the column for unit of time it was within]</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Time from arrival at facility till attended to</th> </tr> <tr> <th></th> <th style="text-align: center;">Time</th> <th style="text-align: center;">This unit</th> </tr> </thead> <tbody> <tr> <td>a. Minutes</td> <td style="text-align: center;">   </td> <td style="text-align: center;">96</td> </tr> <tr> <td>b. Hours</td> <td style="text-align: center;">   </td> <td style="text-align: center;">96</td> </tr> <tr> <td>c. Days</td> <td style="text-align: center;">   </td> <td style="text-align: center;">96</td> </tr> <tr> <td>d. Weeks</td> <td style="text-align: center;">   </td> <td style="text-align: center;">96</td> </tr> </tbody> </table>	Time from arrival at facility till attended to				Time	This unit	a. Minutes		96	b. Hours		96	c. Days		96	d. Weeks		96								
Time from arrival at facility till attended to																												
	Time	This unit																										
a. Minutes		96																										
b. Hours		96																										
c. Days		96																										
d. Weeks		96																										

Prospective Morbidity Study  
 Questionnaire for Patient  
 August 2016

330	How much time passed between the time you were <u>attended to</u> and the time you received <u>complete treatment</u> ?  <b>[Interviewer: Please ask and indicate number of either minutes, hours, days, or weeks. If they cannot give a numerical answer, circle the column for unit of time it was within]</b>	<table border="1"> <thead> <tr> <th colspan="4">Time from attended to till complete treatment</th> </tr> <tr> <th></th> <th colspan="2">Time</th> <th>This unit</th> </tr> </thead> <tbody> <tr> <td>a. Minutes</td> <td></td> <td></td> <td>96</td> </tr> <tr> <td>b. Hours</td> <td></td> <td></td> <td>96</td> </tr> <tr> <td>c. Days</td> <td></td> <td></td> <td>96</td> </tr> <tr> <td>d. Weeks</td> <td></td> <td></td> <td>96</td> </tr> </tbody> </table>				Time from attended to till complete treatment					Time		This unit	a. Minutes			96	b. Hours			96	c. Days			96	d. Weeks			96														
Time from attended to till complete treatment																																											
	Time		This unit																																								
a. Minutes			96																																								
b. Hours			96																																								
c. Days			96																																								
d. Weeks			96																																								
331	Did you feel that the time that passed before you received treatment at this facility was reasonable, or did you feel that it was too long?	<table border="1"> <tr> <td>Reasonable</td> <td>1</td> <td rowspan="2"><b>skip to 333</b></td> </tr> <tr> <td>Too long</td> <td>2</td> </tr> </table>				Reasonable	1	<b>skip to 333</b>	Too long	2																																	
Reasonable	1	<b>skip to 333</b>																																									
Too long	2																																										
332	Why did it take time for you to be treated once you arrived at this facility?  <b>[Interviewer: Do not read aloud. Circle ALL that apply]</b>	<table border="1"> <tr><td>I was treated immediately</td><td>A</td></tr> <tr><td>I did not have money at the time</td><td>B</td></tr> <tr><td>There was no bed for me</td><td>C</td></tr> <tr><td>No doctor/nurse was available</td><td>D</td></tr> <tr><td>There were many patients in line ahead of me</td><td>E</td></tr> <tr><td>Initially went to a wrong department</td><td>F</td></tr> <tr><td>Facility staff did not consider me a priority</td><td>G</td></tr> <tr><td>Would not treat me without my parent's consent</td><td>H</td></tr> <tr><td>Surgery room was busy</td><td>I</td></tr> <tr><td>No anesthesiologist was on duty</td><td>J</td></tr> <tr><td>Lack of supplies (i.e. blood, anesthesia)</td><td>K</td></tr> <tr><td>Problems with water/electricity</td><td>L</td></tr> <tr><td>Other (specify)</td><td>X</td></tr> <tr><td>Don't know</td><td>Y</td></tr> </table>				I was treated immediately	A	I did not have money at the time	B	There was no bed for me	C	No doctor/nurse was available	D	There were many patients in line ahead of me	E	Initially went to a wrong department	F	Facility staff did not consider me a priority	G	Would not treat me without my parent's consent	H	Surgery room was busy	I	No anesthesiologist was on duty	J	Lack of supplies (i.e. blood, anesthesia)	K	Problems with water/electricity	L	Other (specify)	X	Don't know	Y										
I was treated immediately	A																																										
I did not have money at the time	B																																										
There was no bed for me	C																																										
No doctor/nurse was available	D																																										
There were many patients in line ahead of me	E																																										
Initially went to a wrong department	F																																										
Facility staff did not consider me a priority	G																																										
Would not treat me without my parent's consent	H																																										
Surgery room was busy	I																																										
No anesthesiologist was on duty	J																																										
Lack of supplies (i.e. blood, anesthesia)	K																																										
Problems with water/electricity	L																																										
Other (specify)	X																																										
Don't know	Y																																										
333	Please describe any of the following health problems you had <u>when you presented at this facility</u> as a result of this pregnancy complication as a mild, moderate or severe problem.  <b>[Interviewer: Read out each category, ie "Did you experience bleeding?" If YES, ask if problem was mild, moderate, severe. Probe for any other problems]</b>	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Yes</th> <th rowspan="2">No</th> </tr> <tr> <th>Mild</th> <th>Moderate</th> <th>Severe</th> </tr> </thead> <tbody> <tr> <td>a. Bleeding</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>b. Pain</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>c. Injuries</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>d. Fever</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>e. Vaginal discharge (other than blood)</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>f. Other (specify)</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>					Yes			No	Mild	Moderate	Severe	a. Bleeding	1	2	3	4	b. Pain	1	2	3	4	c. Injuries	1	2	3	4	d. Fever	1	2	3	4	e. Vaginal discharge (other than blood)	1	2	3	4	f. Other (specify)	1	2	3	4
	Yes			No																																							
	Mild	Moderate	Severe																																								
a. Bleeding	1	2	3	4																																							
b. Pain	1	2	3	4																																							
c. Injuries	1	2	3	4																																							
d. Fever	1	2	3	4																																							
e. Vaginal discharge (other than blood)	1	2	3	4																																							
f. Other (specify)	1	2	3	4																																							
334	Thinking about all your health problems together, would you consider your complications to be mild, moderate or severe?	<table border="1"> <tr><td>Mild</td><td>1</td></tr> <tr><td>Moderate</td><td>2</td></tr> <tr><td>Severe</td><td>3</td></tr> <tr><td>Don't know</td><td>98</td></tr> </table>				Mild	1	Moderate	2	Severe	3	Don't know	98																														
Mild	1																																										
Moderate	2																																										
Severe	3																																										
Don't know	98																																										
335	In spite of this/these health problem(s), were you able to do the following activities between the time the problem started, and when you decided to come to this facility to seek care?  <b>[Interviewer: Read each activity aloud and circle yes or no.]</b>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>a. Cooking</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>b. Housework (other than cooking)</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>c. Going to work</td> <td>1</td> <td>2</td> <td>99</td> </tr> <tr> <td>d. Caring for other family members</td> <td>1</td> <td>2</td> <td>99</td> </tr> </tbody> </table>					Yes	No	N/A	a. Cooking	1	2	99	b. Housework (other than cooking)	1	2	99	c. Going to work	1	2	99	d. Caring for other family members	1	2	99																		
	Yes	No	N/A																																								
a. Cooking	1	2	99																																								
b. Housework (other than cooking)	1	2	99																																								
c. Going to work	1	2	99																																								
d. Caring for other family members	1	2	99																																								
336	Did you or any other members of your household lose income because of your health problems between the time the problems started, and when you came to this facility for care?	<table border="1"> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>2</td></tr> <tr><td>Don't know</td><td>98</td></tr> </table> → skip to section 4				Yes	1	No	2	Don't know	98																																
Yes	1																																										
No	2																																										
Don't know	98																																										
337	How much income did you, or your household, lose as a result of your health problems (not including cost of treatment or transportation)?	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>USD \$</td> </tr> </table>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	USD \$																																	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	USD \$																																							

