# **Research Instrument Cover Sheet**

# Titles of the research instruments:

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

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

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

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

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

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

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

# Sources and citations/ previous history of instrument use:

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

- General Information, current use of family planning, continuation, informed decision making from the Demographic Health Survey <a href="http://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm#CP\_JUMP\_16179">http://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm#CP\_JUMP\_16179</a>
- Client satisfaction with provider from the PMA2020 and Quick Investigation of Quality (QIQ) A User's Guide for Monitoring Quality of Care in Family Planning. MEASURE

- Evaluation Manual Series, No. 2. MEASURE Evaluation. Carolina Population Center, University of North Carolina at Chapel Hill. February 2001.
- Contraceptive Discontinuation: A One-Year Follow-Up Study of Female Reversible Method Users in Urban Honduras [Internet]. Contraceptive Discontinuation: A One-Year Follow-Up Study of Female Reversible Method Users in Urban Honduras MEASURE Evaluation. Available from: <a href="https://www.measureevaluation.org/resources/publications/sr-08-46">https://www.measureevaluation.org/resources/publications/sr-08-46</a>
- Health Workers' (2014) Women's VOICES: A Tool to Measure Governance Outcomes in Sexual, Reproductive & Maternal Health Programs. Copyright 2014 Cooperative for Assistance and Relief Everywhere, Inc. (CARE). Used by Permission.

	Cohort Stud	y - New Contraceptive Users Intake Interview	ITS page 1/10 V1 (18 Jun 2018)
Project ID	Centre ID	Facility ID Subject ID	Screen ID
A 6 5 8 9 6 Pa	rticipant ID	]-	
1. Date of current interview:  2. Language of interview:  1 = English 2 = Akan 3 = Kiswahili 4 = Other 2a) If "Other", specify:  3. Type of service delivery point interview took place: 1 = Regional/Provincial Hospital 2 = District Hospital 3 = Health Centre/Clinic 4 = Health Post (Community-Interview)	tal	8. Now I would like you to read this some card to client. If client can sentence, probe "Can you read a sentence to me?"  1 = Cannot read at all 2 = Able to read only part of the sentence 4 = No card with required languates = Blind/visually impaired  9. Do you consider yourself to have sentence or physical impairment? 1 = Yes 2 = No skip to Q11  10. If "Yes", specify which one:	not read the whole any part of the sentence
4 = Health Post (Community-l Planning Services, Ghana) 5 = Maternal/Child Health Cli 6 = Dispensary (Tanzania) 7 = Other 3a) If "Other", specify:		1 = Yes 2 = No 10a) Prescription glasses 10b) Bedridden/wheelchair 10c) Medical problem 10d) Psychiatric 10e) Limb deformity 10f) Other	
<ul> <li>4. Ensured privacy and confident for the interview: <ol> <li>1 = Yes</li> <li>2 = No</li> </ol> </li> <li>5. Record time at the start of the using a 24 hour clock: <ol> <li>5a) Hour:</li> <li>5b) Minute:</li> </ol> </li> </ul>		If "Other"= "Yes", specify:  10fs1)  10fs2)  10fs3)	
MODULE 1 - BACKGROUND 6. How old were you on your last 7a. What is the highest level of so have completed?  Probe: Did you complete primar	t birthday? (years)	11. What is your current relationship  1 = Living with partner  2 = Living with partner most of th  3 = Not living with partner  4 = No partner  5 = Other  11a) If "Other", specify:	
1 = No formal schooling 2 = Some primary school 3 = Completed primary school 4 = Some secondary school 5 = Completed secondary sch 6 = Any tertiary education 7 = No answer 7b. How many years of education completed in total, starting fro primary, secondary and furthe	n have you (years)	12. What is your current marital stat  1 = Currently married  2 = Never married  3 = Widowed  4 = Separated  5 = Divorced  6 = Other  12a) If "Other", specify:	cus?

# **Cohort Study - New Contraceptive Users** ITS page 2/10 Intake Interview V1 (18 Jun 2018) Project ID Centre ID Facility ID Subject ID Screen ID A 6 5 8 9 6 Participant ID 13. Do you usually work throughout the year, 18. Who usually makes decisions about your healthcare? seasonally, only once in a while, or not at all? 1 = Throughout the year 1 = You alone 2 = Seasonally/part of the year 2 = Your husband/partner 3 = Once in a while 3 = You and your husband/partner 4 = Not at all skip to Q18 4 = Mother-in-Law or Father-in-Law 5 = Mother or father 13a) For this work, are you paid in cash, 6 = Other in kind, or are you not paid at all? 1 = Cash only 18a) If "Other", specify: 2 = Cash and in kind 3 = In kind only 4 = Not Paid 19. What is your ethnic group? 14. What is your occupation? That is, 01 = Akan what kind of work do you mainly do? 02 = Ga/Dangme 01 = Currently not working 03 = Ewe02 = Subsistence farmer 04 = Guan 03 = Commercial farmer 05 = Mole-Dagbani 04 = Housewife 06 = Grussi 05 = Laborer 07 = Gruma 06 = Domestic worker/maid 08 = Mande 07 = Trader/Hawker/Vendor (informal business) 09 = Mnyakyusa 08 = Owns formal business 10 = Mkinga 09 = Professional (lawyer, accountant, etc) 11 = Mbena 10 = Armed services/Police/Security 12 = Mhehe 11 = Other 13 = Mgogo 14a) If "Other", specify: 14 = Mchagga 15 = Msukuma 16 = Mpogoro 17 = Mndamba 18 = Other 15. In the past year, how many months did you work? (months) 19a) If "Other", specify: 16. On average, how much did you earn per month? (In Ghana cedi for Ghana facilities and in Tanzania shilling for Tanzania facilities) 20. What is your religion? 1 = Catholic 17. Who usually decides how the money 2 = Protestant you earn will be spent? 3 = Evangelical 1 = You alone 4 = Muslim 2 = Your husband/partner 5 = No religion 6 = Traditionalist 3 = You and your husband/partner 4 = Mother-in-Law or Father-in-Law 7 = Other 5 = Mother or father 6 = Other 21. How many times have you been pregnant? 17a) If "Other", specify: If "0", skip to Q26

	Cohort Stu	udy - New Contraceptive Users	I <b>TS</b> page 3/10
		make merview	V1 (18 Jun 2018)
Project ID	Centre ID	Facility ID Subject ID	Screen ID
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7. 0 0 0 0 0	. crospancis		
22. How many times have you ever 22a) Number of deliveries If "0", skip to Q24  22b) Number of live births If "0", skip to Q24  23. How many living sons and da		29. Which method was that? (Input most recent method. If responde mentions more than one recent input the one that appears higher 01 = Female sterilization 02 = Male sterilization 03 = IUD 04 = Injectables 05 = Implants	ent method,
you have?		06 = Pill	
23a) Sons: 23b) Daughters:		07 = Male Condom 08 = Female condom 09 = Emergency contraception	
24. If you have been pregnant, he you at your first pregnancy?	ow old were	10 = Standard days method 11 = Lactational amenorrhea me 12 = Rhythm method 13 = Withdrawal	thod
<ul><li>25. If you have been pregnant, w pregnancies planned?</li><li>1 = None were planned</li><li>2 = Some were planned</li></ul>	skip to Q26	14 = Other 29a) If "Other", specify:	
3 = Yes all were planned 25a) If "Some were planned how many were planned 26. Do you want to have any/mo or would you prefer not to ha	re children	30. When did you stop using your m  Probe: provide the Day N  best estimation of the date if you are not sure.	ost recent method? Month Year
	p to Q28 p to Q28 pregnant?	31. What was the most important refor stopping (your most recent most important refor stopping (your most recent most important most important imp	nethod)? ay on ng ut ed
MODULE 2 - PAST USE OF F	AMILY PLANNING	09 = Health concerns	
Read out: "I would like to ask you		10 = Fear of side effects	
the times you or your partner ma		11 = Lack of access to services/to	oo far
to avoid getting pregnant durin	=	12 = Costs too much	
28. Have you ever used a family period or tried in any way to or avoid getting pregnant?  1 = Yes 2 = No skip to Q32	olanning	13 = Inconvenient to use 14 = Fatalistic 15 = Difficult to get pregnant/me 16 = Interferes with normal funct 17 = Religious reasons 18 = Don't know 19 = Other 31a) If "Other", specify:	

	Cohort Stud	y - New Contraceptive Users Intake Interview	ITS page 4/10 V1 (18 Jun 2018)
Project ID A 6 5 8 9 6 Pa	Centre ID rticipant ID	Facility ID Subject ID	Screen ID
MODULE 3 - FAMILY PLANNING READ OUT: "Now I would like to the family planning services you 32. What was the main reason for visit today?  1 = Family planning 2 = Labor and delivery 3 = Postnatal care 4 = Child health & immunizat 5 = HIV testing or counseling 6 = Post-abortion care 7 = Other	ask you about I received today." or your	34a) Only family planning metho 34b) Together with another regulation planning method 34c) Only for unsafe period of new family planning method 34d) Occassionally 34e) Will never used condoms 34f) Other 34fs) If "Other"= "Yes", specification of the second of the secon	ew regular
32a) If "Other", specify:		35. Why did you choose to use this of planning method (highest method in Q33)?  **Record Yes "1" to all reasons mentions."	od mentioned
READ OUT: "I would like to ask y about your current use of family 33. What method are you initiating Record Yes "1" to all method and No "2" if not mentioned 1 = Yes 2 = No 33a) Female sterilization 33b) Male sterilization 33c) IUD 33d) Injectables 33e) Implants 33f) Pill 33g) Male condom 33h) Female condom 33h) Female condom 33i) Emergency contraception 33j) Standard days method 33k) Lactational amenorrhea 33l) Other modern method	planning." ng (starting)? s mentioned	and No "2" if not mentioned  1 = Yes  2 = No  35a) Used method before  35b) Fewer side effects  35c) Easy to obtain  35d) Convenience  35e) Able to hide use from other  35f) Doctor recommended  35g) Friend recommended  35h) Family member recommend  35i) Partner approved  35j) Other  35js) If "Other"= "Yes", specification of the second o	ded
33I) Other modern method 33Is) If "Other modern me  33x. Date you initiated the method 1 = Before the intake interview 2 = During the intake interview 33xs) If "Before the intake interview", specify:  34. (Respond only if Q33g or/and How do you intend to use to the Record all responses 1 = Yes 2 = No.	w Skip to Q34  Month Year  1 33h = "Yes") he condom?	current family planning method (highest method mentioned in Q3  1 = You alone 2 = Provider 3 = Husband/partner 4 = You and provider 5 = You and husband/partner 6 = No response 7 = Other 36a) If "Other", specify:	3)?

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Project ID	Centre ID	Facility ID Subject ID	Screen ID
<u>  A   6   5   8   9   6  </u> Pa	rticipant ID	-   -	
37. Were you ever told by a heal planning worker about other family planning that you coul 1 = Yes 2 = No Skip to Q39  38. If the health provider told yo family planning methods, wh 1 = Yes 2 = No 38a) Female sterilization 38b) Male sterilization 38c) IUD 38d) Injectables 38e) Implants 38f) Pill 38g) Male condom 38i) Emergency contraception 38j) Standard days method 38k) Lactational amenorrhea 38l) Rhythm method 38m) Withdrawal 38n) Other 38ns) If "Other" = "Yes" , s  **READ OUT: "I would like to ask you the health provider that you was a Unsure 4 = No response  40. Would you refer your relative friend to this provider /facilities 1 = Yes 2 = No 3 = Unsure 4 = No response  41. During today's visit, did you of family planning method you wavoid getting pregnant? 1 = Yes skip to 2 = No 3 = No response skip to 3 = No response	methods of d use?  u about other ich method were they?  method  pecify:  u some questions about ou just consulted  vider?  botain the wanted to delay or  a Q43	42.Why didn't you obtain the methor you wanted?  1 = Method out of stock  2 = Method not available at all  3 = Provider not trained to provider recommended a diff of the provider recommended a diff of the provider recommended a diff of the provider explain to you have a pon't know of the method you just decided did the provider explain to you have a pon't remember of the provider describe possible of the provider tell you what to have any problems?  1 = Yes  2 = No  3 = Don't know  4 = Don't remember  45. For the method you just decided did the provider tell you what to have any problems?  1 = Yes  2 = No  3 = Don't know  4 = Don't remember  46. For the method you just decided did the provider explain whether method provides protection again and the provides protection again an	de the method ferent method  I to accept, ow to use  I to accept, do if you  I to accept, do if you