**Section IV: INDUCED ABORTION**

In the next few questions, I want to ask you about the pregnancy that led to the treatment you are receiving in this facility. They are quite sensitive. I would like to ask you about whether your physical condition has resulted from a spontaneous or an induced abortion. I want to reassure you that, as I said before, this information is highly confidential, and we will protect your identity. Your honest answers to these questions will help us understand problems women face and how the country can better respond to them. I will now ask you questions about induced abortions and unintended pregnancy.

401	Do you know anyone who had an induced abortion ?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 → skip to 403																														
402	Who do you know who had an induced abortion?  <b>[Interviewer: Explain to the patient that we are not interested in the name of the person but his/her relationship to the patient. Circle all that apply.]</b>	<table border="1"> <tr><td>Friend</td><td>A</td></tr> <tr><td>Neighbor</td><td>B</td></tr> <tr><td>Sister/Sister-in-law</td><td>C</td></tr> <tr><td>Mother/Mother-in-law</td><td>D</td></tr> <tr><td>Other relative (specify)</td><td>E</td></tr> <tr><td>Friend</td><td>F</td></tr> <tr><td>Other (specify)</td><td>X</td></tr> </table>	Friend	A	Neighbor	B	Sister/Sister-in-law	C	Mother/Mother-in-law	D	Other relative (specify)	E	Friend	F	Other (specify)	X																
Friend	A																															
Neighbor	B																															
Sister/Sister-in-law	C																															
Mother/Mother-in-law	D																															
Other relative (specify)	E																															
Friend	F																															
Other (specify)	X																															
403	Did you or someone else do anything to interfere with the continuation of this pregnancy?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 →Skip to concluding statement																														
404	What was the reason that led you to make the decision not to continue with the pregnancy?  <b>[Interviewer: Do not read aloud. Circle all that the respondent says.]</b>	<table border="1"> <tr><td>Husband/partner did not want anymore children</td><td>A</td></tr> <tr><td>Have too many children</td><td>B</td></tr> <tr><td>Cannot afford anymore children</td><td>C</td></tr> <tr><td>Too soon after last pregnancy</td><td>D</td></tr> <tr><td>Would have to drop out of school</td><td>E</td></tr> <tr><td>Would have to leave job</td><td>F</td></tr> <tr><td>Too young</td><td>G</td></tr> <tr><td>Too old</td><td>H</td></tr> <tr><td>Not married</td><td>I</td></tr> <tr><td>The pregnancy was not with husband/partner</td><td>J</td></tr> <tr><td>The pregnancy was the result of rape/incest</td><td>K</td></tr> <tr><td>It endangered my health</td><td>L</td></tr> <tr><td>The foetus would have been handicapped/foetal anomaly</td><td>M</td></tr> <tr><td>I am HIV positive</td><td>N</td></tr> <tr><td>Other (specify)</td><td>X</td></tr> </table>	Husband/partner did not want anymore children	A	Have too many children	B	Cannot afford anymore children	C	Too soon after last pregnancy	D	Would have to drop out of school	E	Would have to leave job	F	Too young	G	Too old	H	Not married	I	The pregnancy was not with husband/partner	J	The pregnancy was the result of rape/incest	K	It endangered my health	L	The foetus would have been handicapped/foetal anomaly	M	I am HIV positive	N	Other (specify)	X
Husband/partner did not want anymore children	A																															
Have too many children	B																															
Cannot afford anymore children	C																															
Too soon after last pregnancy	D																															
Would have to drop out of school	E																															
Would have to leave job	F																															
Too young	G																															
Too old	H																															
Not married	I																															
The pregnancy was not with husband/partner	J																															
The pregnancy was the result of rape/incest	K																															
It endangered my health	L																															
The foetus would have been handicapped/foetal anomaly	M																															
I am HIV positive	N																															
Other (specify)	X																															
405	How much time passed between the moment you realized you were pregnant, and when you decided you wanted to terminate the pregnancy?  <b>[Interviewer: Please ask and indicate number of either minutes, hours, days, or weeks. If they cannot give a numerical answer, circle the column for unit of time it was within]</b>	<table border="1"> <thead> <tr> <th colspan="3">Time from realizing pregnant to decision to terminate</th> </tr> <tr> <th></th> <th>Time</th> <th>This unit</th> </tr> </thead> <tbody> <tr> <td>a. Minutes</td> <td><input type="checkbox"/></td> <td>96</td> </tr> <tr> <td>b. Hours</td> <td><input type="checkbox"/></td> <td>96</td> </tr> <tr> <td>c. Days</td> <td><input type="checkbox"/></td> <td>96</td> </tr> <tr> <td>d. Weeks</td> <td><input type="checkbox"/></td> <td>96</td> </tr> </tbody> </table>	Time from realizing pregnant to decision to terminate				Time	This unit	a. Minutes	<input type="checkbox"/>	96	b. Hours	<input type="checkbox"/>	96	c. Days	<input type="checkbox"/>	96	d. Weeks	<input type="checkbox"/>	96												
Time from realizing pregnant to decision to terminate																																
	Time	This unit																														
a. Minutes	<input type="checkbox"/>	96																														
b. Hours	<input type="checkbox"/>	96																														
c. Days	<input type="checkbox"/>	96																														
d. Weeks	<input type="checkbox"/>	96																														

Prospective Morbidity Study  
Questionnaire for Patient  
August 2016

406	Did you discuss the possibility of stopping this pregnancy with anyone?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Yes</td> <td style="width: 10%; text-align: center; border: 1px solid black;">1</td> <td rowspan="2" style="width: 30%; vertical-align: middle;">→ skip to 412</td> </tr> <tr> <td>No</td> <td style="text-align: center; border: 1px solid black;">2</td> </tr> </table>	Yes	1	→ skip to 412	No	2													
Yes	1	→ skip to 412																		
No	2																			
407	With whom did you discuss the possibility of stopping this pregnancy?  <p style="text-align: center;"><b>[Interviewer: Do not read aloud. Circle all that apply. Probe, "Anyone else?" until complete.]</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Husband/partner</td><td style="width: 20%; text-align: center; border: 1px solid black;">A</td></tr> <tr><td>Mother</td><td style="text-align: center; border: 1px solid black;">B</td></tr> <tr><td>Sister</td><td style="text-align: center; border: 1px solid black;">C</td></tr> <tr><td>Mother-in-law</td><td style="text-align: center; border: 1px solid black;">D</td></tr> <tr><td>Other relative (specify)</td><td style="text-align: center; border: 1px solid black;">E</td></tr> <tr><td colspan="2" style="border-top: 1px solid black;"> </td></tr> <tr><td>Friend</td><td style="text-align: center; border: 1px solid black;">F</td></tr> <tr><td>Other (specify)</td><td style="text-align: center; border: 1px solid black;">X</td></tr> <tr><td colspan="2" style="border-top: 1px solid black;"> </td></tr> </table>	Husband/partner	A	Mother	B	Sister	C	Mother-in-law	D	Other relative (specify)	E			Friend	F	Other (specify)	X		
Husband/partner	A																			
Mother	B																			
Sister	C																			
Mother-in-law	D																			
Other relative (specify)	E																			
Friend	F																			
Other (specify)	X																			
408	Did any of these people think that you should stop the pregnancy?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Yes</td> <td style="width: 10%; text-align: center; border: 1px solid black;">1</td> <td rowspan="2" style="width: 30%; vertical-align: middle;">→ skip to 410</td> </tr> <tr> <td>No</td> <td style="text-align: center; border: 1px solid black;">2</td> </tr> </table>	Yes	1	→ skip to 410	No	2													
Yes	1	→ skip to 410																		
No	2																			
409	Which of these people thought you should stop the pregnancy?  <p style="text-align: center;"><b>[Interviewer: Read each of the options circled from 407 aloud. Circle all that apply.]</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Husband/partner</td><td style="width: 20%; text-align: center; border: 1px solid black;">A</td></tr> <tr><td>Mother</td><td style="text-align: center; border: 1px solid black;">B</td></tr> <tr><td>Sister</td><td style="text-align: center; border: 1px solid black;">C</td></tr> <tr><td>Mother-in-law</td><td style="text-align: center; border: 1px solid black;">D</td></tr> <tr><td>Other relative (specify)</td><td style="text-align: center; border: 1px solid black;">E</td></tr> <tr><td colspan="2" style="border-top: 1px solid black;"> </td></tr> <tr><td>Friend</td><td style="text-align: center; border: 1px solid black;">F</td></tr> <tr><td>Other (specify)</td><td style="text-align: center; border: 1px solid black;">X</td></tr> <tr><td colspan="2" style="border-top: 1px solid black;"> </td></tr> </table>	Husband/partner	A	Mother	B	Sister	C	Mother-in-law	D	Other relative (specify)	E			Friend	F	Other (specify)	X		
Husband/partner	A																			
Mother	B																			
Sister	C																			
Mother-in-law	D																			
Other relative (specify)	E																			
Friend	F																			
Other (specify)	X																			
410	Who made the decision to stop this pregnancy?  <p style="text-align: center;"><b>[Interviewer: Do not read aloud. If respondent says that she made the decision herself, ask her if anyone else helped her make that decision and circle that person in the list. Circle ALL that apply.]</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Woman alone</td><td style="width: 20%; text-align: center; border: 1px solid black;">A</td></tr> <tr><td>Husband/partner</td><td style="text-align: center; border: 1px solid black;">B</td></tr> <tr><td>The couple together</td><td style="text-align: center; border: 1px solid black;">C</td></tr> <tr><td>Woman's parents</td><td style="text-align: center; border: 1px solid black;">D</td></tr> <tr><td>Husband/partner's parents</td><td style="text-align: center; border: 1px solid black;">E</td></tr> <tr><td>Other family member</td><td style="text-align: center; border: 1px solid black;">F</td></tr> <tr><td>Other (specify)</td><td style="text-align: center; border: 1px solid black;">X</td></tr> <tr><td colspan="2" style="border-top: 1px solid black;"> </td></tr> </table>	Woman alone	A	Husband/partner	B	The couple together	C	Woman's parents	D	Husband/partner's parents	E	Other family member	F	Other (specify)	X				
Woman alone	A																			
Husband/partner	B																			
The couple together	C																			
Woman's parents	D																			
Husband/partner's parents	E																			
Other family member	F																			
Other (specify)	X																			
411	How many weeks or months pregnant were you when you first tried to stop this pregnancy?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">a. Weeks</td> <td style="width: 10%; text-align: center; border: 1px solid black;"> </td> <td style="width: 10%; text-align: center; border: 1px solid black;"> </td> <td rowspan="3" style="width: 20%; vertical-align: middle; text-align: center;"><b>OR</b></td> </tr> <tr> <td>b. Months</td> <td style="text-align: center; border: 1px solid black;"> </td> <td style="text-align: center; border: 1px solid black;"> </td> </tr> <tr> <td>Unknown gestation</td> <td style="text-align: center; border: 1px solid black;">98</td> <td style="border: 1px solid black;"> </td> </tr> </table>	a. Weeks			<b>OR</b>	b. Months			Unknown gestation	98									
a. Weeks			<b>OR</b>																	
b. Months																				
Unknown gestation	98																			
412	Women sometimes take more than one attempt to stop a pregnancy. Did you attempt to stop this pregnancy more than once?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Yes</td> <td style="width: 10%; text-align: center; border: 1px solid black;">1</td> <td rowspan="2" style="width: 30%; vertical-align: middle;">→ skip to 415a</td> </tr> <tr> <td>No</td> <td style="text-align: center; border: 1px solid black;">2</td> </tr> </table>	Yes	1	→ skip to 415a	No	2													
Yes	1	→ skip to 415a																		
No	2																			