## **Cohort Study - New Contraceptive Users** ITS page 6/10 Intake Interview V1 (18 Jun 2018) Project ID Centre ID Facility ID Subject ID Screen ID A 6 5 8 9 6 Participant ID 47. Did the healthcare provider give you a 54. When meeting with the provider during chance to ask questions? your visit, do you think other clients could 1 = Yes hear what you said? 2 = Noskip to Q49 1 = Yes 3 = No response skip to Q49 2 = No 3 = Don't know 48. Did the healthcare provider respond to any questions that you asked? 55. Do you believe that the information that 1 = Yes you shared about yourself with the 2 = Noprovider will be kept confidential? 1 = Yes 49. Was there anything from your consultation 2 = Nothat you didn't understand? 3 = Don't know 1 = Yes 2 = Noskip to Q52 56. Do you believe that you were treated well by other staff? 50. Did you ask the provider to explain 1 = Yes the part that you didn't understand? 2 = No1 = Yes skip to Q52 3 = Don't know 2 = No 4 = No response 5 = There was no other staff 51. Why did you not ask for the provider to explain? 1 = Yes 2 = No 57. About how long did you wait between the time you first arrived at this clinic and 51a) Not enough time 51b) Was uncomfortable asking provider the time you saw a staff person for a family 51c) I can ask someone else planning consultation? 51d) Other 1 = <15 minutes If "Other"= "Yes", specify: 2 = 16-30 minutes3 = 31-45 minutes 4 = 46-60 minutes 51ds1) 5 = 61-90 minutes 51ds2) 6 = 91-120 minutes7 = >120 minutes 51ds3) 8 = Don't know READ OUT: "I would like to ask you some questions 58. Do you feel that your waiting time about the services that you received." was reasonable? 1 = Did not wait 52. Did you have a pelvic exam during 2 = Reasonable/short your visit today? 3 = Too long 1 = Yes4 = Don't know 2 = Noskip to Q54 59. Do you believe that the health facility is clean? 53. Did you have enough privacy during 1 = Yes your exam? 2 = NoProbe: Clients or staff, other than those caring 3 = Don't know for you, could not see you. 1 = Yes 2 = No3 = Don't know

	Cohort Study	- New Contraceptive Users Intake Interview	ITS page 7/10 V1 (18 Jun 2018)
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Module 4 - DECISION-MAKII  READ OUT: "The next few quest are about the people you talk to and how you make decisions on the  60. In the last few months, have your family planning use with 1 = Yes 2 = No skip to Q62	cions in this interview about family planning e use of family planning" you discussed	64. (Ask only if under 18 years) Does parent/guardian know that you a starting a family planning methor 1 = Yes 2 = No 3 = No parent/guardian 4 = Emancipated 5 = Married 6 = Don't know	ire
61. If you discussed family planni with whom did you discuss? <b>Record all persons mentioned</b> 1 = Yes 2 = No		65. (Ask only if under 18 years) In gedoes your parent/guardian support decision to start a family planning 1 = Yes 2 = No	rt your
61a) Husband/partner 61b) Mother 61c) Father 61d) Sister(s) 61e) Brother(s) 61f) Daughter(s) 61g) Son(s) 61h) Mother-in-law or Father 61i) Friend(s)/neighbour(s) 61j) Health Worker(s) 61k) Pharmacist(s) 61l) Other		66. In the last few months, have you any health concerns or family plaside effects with any one?  1 = Yes 2 = No skip to Q69  67. If you have discussed health conplanning side effects, with whom Record all persons mentioned. Page 1 = Yes 2 = No 67a) Husband/partner	cerns or family add you discuss?
62. Does your husband/partner k you are starting a family plann 1 = Yes 2 = No	now that ning method?  skip to Q64  d/partner	67b) Mother 67c) Father 67d) Sister(s) 67e) Brother(s) 67f) Daughter(s) 67g) Son(s) 67h) Mother-in-law or Father-in- 67i) Friend(s)/neighbour(s) 67j) Health Worker(s) 67k) Pharmacist(s) 67l) Other  67ls) If "Other"= "Yes", specif	

Project ID  A 6 5 8 9 6  Participant ID  Centre ID  Facility ID Subject ID		Cohort Study	- New Contraceptive Users Intake Interview	<b>ITS</b> page 8/10 V1 (18 Jun 2018)
health concerns were discussed with these friends or family members?  Record all mentioned. Probe: Anyone else?  1 = Yes  COMMUNITY AND PROVIDER DRIVEN SOCIAL  ACCOUNTABILITY INTERVENTION  "The last few questions in this interview are about your knowledge and/or exposure to the research project			Facility ID Subject ID -	Screen ID
2 = No 68a) Irregular bleeding 68b) Spotting 68c) Period does not come 68c) Gero much bleeding 68c) Weight loss 68c) Beroid does not come 68c) Weight loss 68c) Beroid spotting 68c) Weight loss 68c) Beroid spotting 68c) Meight gain 68c) Meight loss 68c) Beroid spotting 68c) Meight gain 68c) Meight g	health concerns were discussed friends or family members?  Record all mentioned. Probest 1 = Yes 2 = No 68a) Irregular bleeding 68b) Spotting 68c) Period does not come 68d)Too much bleeding 68e) Weight gain 68f) Weight loss 68g) Facial spotting 68h) Headaches 68i) Abdominal pain 68j) Infection(s) 68k) Nausea/Vomiting 68l) Dizziness 68m) Other  68ms) If "Other" = "Yes"  69. How important is it to you to menstrual bleeding? 1 = Very important 2 = Somewhat important 3 = Not important 3 = Not important 3 = Not important 3 = Not important 3 = Yes 2 = No  70. Why is regular menstrual bleed 1 = Yes 2 = No  70a) It's the way the body is not good to keep that 70c) It's a way of knowing that not pregnant 70d) Changes in menstrual flow 70e) Too bothersome/too und 70f) Not sure/don't know 70g) Other	## Anyone else?  ## Anyone else.  ## Any	COMMUNITY AND PROVIDER DE ACCOUNTABILITY INTERN  "The last few questions in this interve knowledge and/or exposure to the that we are conducting or other sin through the facility or in the second that we are conducting or other sin through the facility or in the second to this health facility about family planning services?  1 = Yes 2 = No Skip to Q75  72. If you are aware of any activities are you aware of? Record all responses are you aware of any activities are you aware of? Record all responses are you aware of any activities are you aware of? Record all responses are you aware of any activities are you aware of? Record all responses are you aware of? Record all responses are you aware of? Record all responses are you aware of any activities are you aware of? Record all responses are you aware of any activities are you aware of? Record all responses are you aware of any activities are you aware of an	priven social view are about your research project milar interventions are district."  where edback y, which ones conses  social  include inized by GII) ?