Prospective Morbidity Study  
 Questionnaire for Patient  
 August 2016

413	What did you <u>first</u> do to end this pregnancy?  <b>[Interviewer: Do not read aloud. Circle only ONE]</b>	<table border="1"> <tr><td>Drank herbal concoction</td><td>1</td></tr> <tr><td>Drank other home remedies</td><td>2</td></tr> <tr><td>Used any herbal enema</td><td>3</td></tr> <tr><td>Inserted herb/object/other substance into vagina</td><td>4</td></tr> <tr><td>Heavy Massage</td><td>5</td></tr> <tr><td>D&amp;C</td><td>6</td></tr> <tr><td>Manual vacuum aspiration</td><td>7</td></tr> <tr><td>Injection</td><td>8</td></tr> <tr><td>Saline instillation</td><td>9</td></tr> <tr><td>Misoprostol/cytotec</td><td>10</td></tr> <tr><td>Oxytocin</td><td>11</td></tr> <tr><td>Other tablets</td><td>12</td></tr> <tr><td>Catheter</td><td>13</td></tr> <tr><td>Excessive physical activity</td><td>14</td></tr> <tr><td>Don't know/can't remember</td><td>98</td></tr> <tr><td>Other (specify)</td><td>96</td></tr> </table>	Drank herbal concoction	1	Drank other home remedies	2	Used any herbal enema	3	Inserted herb/object/other substance into vagina	4	Heavy Massage	5	D&C	6	Manual vacuum aspiration	7	Injection	8	Saline instillation	9	Misoprostol/cytotec	10	Oxytocin	11	Other tablets	12	Catheter	13	Excessive physical activity	14	Don't know/can't remember	98	Other (specify)	96		
Drank herbal concoction	1																																			
Drank other home remedies	2																																			
Used any herbal enema	3																																			
Inserted herb/object/other substance into vagina	4																																			
Heavy Massage	5																																			
D&C	6																																			
Manual vacuum aspiration	7																																			
Injection	8																																			
Saline instillation	9																																			
Misoprostol/cytotec	10																																			
Oxytocin	11																																			
Other tablets	12																																			
Catheter	13																																			
Excessive physical activity	14																																			
Don't know/can't remember	98																																			
Other (specify)	96																																			
414	How much time passed between your first attempt to end this pregnancy and when you actually succeeded in stopping it?  <b>[Interviewer: Please ask and indicate number of <u>either</u> minutes, hours, days, or weeks. If they cannot give a numerical answer, circle the column for unit of time it was within]</b>	<table border="1"> <thead> <tr> <th colspan="3">Time from first attempt to end pregnancy and when successfully stopped it</th> </tr> <tr> <th></th> <th>Time</th> <th>This unit</th> </tr> </thead> <tbody> <tr> <td>a. Minutes</td> <td></td> <td>96</td> </tr> <tr> <td>b. Hours</td> <td></td> <td>96</td> </tr> <tr> <td>c. Days</td> <td></td> <td>96</td> </tr> <tr> <td>d. Weeks</td> <td></td> <td>96</td> </tr> </tbody> </table>	Time from first attempt to end pregnancy and when successfully stopped it				Time	This unit	a. Minutes		96	b. Hours		96	c. Days		96	d. Weeks		96																
Time from first attempt to end pregnancy and when successfully stopped it																																				
	Time	This unit																																		
a. Minutes		96																																		
b. Hours		96																																		
c. Days		96																																		
d. Weeks		96																																		
415  415a	What was the <u>last</u> thing you did to try to end this pregnancy?  <b>[Interviewer: Do not read aloud. Circle only ONE]</b>  What did you do to end this pregnancy?	<table border="1"> <tr><td>Drank herbal concoction</td><td>1</td><td rowspan="7" style="writing-mode: vertical-rl; text-align: center;">Skip to 417</td></tr> <tr><td>Drank other home remedies</td><td>2</td></tr> <tr><td>Used any herbal enema</td><td>3</td></tr> <tr><td>Inserted herb/object/other substance into vagina</td><td>4</td></tr> <tr><td>Heavy Massage</td><td>5</td></tr> <tr><td>D&amp;C</td><td>6</td></tr> <tr><td>Manual vacuum aspiration</td><td>7</td></tr> <tr><td>Injection</td><td>8</td><td rowspan="7" style="writing-mode: vertical-rl; text-align: center;">Skip to 417</td></tr> <tr><td>Saline instillation</td><td>9</td></tr> <tr><td>Misoprostol/cytotec</td><td>10</td></tr> <tr><td>Oxytocin</td><td>11</td></tr> <tr><td>Other tablets</td><td>12</td></tr> <tr><td>Catheter</td><td>13</td></tr> <tr><td>Excessive physical activity</td><td>14</td></tr> <tr><td>Don't know/can't remember</td><td>98</td></tr> <tr><td>Other (specify)</td><td>96</td></tr> </table>	Drank herbal concoction	1	Skip to 417	Drank other home remedies	2	Used any herbal enema	3	Inserted herb/object/other substance into vagina	4	Heavy Massage	5	D&C	6	Manual vacuum aspiration	7	Injection	8	Skip to 417	Saline instillation	9	Misoprostol/cytotec	10	Oxytocin	11	Other tablets	12	Catheter	13	Excessive physical activity	14	Don't know/can't remember	98	Other (specify)	96
Drank herbal concoction	1	Skip to 417																																		
Drank other home remedies	2																																			
Used any herbal enema	3																																			
Inserted herb/object/other substance into vagina	4																																			
Heavy Massage	5																																			
D&C	6																																			
Manual vacuum aspiration	7																																			
Injection	8	Skip to 417																																		
Saline instillation	9																																			
Misoprostol/cytotec	10																																			
Oxytocin	11																																			
Other tablets	12																																			
Catheter	13																																			
Excessive physical activity	14																																			
Don't know/can't remember	98																																			
Other (specify)	96																																			
416	Where did you acquire misoprostol?  <b>[Interviewer: Circle all the apply. After completing, skip to 418]</b>	<table border="1"> <tr><td>Doctor's private office</td><td>A</td></tr> <tr><td>Nurses' or clinical officers' private office</td><td>B</td></tr> <tr><td>Health facility (public)</td><td>C</td></tr> <tr><td>Health facility (private)</td><td>D</td></tr> <tr><td>NGO</td><td>E</td></tr> <tr><td>Traditional healer</td><td>F</td></tr> <tr><td>Pharmacy</td><td>G</td></tr> <tr><td>Ordered online</td><td>H</td></tr> <tr><td>Markets or street vendor</td><td>I</td></tr> <tr><td>Other (specify)</td><td>X</td></tr> </table>	Doctor's private office	A	Nurses' or clinical officers' private office	B	Health facility (public)	C	Health facility (private)	D	NGO	E	Traditional healer	F	Pharmacy	G	Ordered online	H	Markets or street vendor	I	Other (specify)	X														
Doctor's private office	A																																			
Nurses' or clinical officers' private office	B																																			
Health facility (public)	C																																			
Health facility (private)	D																																			
NGO	E																																			
Traditional healer	F																																			
Pharmacy	G																																			
Ordered online	H																																			
Markets or street vendor	I																																			
Other (specify)	X																																			