Project ID A 6 5 8 9 6 Par	Cohort Study  Centre ID  rticipant ID	- New Contraceptive Users Intake Interview  Facility ID Subject ID	ITS page 9/10 V1 (18 Jun 2018) Screen ID
74. If you have been involved in a specify which activities:  **Record all responses**  1 = Yes  2 = No  74a) Suggestion boxes  74b) Client exit interview  74c) Satisfaction survey  74d) Health committee  74e) Client provider dialogue  74f) Community monitoring a accountability  74g) Inter-sectoral collaboration accountability  74g) If Q74f= "Yes", did the meetings or activities of Ghana Integrity Initiative (Ghana)/Sikika (Tanzana 1 = Yes  2 = No  74hs) If Q74h/Other= "Yes  75. Have you been interviewed by researcher from Population Collaboration Collabor	and social  on  is include rganized by e (GII) hia)?  ", specify: y a ouncil ute	76a) If "Yes", does the subject ag answer some more questions 1 = Yes 2 = No If "No", record Q77, Q78, the then stop the interview! If "Yes", continue the intervie.  77. Supervisor check list completed: 1 = Yes 2 = No  78. Record time at the end of the minterview using a 24 hour clock: 78a) Hour:  78b) Minute:  Repeat Interview (For every 10th participed) 20, 30, or the next one in case the 10th of the end of the minterview (For every 10th participed) 1 = No formal schooling 2 = Some primary school 3 = Completed primary school 4 = Some secondary school 5 = Completed secondary school 6 = Any tertiary education 7 = No answer	ank the participant  ew.  (hh)
Identifying repeat intervious /Ending the interview!  76. Is the subject eligible for repearable (i.e. Subject ID 10, 20, 30, of in case Subject 10th refused)  1 = Yes 2 = No  If "No", record Q77, Q78, in then stop the interview!	erview eat interview?		

	Cohort Study	y - New Contraceptive Users Intake Interview	ITS page 10/10 V1 (18 Jun 2018)
Project ID	Centre ID	Facility ID Subject ID	Screen ID
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80. What is your ethnic group?  01 = Akan  02 = Ga/Dangme  03 = Ewe  04 = Guan  05 = Mole-Dagbani  06 = Grussi  07 = Gruma  08 = Mande  09 = Mnyakyusa  10 = Mkinga  11 = Mbena  12 = Mhehe  13 = Mgogo  14 = Mchagga  15 = Msukuma  16 = Mpogoro  17 = Mndamba  18 = Other  80a) If "Other", specify:	<b></b>	83. Would you return to this provided  1 = Yes  2 = No  3 = Unsure  4 = No response  84. For the method you just decided did the provider describe possibled to the provider describe possibled to the provider describe possibled to this health facility about family planning services?  1 = Yes  2 = No  86. Are you aware of any activities we community members provide feet to this health facility about family planning services?  1 = Yes  2 = No	d to accept, le side effects?  d discussed y one?
or avoid getting pregnant? 1 = Yes		END THE INTERVIEW. THANK TH	IE PARTICIPANT
2 = No		FOR THEIR TIME.	
82. What method are you initiati  Record Yes "1" to all method  and No "2" if not mentioned		Check that the contact details reco	
1 = Yes 2 = No 82a) Female sterilization 82b) Male sterilization 82c) IUD 82d) Injectables 82e) Implants 82f) Pill 82g) Male condom 82h) Female condom 82i) Emergency contraception 82j) Standard days method 82k) Lactational amenorrhea 82l) Other modern method		Interviewer's name:	Signature:
82ls) If "Other modern me	ethod"= "Yes", specify:	Date: Day N	Month Year

#### **Cohort Study** CUI page 1/6 **New Contraceptive Users** V1 (02 Jul 2018) Check-up Interview **Project ID** Centre ID Facility ID Subject ID Screen ID A 6 5 8 9 6 Participant ID Record Yes "1" to all methods mentioned, No "2" if 1. Date of current Month not mentioned, Probed "3" if using the calendar, Day Year and Probe but still don't remember "4" interview: 3 = Probed 1 = Yes 4 = Probed but still don't remember 2. Can the interview be completed? 2 = No 1 = Yes skip to Q3 7a) Female sterilization 2 = No7b) Male sterilization 7c) IUD 2a) If "No", specify the reason why: 7d) Injectables 1 = Unreachable despite 3 attempts 7e) Implants 7f) Pill 2 = Withdrawal due to privacy concerns 3 = Withdrawal due to inconvenience of 7g) Male condom interview time 7h) Female condom 4 = withdrawal with no reason given 7i) Emergency contraception 5 = Other7j) Standard days method 2as) If "other", specify: 7k) Lactational amenorrhea method 7l) Other modern method 7ls) If "Other modern method"= "Yes", specify: **END THE QUESTIONNAIRE!** 3. Language of interview: 1 = English 8. (Respond only if Q7g or/and 7h = "Yes") For the past 6 months, how did you use condoms? 2 = Akan3 = Kiswahili 1 = Yes 2 = No 4 = Other 8a) Only family planning method 3a) If "Other", specify: 8b) Together with another regular family planning method 8c) Only for unsafe period of new regular family planning method 4. Record the method of interview: 8d) Occassionally 1 = Face-to-face at the health clinic 8e) Never used condoms 8f) Other 2 = Telephonic Interview skip to Q5 8fs) If "Other"= "Yes", specify: 4a) Ensured privacy and confidentiality for the interview: 1 = Yes 2 = No9. Are you currently using the same family 5. Calendar for participant identified planning method that you were using at the and ready for use: time of the intake interview 2 = No 1 = Yes 1 = Yes 2 = No Skip to Q11 6. Record time at the start of the interview using a 24 hour clock: 10. Have you used this family planning method 6a) Hour: continuously over the past 6 months, (hh) 6b) Minute: (mm) without interruption, until today? 1 = Yes Skip to Q28 **UPDATE ON FAMILY PLANNING USE** 2 = No If "Yes", go to the Calendar, mark the appropriate 7. Which method did you initiate/start during the with the letter code corresponding to the method intake interview? used for every month since the intake interview.

Project ID         Centre           A 6 5 8 9 6         Participant ID	Cohort Study  New Contraceptive Users  Check-up Interview  Facility ID Subject ID  -	CUI page 2/6 V1 (02 Jul 2018) Screen ID
11. When did you stop using the family planning method you initiated during the intake interview (for the first time)?  (Note: For women who became pregnant while using their method this is the date that they became pregnant Probe: provide the best estimation of the date if you are not sure.  Go to the Calendar, mark the appropriate with the letter code corresponding to the method used for every month since the intake interview until the month its use was stopped then continue with the following questions.  12. Please tell me all of the reasons why you stopped using this family planning method? Probe: Please be as specific as possible. Record Yes "1" to all reasons mentioned and No "2" if not mentioned.  1 = Yes 2 = No 12a) Infrequent sex/husband away 12b) Marital dissolution/separation 12c) Missed appointment 12d) Became pregnant while using	13. What was the most important re you stopped using this method?  01 = Infrequent sex/husband aw 02 = Marital dissolution/separat 03 = Missed appointment 04 = Became pregnant while usi 05 = Wanted to become pregnan 06 = Husband/partner disapprov 07 = Wanted more effective methods and wailable 09 = Medical reasons 10 = Health concerns 11 = Fear of side effects 12 = Lack of access to services/to 13 = Costs too much 14 = Inconvenient to use 15 = Fatalistic 16 = Difficult to get pregnant/methods 17 = Interfrers with normal funcing 18 = Religious reasons 19 = Don't know 20 = No response 21 = Other 13a) If "Other", specify:	ray ion  ng nt red thod
12e) Wanted to become pregnant 12f) Husband/partner disapproved 12g) Wanted more effective method 12h) Method not available 12i) Medical reasons 12j) Health concerns 12k) Fear of side effects 12l) Lack of access to services/too far 12m) Costs too much 12n) Inconvenient to use 12o) Fatalistic 12p) Difficult to get pregnant/menopausal 12q) Interfrers with normal functioning of the body 12r) Religious reasons 12s) Don't know 12t) No response 12u) Other 12us) If "Other"= "Yes", specify:	3= Don't remember sk  14a) Who initiated the conversa stopping the use of this meth 1 = You 2 = Health care provider 3 = Don't remember  14b) Did you return to the same you went during the intake in 1 = Yes	uring the re provider stop using it?  ip to Q15 ip to Q15 tion about nod?