Prospective Morbidity Study  
 Questionnaire for Patient  
 August 2016

417	<p>Who provided this method that was finally used to stop the pregnancy?</p> <p><b>[Interviewer: Explain to the patient that we are not interested in the name of the person but his/her position/cadre. This could be a doctor, nurse, relative, or the woman herself.]</b></p> <p><b>[Interviewer: Circle all that apply]</b></p>	<table border="1"> <tr><td>Doctor</td><td>A</td></tr> <tr><td>Nurse</td><td>B</td></tr> <tr><td>Trained Midwife</td><td>C</td></tr> <tr><td>Traditional healer/TBA</td><td>D</td></tr> <tr><td>Pharmacist</td><td>E</td></tr> <tr><td>Self -induced</td><td>F</td></tr> <tr><td>Parent</td><td>G</td></tr> <tr><td>Relative/ Friend</td><td>H</td></tr> <tr><td>Other (specify)</td><td>X</td></tr> </table>	Doctor	A	Nurse	B	Trained Midwife	C	Traditional healer/TBA	D	Pharmacist	E	Self -induced	F	Parent	G	Relative/ Friend	H	Other (specify)	X
Doctor	A																			
Nurse	B																			
Trained Midwife	C																			
Traditional healer/TBA	D																			
Pharmacist	E																			
Self -induced	F																			
Parent	G																			
Relative/ Friend	H																			
Other (specify)	X																			
418	<p>Who paid your expenses for trying to stop this pregnancy?</p> <p><b>[Interviewer: Do not read aloud. Circle all that apply.]</b></p>	<table border="1"> <tr><td>Woman herself</td><td>A</td></tr> <tr><td>Husband/partner</td><td>B</td></tr> <tr><td>Parent</td><td>C</td></tr> <tr><td>Other family member</td><td>D</td></tr> <tr><td>Friend</td><td>E</td></tr> <tr><td>Other (specify)</td><td>X</td></tr> </table>	Woman herself	A	Husband/partner	B	Parent	C	Other family member	D	Friend	E	Other (specify)	X						
Woman herself	A																			
Husband/partner	B																			
Parent	C																			
Other family member	D																			
Friend	E																			
Other (specify)	X																			
419	<p>How much did it cost to stop this pregnancy?</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>USD \$</td> </tr> <tr> <td></td> <td></td> <td></td> <td>98</td> <td>Don't know</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	USD \$				98	Don't know								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	USD \$																
			98	Don't know																

**CONCLUDING STATEMENT**

This is the end of my questions, and I want to thank you for your help on this important project. If you have any questions for me, or concerns, please feel free to raise them now. I would be happy to discuss them with you. If you felt uncomfortable or emotionally disturbed in the course of answering some questions, and would like a referral to counseling services, I can provide you with a list of referral services nearby. Would you like me to provide you with this list?

To enable us have a better understanding of the issues relating to pregnancies that did not result in a live birth, we would like to request your permission to ask your doctor or other hospital staff more questions about your condition when you came to the hospital, your symptoms, treatment, and other services you received here. I am now going to read to you a consent form asking for your consent to interview your provider about your condition.

**[Interviewer: Begin administering consent form to contact provider. Remember to fill in the interview outcome in 010 on the cover page of the questionnaire. ]**

012    **END TIME**      hr      min

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Prospective Morbidity Survey Process Completion Checklist**

Please verify that each task below has been completed. If you are responsible for the task, add your signature to the corresponding task and date when the activity was completed.

Questionnaire checked for:	Field level				Office level	
	Interviewer	Date	Supervisor	Date	Data entry clerk signature	Date
<b>a. Questionnaire completeness checked</b>						
<b>b. Clear handwriting checked</b>						
<b>c. Appropriate response type checked</b>						
<b>d. Skip patterns properly followed</b>						

**I verify that all of this information is completed.**

Supervisor's signature: \_\_\_\_\_

FIRST DATA ENTRY COMPLETE: \_\_\_\_\_

SECOND DATA ENTRY COMPLETE: \_\_\_\_\_





**PROSPECTIVE MORBIDITY SURVEY IN ZIMBABWE 2016**



**Questionnaire for Provider**

University of Zimbabwe-University of California San Francisco, Zimbabwe Ministry of Health and Child Care, and Guttmacher Institute

Questionnaire ID:   
 (number should be same as patient questionnaire)

**BACKGROUND INFORMATION** **CODES**

Instructions: Please fill out 001-005 before starting the interview with the provider, and 006 and 007 upon completion.

001	Health Facility Name _____	
002	Health Facility Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
003	Date of Admission	<input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YY
004	Date of Discharge	<input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YY
005	Date Patient was Interviewed	<input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YY

006	Outcome of interview:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Interview was completed Patient did not consent to interview Patient did not consent to provider interview Patient could not consent to interview Patient died during care Other - please specify _____
-----	-----------------------	--	--

007	Patient was:	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Near-miss Not near-miss <p style="font-size: small; margin-top: 5px;">The WHO defines "near miss" as a woman who nearly died but survived a complication that occurred during pregnancy or within 42 days of termination of pregnancy.</p>
-----	--------------	--	---

**Section I : CLINICAL INFORMATION (General information, vital signs, vaginal examination, physical examination)**

Instructions: Please fill out Section I in consultation with the provider and the patient's chart.

**GENERAL INFORMATION**

101	Patient was:	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Day patient In-patient: number of nights <input type="text"/> <input type="text"/>
-----	--------------	--	---

102	Presenting complaints: [Interviewer: Circle all that apply]	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Bleeding, blood loss Fever    No. of days of fever before admission (if known) <input type="text"/> <input type="text"/> Pain Other – specify: _____ <input type="text"/> <input type="text"/>
-----	--	--	---

103	Estimated gestational age:	<input type="text"/> <input type="text"/>	Weeks from last menstrual period
	Unknown LMP	<input type="text"/> 96	→ Weeks estimated <input type="text"/> <input type="text"/>

**VITAL SIGNS**

Please record the following vital signs of the client on her arrival for seeking care, using the patient's chart.

104	A. Body temperature (rounded to the tenth decimal point)	<input type="text"/> <input type="text"/> • <input type="text"/> ° C
	B. Pulse rate	<input type="text"/> <input type="text"/> per minute
	C. Systolic blood pressure	<input type="text"/> <input type="text"/> mmHg
	D. Diastolic blood pressure	<input type="text"/> <input type="text"/> mmHg

VAGINAL EXAMINATION FINDINGS ON ARRIVAL TO THE FACILITY FOR THE CURRENT CARE:		
105	Evidence of foreign body in vagina, cervix, or uterus	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
106	On examination, which of the following mechanical injuries did you detect?  <b>[Interviewer: Circle all that apply.]</b>	<input type="checkbox"/> A Cervical laceration <input type="checkbox"/> B Cervical tears <input type="checkbox"/> C Tenaculum bites of the cervix <input type="checkbox"/> D Mechanical injury of uterus <input type="checkbox"/> E Intra-abdominal injury <input type="checkbox"/> F Puncture marks on cervix or vagina <input type="checkbox"/> X No sign of mechanical injury
107	On vaginal examination, did you note offensive or foul smelling products of conceptus?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
PHYSICAL EXAMINATION FINDINGS ON ARRIVAL TO THE FACILITY FOR THE CURRENT CARE:		
108	Did you find any sign of infection on examination?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
109	What complications did you find on examination and investigation?  <b>[Interviewer: Circle all that apply.]</b>	<input type="checkbox"/> A Abdominal/uterine tenderness <input type="checkbox"/> B Pelvic abscess <input type="checkbox"/> C Pelvic peritonitis <input type="checkbox"/> D Generalized peritonitis <input type="checkbox"/> E Uterine perforation <input type="checkbox"/> F Sepsis/septicemia <input type="checkbox"/> G Hemorrhagic shock <input type="checkbox"/> H Hemorrhage <input type="checkbox"/> I Septic shock <input type="checkbox"/> J Purulent discharge <input type="checkbox"/> K Anemia <input type="checkbox"/> L Fever <input type="checkbox"/> X Other: _____  <input type="checkbox"/> Z None
110	Did you note any sign of organ/system failure on examination?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No → Skip to 201
111	What signs of organ/system failure did you find on examination and investigation?  <b>[Interviewer: Circle all that apply.]</b>	<input type="checkbox"/> A Respiratory distress syndrome <input type="checkbox"/> B Renal failure <input type="checkbox"/> C Liver failure <input type="checkbox"/> D Cardiac failure <input type="checkbox"/> E Coma <input type="checkbox"/> F Coagulation defect (DIC) <input type="checkbox"/> X Others (specify) _____

Section II: DIAGNOSIS ON ARRIVAL TO THE FACILITY FOR CURRENT CARE																										
201	Based on your overall assessment of the client and your clinical examination findings, how would you classify the patient's abortion? <b>[Interviewer: Read options and circle the one answer respondent gives.]</b>	<table border="1"> <tr><td>Certainly induced</td><td>1</td></tr> <tr><td>Probably induced</td><td>2</td></tr> <tr><td>Possibly induced</td><td>3</td></tr> <tr><td>Most likely spontaneous</td><td>4</td></tr> <tr><td>Don't know</td><td>96</td></tr> </table>	Certainly induced	1	Probably induced	2	Possibly induced	3	Most likely spontaneous	4	Don't know	96														
Certainly induced	1																									
Probably induced	2																									
Possibly induced	3																									
Most likely spontaneous	4																									
Don't know	96																									
202	The diagnosis is:  <b>[Circle only one response.]</b>	<table border="1"> <tr><td>Inevitable abortion</td><td>1</td></tr> <tr><td>Incomplete abortion</td><td>2</td></tr> <tr><td>Missed abortion</td><td>3</td></tr> <tr><td>Complete abortion</td><td>4</td></tr> <tr><td>Other: (specify) _____</td><td>96</td></tr> </table> <p style="text-align: right;"><b>skip to 304</b></p>	Inevitable abortion	1	Incomplete abortion	2	Missed abortion	3	Complete abortion	4	Other: (specify) _____	96														
Inevitable abortion	1																									
Incomplete abortion	2																									
Missed abortion	3																									
Complete abortion	4																									
Other: (specify) _____	96																									
203	Is the abortion also septic?	<table border="1"> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>2</td></tr> </table>	Yes	1	No	2																				
Yes	1																									
No	2																									
Section III : TREATMENT																										
301	Describe the main procedure that was used in the management of the patient's condition.  <b>[Circle only one response.]</b>  <b>[Only select option 4 (medical abortion or misoprostol) or option 7 (oxytocin) if it was provided as the <u>only</u> procedure given to the patient and not given alongside other treatment.]</b>	<table border="1"> <tr><td>Dilation and curettage (D&amp;C)</td><td>1</td></tr> <tr><td>Manual vacuum aspiration(MVA)</td><td>2</td></tr> <tr><td>Electric vacuum aspiration(EVA)</td><td>3</td></tr> <tr><td>Medical abortion (e.g. misoprostol/Cytotec)</td><td>4</td></tr> <tr><td>Digital Evacuation</td><td>5</td></tr> <tr><td>Forceps Evacuation</td><td>6</td></tr> <tr><td>Oxytocin</td><td>7</td></tr> <tr><td>Evacuation by curettage</td><td>8</td></tr> <tr><td>Other (specify) _____</td><td>96</td></tr> </table>	Dilation and curettage (D&C)	1	Manual vacuum aspiration(MVA)	2	Electric vacuum aspiration(EVA)	3	Medical abortion (e.g. misoprostol/Cytotec)	4	Digital Evacuation	5	Forceps Evacuation	6	Oxytocin	7	Evacuation by curettage	8	Other (specify) _____	96						
Dilation and curettage (D&C)	1																									
Manual vacuum aspiration(MVA)	2																									
Electric vacuum aspiration(EVA)	3																									
Medical abortion (e.g. misoprostol/Cytotec)	4																									
Digital Evacuation	5																									
Forceps Evacuation	6																									
Oxytocin	7																									
Evacuation by curettage	8																									
Other (specify) _____	96																									
302	Where was the evacuation procedure performed?	<table border="1"> <tr><td>Operating theatre</td><td>1</td></tr> <tr><td>General outpatient clinic</td><td>2</td></tr> <tr><td>Outpatient MCH clinic</td><td>3</td></tr> <tr><td>Outpatient gynaecological clinic</td><td>4</td></tr> <tr><td>General surgical ward</td><td>5</td></tr> <tr><td>Gynaecological/Obstetric ward</td><td>6</td></tr> <tr><td>PAC or Emergency Obstetric Unit</td><td>7</td></tr> <tr><td>Female ward</td><td>8</td></tr> <tr><td>Intensive care unit (ICU)</td><td>9</td></tr> <tr><td>Emergency ward</td><td>10</td></tr> <tr><td>Other ward</td><td>96</td></tr> <tr><td>(specify) _____</td><td></td></tr> </table>	Operating theatre	1	General outpatient clinic	2	Outpatient MCH clinic	3	Outpatient gynaecological clinic	4	General surgical ward	5	Gynaecological/Obstetric ward	6	PAC or Emergency Obstetric Unit	7	Female ward	8	Intensive care unit (ICU)	9	Emergency ward	10	Other ward	96	(specify) _____	
Operating theatre	1																									
General outpatient clinic	2																									
Outpatient MCH clinic	3																									
Outpatient gynaecological clinic	4																									
General surgical ward	5																									
Gynaecological/Obstetric ward	6																									
PAC or Emergency Obstetric Unit	7																									
Female ward	8																									
Intensive care unit (ICU)	9																									
Emergency ward	10																									
Other ward	96																									
(specify) _____																										
303	The procedure was performed primarily by:  <b>[Interviewer: Circle only one response.]</b>	<table border="1"> <tr><td>Ob/Gyn</td><td>1</td></tr> <tr><td>Medical Officer/ GP</td><td>2</td></tr> <tr><td>Nurse</td><td>3</td></tr> <tr><td>Midwife</td><td>4</td></tr> <tr><td>Clinical Officer</td><td>5</td></tr> <tr><td>Other (specify) _____</td><td>96</td></tr> </table>	Ob/Gyn	1	Medical Officer/ GP	2	Nurse	3	Midwife	4	Clinical Officer	5	Other (specify) _____	96												
Ob/Gyn	1																									
Medical Officer/ GP	2																									
Nurse	3																									
Midwife	4																									
Clinical Officer	5																									
Other (specify) _____	96																									
304	Was the client provided any pain medication during the evacuation procedure?	<table border="1"> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>2</td></tr> </table> <p style="text-align: right;"><b>→ Skip to 306</b></p>	Yes	1	No	2																				
Yes	1																									
No	2																									