Project ID	Centre	New Co Chec	ohort Study ntraceptive Users k-up Interview acility ID Subject ID	CUI page 3/6 V1 (02 Jul 2018) Screen ID
A 6 5 8 9 6 Pa	rticipant ID		-	
14c) Did you return to the sar provider that you consulte intake interview?  1 = Yes  2 = No  15. Did you discuss stopping the method you initiated during to interview with your husband/ before you made the decision of the stopping the use of this moderate and the stopping the use of the stopping the use of the stopping the use of this moderate and the stopping the use of the use	family planning he intake /partner noto stop using it?  skip to Q15b skip to Q16  rsation about ethod?  Inter know that his method?  Inter knew I was using family planning he intake uardian noto stop using it?		17. Have you used any family planning since you stopped using the family method you initiated during the (Including if you started using the state of the calendar, for each month stopped. Ask: Did you use a method month, no method, or were you prewhat method did you use? CONTIN 17a) What method(s) did you sweethe one you initiated during the state of the calendar of the one you initiated during the state of the calendar of the one you initiated during the state of the one you initiated during the one you initiated during the one you initiated during the state of the one you initiated during the you initiated during the one you initiated	illy planning intake interview? ame method again)  th after the method was I of contraception this gnant in this month? UE THE INTERVIEW  itch to after stopping he intake interview?
2 = No 3 = No parent/guardian 4 = No (over 18 years old)	skip to Q16c skip to Q17 skip to Q17			
16a) If "Yes", specify who:		_    _	switch to this method? (Ask for their best estimation if they	Month Year
16b) Who initiated the conve stopping the use of this m 1 = You 2 = Parent/guardian 3 = Don't remember 16c) Does your parent/guardi you have stopped using th 1 = Yes 2 = No 3 = Parent/guardian never 4 = Don't know	ethod?  an know that [ is method?		cannot remember)  18. Are you currently using a family method or trying in any way to d avoid getting pregnant?  1 = Yes skip to Q22  2 = No  If "yes", go to to the calendar, for the method was stopped. Ask: win this months? THEN CONTINUE FOLLOWING QUESTIONS.	elay or or each month after vere you pregnant

Project ID   A   6   5   8   9   6   Pa	New Che	Cohort Study Contraceptive Users eck-up Interview Facility ID Subject ID	CUI page 4/6 V1 (02 Jul 2018) Screen ID
19. Do you plan on using a family method again at some point in a yes and a year of the point in	n the future?  21 21 21 22 3	21m) Interfrers with normal function of the body 21n) Religious reasons 21o) Don't know 21p) Other  21ps) If "Other"= "Yes", specion  22. (Only if Q18 is Yes and Q9 is No. Which family planning method(s currently using? Record Yes "1" to all methods mand No "2" if not mentioned 1 = Yes 2 = No 22a) Female sterilization 22b) Male sterilization 22c) IUD 22d) Injectables 22e) Implants 22f) Pill 22g) Male Condom 22h) Female condom 22h) Female condom 22j) Standard days method 22k) Lactational amenorrhea me 22l) Rhythm method 22m) Withdrawal 22n) Other 22ns) If "Other"= "Yes", specion	fy:
and No "2" if not mentioned  1 = Yes  2 = No  21a) Infrequent sex/husband 21b) Marital dissolution/sepa 21c) Became pregnant while 21d) Wanted to become preg 21e) Husband/partner disapp 21f) Health concerns 21g) Fear of side effects 21h) Lack of access to service 21i) Costs too much 21j) Inconvenient to use 21k) Fatalistic 21l) Difficult to get pregnant/	away ration using nant roved s/too far	23. Since when have you used your current family planning method without interruption?  (Answer should match what is in	Month Year

	New	Cohort Study  Contraceptive Users eck-up Interview	<b>CUI</b> page 5/6 V1 (02 Jul 2018)
Project ID	Centre ID	Facility ID Subject ID	Screen ID
	rticipant ID		
24. Why did you choose to use the family planning method?  **Record 1 = "Yes" to all reason and 2 = "No" if not mentione* 1 = Yes 2 = 24a) Used method before 24b) Fewer side effects 24c) Easy to obtain 24d) Convenience 24e) Able to hide use from ot 24f) Doctor recommended 24g) Friend recommended 24h) Family member recommended 24h) Family member recommended 24j) Other  24js) If "Other"= "Yes", specification of the last segional provincial Hospital 3 = Health Centre/Clinic 4 = Health Post (Community-Planning Services, Ghana) 5 = Maternal/Child Health Cline 6 = Dispensary (Tanzania) 7 = Other 25a) If "Other", specify:  26. Was it the same facility where you for the intake interview? 1 = Yes 2 = No 3 = Don't remember	hers ended ecify:  our current est time? cal caseed Health	27. Who made the decision to use to current family planning method of 1 = You alone 2 = Provider 3 = Husband/partner 4 = You and provider 5 = You and husband/partner 6 = No response 7 = Other  27a) If "Other", specify:  Identifying repeat interview /Ending the int	participant iew interview? he next one  ink the participant gree to ? ink the participant ew.