Prospective Morbidity Survey  
Questionnaire for Provider  
August 2016

305	What did the client receive?  <b>[Interviewer: Circle all that apply.]</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 85%;">General anesthesia</td><td style="width: 15%; text-align: center;">A</td></tr> <tr><td>Para cervical LA/ Para Cervical block</td><td style="text-align: center;">B</td></tr> <tr><td>Sedation</td><td style="text-align: center;">C</td></tr> <tr><td>Analgesics</td><td style="text-align: center;">D</td></tr> <tr><td>Other</td><td style="text-align: center;">X</td></tr> <tr><td>(specify) _____</td><td></td></tr> </table>	General anesthesia	A	Para cervical LA/ Para Cervical block	B	Sedation	C	Analgesics	D	Other	X	(specify) _____													
General anesthesia	A																									
Para cervical LA/ Para Cervical block	B																									
Sedation	C																									
Analgesics	D																									
Other	X																									
(specify) _____																										
306	Was the client administered antibiotics during her current visit at this facility?	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 85%;">Yes</td><td style="width: 15%; text-align: center;">1</td></tr> <tr><td>No</td><td style="text-align: center;">2</td></tr> </table> → Skip to 309	Yes	1	No	2																				
Yes	1																									
No	2																									
307	Type of antibiotics given:	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 85%;">Oral only</td><td style="width: 15%; text-align: center;">1</td></tr> <tr><td>IV only</td><td style="text-align: center;">2</td></tr> <tr><td>Combined (oral + IV)</td><td style="text-align: center;">3</td></tr> </table>	Oral only	1	IV only	2	Combined (oral + IV)	3																		
Oral only	1																									
IV only	2																									
Combined (oral + IV)	3																									
308	Who supplied the antibiotics, the facility or the client?	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 85%;">Facility supplied</td><td style="width: 15%; text-align: center;">1</td></tr> <tr><td>Client supplied herself</td><td style="text-align: center;">2</td></tr> <tr><td>Both</td><td style="text-align: center;">3</td></tr> </table>	Facility supplied	1	Client supplied herself	2	Both	3																		
Facility supplied	1																									
Client supplied herself	2																									
Both	3																									
309	Was the client given the following drugs or products during her current visit at this facility?  <b>[Interviewer: Please read out each category, and write a response.]</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 5%;">Y</th> <th style="width: 5%;">N</th> <th style="width: 85%;"></th> </tr> </thead> <tbody> <tr> <td>A</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td>Intravenous fluids</td> </tr> <tr> <td>B</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td>Blood or blood products</td> </tr> <tr> <td>C</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td>Oxytocics (oxytocin or ergometrine)</td> </tr> <tr> <td>D</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td>Misoprostol</td> </tr> </tbody> </table>		Y	N		A	1	2	Intravenous fluids	B	1	2	Blood or blood products	C	1	2	Oxytocics (oxytocin or ergometrine)	D	1	2	Misoprostol				
	Y	N																								
A	1	2	Intravenous fluids																							
B	1	2	Blood or blood products																							
C	1	2	Oxytocics (oxytocin or ergometrine)																							
D	1	2	Misoprostol																							
<b>Section IV: SURGICAL PROCEDURES FOR COMPLICATIONS</b>																										
401	What surgical procedures were performed on the client?  <b>[Interviewer: Circle all that apply]</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 85%;">Hysterectomy</td><td style="width: 15%; text-align: center;">A</td></tr> <tr><td>Salpingectomy</td><td style="text-align: center;">B</td></tr> <tr><td>Abscess drainage</td><td style="text-align: center;">C</td></tr> <tr><td>Repair of cervical tear</td><td style="text-align: center;">D</td></tr> <tr><td>Repair of vaginal tears</td><td style="text-align: center;">E</td></tr> <tr><td>Repair of vulva/perineal tears</td><td style="text-align: center;">F</td></tr> <tr><td>Repair of perforated uterus</td><td style="text-align: center;">G</td></tr> <tr><td>Repair of gut perforation</td><td style="text-align: center;">H</td></tr> <tr><td>Laparotomy</td><td style="text-align: center;">I</td></tr> <tr><td>Other</td><td style="text-align: center;">X</td></tr> <tr><td>(specify) _____</td><td></td></tr> <tr><td>None</td><td style="text-align: center;">Y</td></tr> </table>	Hysterectomy	A	Salpingectomy	B	Abscess drainage	C	Repair of cervical tear	D	Repair of vaginal tears	E	Repair of vulva/perineal tears	F	Repair of perforated uterus	G	Repair of gut perforation	H	Laparotomy	I	Other	X	(specify) _____		None	Y
Hysterectomy	A																									
Salpingectomy	B																									
Abscess drainage	C																									
Repair of cervical tear	D																									
Repair of vaginal tears	E																									
Repair of vulva/perineal tears	F																									
Repair of perforated uterus	G																									
Repair of gut perforation	H																									
Laparotomy	I																									
Other	X																									
(specify) _____																										
None	Y																									
<b>Section V: POSTABORTION CONTRACEPTION</b>																										
501	Was the client counseled on contraception upon discharge?	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 85%;">Yes</td><td style="width: 15%; text-align: center;">1</td></tr> <tr><td>No</td><td style="text-align: center;">2</td></tr> <tr><td>Not discharged yet</td><td style="text-align: center;">3</td></tr> <tr><td>Don't know</td><td style="text-align: center;">98</td></tr> </table>	Yes	1	No	2	Not discharged yet	3	Don't know	98																
Yes	1																									
No	2																									
Not discharged yet	3																									
Don't know	98																									
502	Was the client given modern contraception?	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 85%;">Yes</td><td style="width: 15%; text-align: center;">1</td></tr> <tr><td>No</td><td style="text-align: center;">2</td></tr> <tr><td>Don't know</td><td style="text-align: center;">98</td></tr> </table> → Skip to 504 → Skip to 601	Yes	1	No	2	Don't know	98																		
Yes	1																									
No	2																									
Don't know	98																									
503	Was the client referred elsewhere for modern contraception?	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 85%;">Yes</td><td style="width: 15%; text-align: center;">1</td></tr> <tr><td>No</td><td style="text-align: center;">2</td></tr> </table> → Skip to 601 → Skip to 601	Yes	1	No	2																				
Yes	1																									
No	2																									

Prospective Morbidity Survey  
Questionnaire for Provider  
August 2016

504	<p>Which of the following methods did you offer to the client or her partner?</p> <p><b>[Interviewer: Ask whether respondent offered any of the methods listed and circle all that apply. Then probe by asking:]</b></p> <p>Did you offer them any other methods?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Male condom</td><td style="border: 1px solid black; text-align: center;">A</td></tr> <tr><td style="border-bottom: 1px solid black;">Female condom</td><td style="border: 1px solid black; text-align: center;">B</td></tr> <tr><td style="border-bottom: 1px solid black;">Pills</td><td style="border: 1px solid black; text-align: center;">C</td></tr> <tr><td style="border-bottom: 1px solid black;">Injectables</td><td style="border: 1px solid black; text-align: center;">D</td></tr> <tr><td style="border-bottom: 1px solid black;">Implants</td><td style="border: 1px solid black; text-align: center;">E</td></tr> <tr><td style="border-bottom: 1px solid black;">Intrauterine devices (IUD/IUCD)</td><td style="border: 1px solid black; text-align: center;">F</td></tr> <tr><td style="border-bottom: 1px solid black;">Female sterilization</td><td style="border: 1px solid black; text-align: center;">G</td></tr> <tr><td style="border-bottom: 1px solid black;">Vasectomy</td><td style="border: 1px solid black; text-align: center;">H</td></tr> <tr><td style="border-bottom: 1px solid black;">Other</td><td style="border: 1px solid black; text-align: center;">X</td></tr> <tr><td style="border-bottom: 1px solid black;">(specify) _____</td><td></td></tr> </table>	Male condom	A	Female condom	B	Pills	C	Injectables	D	Implants	E	Intrauterine devices (IUD/IUCD)	F	Female sterilization	G	Vasectomy	H	Other	X	(specify) _____	
Male condom	A																					
Female condom	B																					
Pills	C																					
Injectables	D																					
Implants	E																					
Intrauterine devices (IUD/IUCD)	F																					
Female sterilization	G																					
Vasectomy	H																					
Other	X																					
(specify) _____																						

505	<p>What contraceptive method or methods did the client or her partner receive?</p> <p><b>[Interviewer: Circle all that apply.]</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Male condom</td><td style="border: 1px solid black; text-align: center;">A</td></tr> <tr><td style="border-bottom: 1px solid black;">Female condom</td><td style="border: 1px solid black; text-align: center;">B</td></tr> <tr><td style="border-bottom: 1px solid black;">Pills</td><td style="border: 1px solid black; text-align: center;">C</td></tr> <tr><td style="border-bottom: 1px solid black;">Injectables</td><td style="border: 1px solid black; text-align: center;">D</td></tr> <tr><td style="border-bottom: 1px solid black;">Implants</td><td style="border: 1px solid black; text-align: center;">E</td></tr> <tr><td style="border-bottom: 1px solid black;">Intrauterine devices (IUD/IUCD)</td><td style="border: 1px solid black; text-align: center;">F</td></tr> <tr><td style="border-bottom: 1px solid black;">Female sterilization</td><td style="border: 1px solid black; text-align: center;">G</td></tr> <tr><td style="border-bottom: 1px solid black;">Vasectomy</td><td style="border: 1px solid black; text-align: center;">H</td></tr> <tr><td style="border-bottom: 1px solid black;">Other</td><td style="border: 1px solid black; text-align: center;">X</td></tr> <tr><td style="border-bottom: 1px solid black;">(specify) _____</td><td></td></tr> <tr><td style="border-bottom: 1px solid black;">Not yet discharged</td><td style="border: 1px solid black; text-align: center;">Y</td></tr> <tr><td style="border-bottom: 1px solid black;">Don't know</td><td style="border: 1px solid black; text-align: center;">Z</td></tr> </table>	Male condom	A	Female condom	B	Pills	C	Injectables	D	Implants	E	Intrauterine devices (IUD/IUCD)	F	Female sterilization	G	Vasectomy	H	Other	X	(specify) _____		Not yet discharged	Y	Don't know	Z
Male condom	A																									
Female condom	B																									
Pills	C																									
Injectables	D																									
Implants	E																									
Intrauterine devices (IUD/IUCD)	F																									
Female sterilization	G																									
Vasectomy	H																									
Other	X																									
(specify) _____																										
Not yet discharged	Y																									
Don't know	Z																									

**Section VI: OUTCOME OF CLINICAL MANAGEMENT OF CURRENT CARE**

601	<p>The outcome of current care was:</p> <p><b>[Interviewer: Comment could include the cause of leaving against medical advice or the condition of the woman when she left.]</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Discharged well</td><td style="border: 1px solid black; text-align: center;">1</td></tr> <tr><td style="border-bottom: 1px solid black;">Died</td><td style="border: 1px solid black; text-align: center;">2</td></tr> <tr><td style="border-bottom: 1px solid black;">Still hospitalized</td><td style="border: 1px solid black; text-align: center;">3</td></tr> <tr><td style="border-bottom: 1px solid black;">Left against medical advice</td><td style="border: 1px solid black; text-align: center;">4</td></tr> <tr><td style="border-bottom: 1px solid black;">(comment) _____</td><td></td></tr> <tr><td style="border-bottom: 1px solid black;">Referred to another facility</td><td style="border: 1px solid black; text-align: center;">5</td></tr> <tr><td style="border-bottom: 1px solid black;">(specify) _____</td><td></td></tr> </table>	Discharged well	1	Died	2	Still hospitalized	3	Left against medical advice	4	(comment) _____		Referred to another facility	5	(specify) _____	
Discharged well	1															
Died	2															
Still hospitalized	3															
Left against medical advice	4															
(comment) _____																
Referred to another facility	5															
(specify) _____																

602	<p>How long did the client stay in the facility for care?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Less than 12 hours</td><td style="border: 1px solid black; text-align: center;">1</td></tr> <tr><td style="border-bottom: 1px solid black;">12 to 24 hrs</td><td style="border: 1px solid black; text-align: center;">2</td></tr> <tr><td style="border-bottom: 1px solid black;">More than 24 hours</td><td style="border: 1px solid black; text-align: center;">3</td></tr> </table>	Less than 12 hours	1	12 to 24 hrs	2	More than 24 hours	3
Less than 12 hours	1							
12 to 24 hrs	2							
More than 24 hours	3							

**CONCLUDING STATEMENT**

**This is the end of my questions, and I want to thank you for your help on this important project.**

Commentary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prospective Morbidity Survey  
Questionnaire for Provider  
August 2016

<b>DATA QUALITY CHECK</b>						
<b>Please verify that each task below has been completed. If you are responsible for the task, add your code to the corresponding task and date when the activity was completed.</b>						
	Field level				Office level	
Questionnaire checked for:	Interviewer signature	Date	Supervisor signature	Date	Data entry clerk signature	Date
<b>a. Completeness</b>						
<b>b. Clear handwriting</b>						
<b>c. Appropriate response type</b>						
<b>d. Skip patterns properly followed</b>						
<b>I verify that all of this information is completed.</b>						
Supervisor's signature: _____						
FIRST DATA ENTRY COMPLETE: _____						
SECOND DATA ENTRY COMPLETE: _____						