		Cohort Study	CUI		
		Contraceptive Users	page 6/6		
	Ch	V1 (02 Jul 2018)			
Project ID	Centre ID	Facility ID Subject ID	Screen ID		
A 6 5 8 9 6 Pa	rticipant ID				
Repeat Interview (For every 10th par		COMMENTS:			
20, 30, or the next one in case the	ne 10th Subject refused)				
31. Which method did you initiat	e/start during the				
intake interview?	o, otal t dal 6 t 6	<u> </u>			
Record Yes "1" to all method	s mentioned, No "2" if				
not mentioned, Probed "3" if	_				
and Probe but still don't rem	ember "4"				
1 = Yes					
2 = No					
3 = Probed					
4 = Probed but still don't rem	ember				
210) Formala eta ville ette u					
31a) Female sterilization	$\vdash$				
31b) Male sterilization 31c) IUD	H				
31d) Injectables	$\vdash$				
31e) Implants	$\vdash$				
31f) Pill	H				
31g) Male condom	H				
31h) Female condom					
31i) Emergency contraception	, H				
31j) Standard days method	П				
31k) Lactational amenorrhea	method				
31l) Other modern method					
31ls) If "Other modern method"= "Yes", specify:					
32. Are you currently using the s	ame family				
planning method that you we	re using at the				
time of the intake interview					
1 = Yes					
2 = No					
22.4	.,				
33. Are you currently using a fam					
method or trying in any way t	o delay of				
avoid getting pregnant? 1 = Yes					
1 = Yes 2 = No					
Z - NU					
END THE INTERVIEW. THANK THE PARTICIPANT		Investigator's name:	Signature:		
FOR THEIR TI					
Check that the contact details reco	•	Date:	Month Voss		
Confirm the date and time of th	ie next appointments.	Day Date:	Month Year		

# **Cohort Study** FUI **New Contraceptive Users** page 1/14 V2 (21 Jan 2019) **Follow Up Interview Project ID Centre ID** Facility ID Subject ID Screen ID | A | 6 | 5 | 8 | 9 | 6 | Participant ID 1. Date of current Day Month Year 8. Please tell me all the reasons why you interview: stopped going to that facility? Record Yes "1" to all reasons mentioned 2. Can the interview be completed? and No "2" if not mentioned. 1 = Yes skip to Q3 **Probe: Any other reasons?** 2 = No 1 = Yes2a) If "No", specify the reason why: 2 = No1 = Unreachable despite 3 attempts 8a) Difficult to reach 2 = Withdrawal due to privacy concerns 8b) Cannot make appointments 3 = Withdrawal due to inconvenience of 8c) Opening times not convenient interview time 8d) Waiting times too long 4 = withdrawal with no reason given 8e) Stock outs of methods 5 = Other8f) Reception staff not friendly 2as) If "other", specify: 8g) No privacy in waiting room 8h) Health provider not friendly **END THE QUESTIONNAIRE!** 8i) Health provider not competent 8j) Moved out of area 3. Language of interview: 8k) Better services in other facility 1 = English 8I) Other 2 = Akan8ls) If "Other"= "Yes", specify: 3 = Kiswahili 4 = Other 3a) If "Other", specify: 9. Do you consider yourself to have a disability 4a. Record the method of interview: or physical impairment? 1 = Face-to-face at the health clinic 1 = Yes 2 = Face-to-face at the respondent's home 2 = No skip to Q10 4b. Ensured privacy and confidentiality If "Yes", specify which one: for the interview: 1 = Yes1 = Yes 2 = No 2 = No9a) Prescription glass 5. Calendar for participant identified 9b) Bedridden/wheelchair and ready for use: 9c) Medical problem 1 = Yes 2 = No9d) Psychiatric 9e) Limb deformity 6. Record time at the start of the interview 9f) Other If "Other" = "Yes", specify: using a 24 hour clock: 6a) Hour: (hh) 9fs1) \_\_\_\_\_ 6b) Minute: (mm) **MODULE 1: DEMOGRAPHIC UPDATE** 9fs2) \_\_\_\_\_ 7. Are you still attending the same clinic as the one 9fs3) you attended during the intake interview (where we interviewed you for the first time. Check the calendar for the date, if needed)? 1 = Yes skip to Q9 2 = No

## **Cohort Study** FUI page 2/14 **New Contraceptive Users** Follow Up Interview V2 (21 Jan 2019) Project ID Centre ID Facility ID Subject ID Screen ID A 6 5 8 9 6 Participant ID 10. What is your current relationship status? 14. In the past year, how many months 1 = Living with partner did you work? (months) 2 = Living with partner most of the time 3 = Not living with partner 15. On average, how much 4 = No partner did you earn per month? 5 = Other (In Ghana cedi for Ghana facilities and in 10a) If "Other", specify: Tanzania shilling for Tanzania facilities) 11. What is your current marital status? 16. Who usually decides how the money 1 = Currently married you earn will be spent? 2 = Never married 1 = You alone 3 = Widowed 2 = Your husband/partner 4 = Separated 3 = You and your husband/partner 4 = Mother-in-Law or Father-in-Law 5 = Divorced 6 = Other 5 = Mother or father 11a) If "Other", specify: 6 = Other16a) If "Other", specify: 12. Do you usually work throughout the year, seasonally, only once in a while, or not at all? 1 = Throughout the year 2 = Seasonally/part of the year 17. Who usually makes decisions about 3 = Once in a while your healthcare? 4 = Not at all skip to Q17 1 = You alone 2 = Your husband/partner 12a) For this work, are you paid in cash, in kind, 3 = You and your husband/partner or are you not paid at all? 4 = Mother-in-Law or Father-in-Law 1 = Cash only 5 = Mother or father 2 = Cash and in kind 6 = Other 3 = In kind only 17a) If "Other", specify: 4 = Not Paid 18. I would like to ask you about any pregnancies 13. What is your occupation? That is, what kind of work do you mainly do? you may have had since the intake interview. 01 = Currently not working Have you been pregnant at any time since 02 = Subsistence farmer the intake interview (the first interview that 03 = Commercial farmer we had at the facility. Check the calendar 04 = Housewife for the date, if needed)? 05 = Laborer 1 = Yes06 = Domestic worker/maid 2 = Noskip to Q29 07 = Trader/Hawker/Vendor (informal business) 08 = Owns formal business 19. How many pregnancies did you have 09 = Professional (lawyer, accountant, etc) since the intake interview and the current 10 = Armed services/Police/Security date? (number of pregnancies including 11 = Other pregnancies that did not end in a live birth) 13a) If "Other", specify: 20. Were you using a family planning method when you became pregnant the first time since the intake interview? 1 = Yes 2 = Noskip to Q22

#### **Cohort Study** FUI page 3/14 **New Contraceptive Users** Follow Up Interview V2 (21 Jan 2019) **Project ID** Centre ID Facility ID Subject ID Screen ID A 6 5 8 9 6 Participant ID 21. What family planning method were you using 25. When was the baby born? at the time you became pregnant? Probe: provide the Day Month Year Record Yes "1" to all methods mentioned best estimation of and No "2" if not mentioned the date if you are Check the calendar not sure. 1 = Yes 26. Is the baby still alive? 2 = No1 = Yes 2 = No skip to Q28 21a) Female sterilization 27. Are you currently breastfeeding? 21b) Male sterilization 2 = No 21c) IUD 1 = Yes 21d) Injectables 21e) Implants 28. Are you pregnant now? 21f) Pill 1 = Yes 2 = No 21g) Male Condom Module 2: SIDE EFFECTS AND FAMILY PLANNING USE UPDATE 21h) Female condom 21i) Emergency contraception 29. Which method did you initiate/start during the 21j) Standard days method intake interview? 21k) Lactational amenorrhea method Record Yes "1" to all methods mentioned, No "2" if not mentioned, Probed "3" if using the calendar, 21I) Rhythm method 21m) Withdrawal and Probe but still don't remember "4" 1 = Yes 3 = Probed21n) Other 21ns) If "Other"= "Yes", specify: 2 = No 4 = Probed but still don't remember 29a) Female sterilization 29b) Male sterilization 29c) IUD 22. The first time you became pregnant since 29d) Injectables the intake interview (since our first interview. 29e) Implants Check calendar for date, if needed), did you 29f) Pill want to become pregnant then, did you want 29g) Male condom to wait until later, or did you not want 29h) Female condom to have any (more) children? 29i) Emergency contraception 1 = At that time 29j) Standard days method skip to Q23 2 = Later29k) Lactational amenorrhea method 29I) Other modern method 3 = Not at allskip to Q23 29ls) If "Other modern method"= "Yes", specify: 22a) If later, how much longer would you have liked to have waited? (Number of months) 23. Did any of the pregnancies since the intake 30. Did you use condom in the last 6 months interview end in a miscarriage, abortion since the check-up interview? or childbirth 1 = Yes 2 = No skip to Q31 1 = Yes 2 = NoIf "Yes", how did you use the condoms in the 24. Did you give birth at any time since last 6 months (since the check-up interview)? the intake interview to the current date 1 = Yes 2 = No(including if the baby was born alive but did not survive)? 30a) Only family planning method 30b) Together with another regular family 1 = Yes2 = Noskip to Q28 planning method

#### **Cohort Study** FUI page 4/14 **New Contraceptive Users** Follow Up Interview V2 (21 Jan 2019) **Project ID** Centre ID Facility ID Subject ID Screen ID A 6 5 8 9 6 Participant ID 30c) Only for unsafe period of new regular 34. Did these side effects interfere with your family planning method daily activities? 1 = Yes 30d) Occassionally 2 = No30e) Never used condoms 30f) Other 35. How tolerable did you feel the side 30fs) If "Other"= "Yes", specify: effects were: tolerable, somewhat tolerable, or not at all tolerable? 1 = Tolerable 2 = Somewhat tolerable 31. Did you experience any side effects while 3 = Not at all tolerable using the family planning method you initiated during the intake interview? 36. Did you do, or try to do, anything 1 = Yesabout the side effects? 1 = Yes 2 = Noskip to Q38 2 = No skip to Q38 32. What side effects did you experience 37. What did you do about the side effects? using the family planning method that 2 = Noyou iniated during the intake interview? 37a) Self-medicated/took home remedies Record Yes "1" to all side effects mentioned 37b) Went to clinic/saw a health worker and No "2" if not mentioned. 37c) Sought advice from friend/family member 37d) Sought advice from husband/partner 1 = Yes2 = No37e) Switched method 37f) Stopped using 37g) Other 32a) Irregular bleeding 37gs) If "Other"= "Yes", specify: 32b) Spotting 32c) Period did not come 32d) Too much bleeding 32e) Weight gain 38. Are you currently using the same family 32f) Weight loss 32g) Facial spotting planning method that you were using at the 32h) Headaches time of the intake interview 32i) Abdominal pain 1 = Yes 2 = NoSkip to Q40 32j) Infection(s) 32k) Nausea/vomiting 39. Have you used this family planning method 32I) Dizziness continuously over the past 12 months, 32m) Other without interruption, until today? 32ms) If "Other"= "Yes", specify: 1 = Yes skip to Q67 2 = No40. When did you stop using the family planning 33. Have you ever been informed by a health method you initated during the intake care or family planning provider that you interview (for the first time)? Skip to Q46 could experience these problems/side effects 1 = Before check-up interview with the use of this family planning method? 2 = After check-up interview 1 = Yes 2 = No40a) If "After check-up interview", specify date: 3 = Don't remember Probe: provide the Day Month Year best estimation of the date if you are not sure.

#### **Cohort Study** FUI page 5/14 **New Contraceptive Users** Follow Up Interview V2 (21 Jan 2019) **Project ID** Centre ID Facility ID Subject ID Screen ID A 6 5 8 9 6 Participant ID 41. Please tell me all of the reasons why you 16 = Difficult to get pregnant/menopausal stopped using this family planning method? 17 = Interfers with normal functioning of the body Probe: Please be as specific as possible. 18 = Religious reasons Record 1 = "Yes" to all reasons mentioned 19 = Don't know and 2 = "No" if not mentioned. 20 = Other1 = Yes 42a) If "Other", specify: 2 = No41a) Infrequent sex/husband away 41b) Marital dissolution/separation 41c) Missed appointment 43. Did you discuss stopping the family 41d) Became pregnant while using planning method you initiated during the 41e) Wanted to become pregnant intake interview with a healthcare provider 41f) Husband/partner disapproved before you made the decision to stop using it? 41g) Wanted more effective method 1 = Yes 41h) Method not available 2 = Noskip to Q44 41i) Medical reasons 3= Don't remember skip to Q44 41j) Health concerns 43a) Who initiated the conversation about 41k) Fear of side effects 41I) Lack of access to services/too far stopping the use of this method? 41m) Costs too much 1 = You41n) Inconvenient to use 2 = Health care provider 41o) Fatalistic 3 = Don't remember 41p) Difficult to get pregnant/menopausal 43b) Did you return to the same facility where 41q) Interfers with normal functioning of the body you went during the intake interview? 41r) Religious reasons 1 = Yes 41s) Don't know 2 = Noskip to Q44 41t) Other 41ts) If "Other"= "Yes", specify: 43c) Did you return to the same healthcare provider that you consulted during the intake interview? 1 = Yes 42. What was the most important reason 2 = Noyou stopped using this method? 01 = Infrequent sex/husband away 44. Did you discuss stopping the family planning 02 = Marital dissolution/separation method you initiated during the intake interview with your husband/partner 03 = Missed appointment 04 = Became pregnant while using before you made the decision to stop using it? 05 = Wanted to become pregnant 1 = Yes 06 = Husband/partner disapproved 2 = Noskip to Q44b 07 = Wanted more effective method 3 = No husband/partner skip to Q45 08 = Method not available 44a) Who initiated the conversation about 09 = Medical reasons stopping the use of this method? 10 = Health concerns 11 = Fear of side effects 1 = You 12 = Lack of access to services/too far 2 = Husband/partner 13 = Costs too much 3= Don't remember 14 = Inconvenient to use 15 = Fatalistic

#### **Cohort Study** FUI page 6/14 **New Contraceptive Users** V2 (21 Jan 2019) Follow Up Interview **Project ID** Centre ID Facility ID Subject ID Screen ID A 6 5 8 9 6 Participant ID 44b) Does your husband/partner know that 46ai) Emergency contraception you have stopped using this method? 46aj) Standard days method 1 = Yes 46ak) Lactational amenorrhea method 2 = No46al) Rhythm method 3 = Husband/partner never knew I was using 46am) Withdrawal 4 = Don't know 46an) Other 46ans) If "Other"= "Yes", specify: 45. Did you discuss stopping the family planning method you initiated during the intake interview with a relative/your guardian before you made the decision to stop using it? 46b. When did you Day Month Year 1 = Yesswitch to this 2 = Noskip to Q45c method? (Ask for 3 = No relative/guardian skip to Q46 their best estimation if they 45a) If "Yes", specify who they are: cannot remember) Go to to the calendar, for each month after the method was stopped. Ask: Did you use a method of contraception 45b) Who initiated the conversation about this month, no method, or were you pregnant in this month? What method did you use? stopping the use of this method? **CONTINUE THE INTERVIEW** 1 = You 2 = Relative/guardian 3 = Don't remember 47. Are you currently using a family planning 45c) Does your relative/guardian know that method or trying in any way to delay or you have stopped using this method? avoid getting pregnant? 1 = Yes 1 = Yes skip to Q51 2 = No2 = No3 = Relative/guardian never knew I was using 4 = Don't know 48. Do you plan on using a family planning method again at some point in the future? 46. Have you used any family planning method 1 = Yes since you stopped using the family planning 2 = Noskip to Q50 method you initiated during the intake interview? 3 = Don't know skip to Module 3 - Q87 (Including if you started using the same method again) 49. What method(s) do you think you will use? Check the calendar 1 = Yes (before check-up interview) skip to Q47 Record Yes "1" to all methods mentioned and No "2" if not mentioned 2 = Yes (after check-up interview) skip to Q48 3 = No1 = Yes49a) Female sterilization 46a) What method(s) did you switch to after stopping 49b) Male sterilization the one you initiated during the intake interview? 49c) IUD 1 = Yes 2 = No49d) Injectables 46aa) Female sterilization 49e) Implants 46ab) Male sterilization 49f) Pill 46ac) IUD 49g) Male Condom 49h) Female condom 46ad) Injectables 46ae) Implants 49i) Emergency contraception 46af) Pill 49j) Standard days method 46ag) Male Condom 49k) Lactational amenorrhea method 46ah) Female condom

# **Cohort Study** FUI **New Contraceptive Users** page 7/14 **Follow Up Interview** V2 (21 Jan 2019) **Project ID** Screen ID **Centre ID** Facility ID Subject ID | A | 6 | 5 | 8 | 9 | 6 | Participant ID 49I) Rhythm method 51h) Female condom 49m) Withdrawal 51i) Emergency contraception 49n) Other 51j) Standard days method 49ns) If "Other"= "Yes", specify: 51k) Lactational amenorrhea method 51I) Rhythm method 51m) Withdrawal skip to Module 3 - Q87 51n) Other 51ns) If "Other"= "Yes", specify: 50. Why do you think you will not use a family planning method again at some point in the future? Record Yes "1" to all reasons mentioned and No "2" if not mentioned 1 = Yes2 = No52. Since when have you Day Month Year 50a) Infrequent sex/husband away used your current 50b) Marital dissolution/separation family planning method without interruption? (Probe using calendar) 50c) Became pregnant while using 50d) Wanted to become pregnant 50e) Husband/partner disapproved 53. Where did you go to obtain your current family 50f) Health concerns planning method the last time? 50g) Fear of side effects 1 = Regional/Provincial Hospital 50h) Lack of access to services/too far 2 = District Hospital 50i) Costs too much 3 = Health Centre/Clinic 50j) Inconvenient to use 4 = Health Post (Community-based Health 50k) Fatalistic Planning Services, Ghana) 50I) Difficult to get pregnant/menopausal 5 = Maternal/Child Health Clinic 50m) Interfrers with normal functioning 6 = Dispensary (Tanzania) of the body 7 = Other 50n) Religious reasons 53a) If "Other", specify: 50o) Don't know 50p) Other 50ps) If "Other"= "Yes", specify: 54. Was it the same facility where we interviewed you for the intake interview? 1 = Yes2 = Noskip to Module 3 - Q87 3 = Don't remember 51. (Only if Q47= Yes) 55. Do you experience any side effects with Which family planning method(s) are you currently using? your current family planning method? 1 = Yes Record Yes "1" to all methods mentioned and No "2" if not mentioned 2 = No Skip to Q63 1 = Yes 2 = No51a) Female sterilization 56. What side effects do you experience? 51b) Male sterilization Record Yes "1" to all side effects mentioned 51c) IUD and No "2" if not mentioned 51d) Injectables 1 = Yes 51e) Implants 2 = No51f) Pill 56a) Irregular bleeding 51g) Male Condom 56b) Spotting

# **Cohort Study** FUI page 8/14 **New Contraceptive Users** Follow Up Interview V2 (21 Jan 2019) **Project ID** Centre ID Facility ID Subject ID Screen ID A 6 5 8 9 6 Participant ID 56c) Period does not come 62. If Yes, what do you do about the side effects? 56d) Too much bleeding Record Yes "1" to all actions mentioned 56e) Weight gain and No "2" if not mentioned 56f) Weight loss 1 = Yes 2 = No56g) Facial spotting 62a) self-medicate/take home 56h) Headaches remedies 56i) Abdominal pain 62b) go to clinic/see a health worker 56j) Infection(s) 62c) seek advice from friend/family member 56k) Nausea/vomiting 62d) seek advice from husband/partner 56l) Dizziness 62e) plan to switch method 56m) Other 62f) plan to stop using method 62g) Other 56ms) If "Other"= "Yes", specify: 62gs) If "Other"= "Yes", specify: 57. Have you ever been informed by a health care or family planning provider that you 63. Why did you choose to use this current family could experience these problems with planning method? the use of your current family planning method? Record Yes "1" to all reasons mentioned 1 = Yesand No "2" if not mentioned 2 = No 2 = No1 = Yes 3 = Don't remember 63a) Used method before 63b) Fewer side effects 58. Do the side effects interfere with 63c) Easy to obtain your daily activities? 63d) Convenience 1 = Yes63e) Able to hide use from others 2 = No63f) Doctor recommended 63g) Friend recommended 63h) Family member recommended 59. Do the side effects interfere with your personal relationships with your husband/partner? 63i) Partner approved 63i) Other 1 = Yes2 = No63js) If "Other"= "Yes", specify: 3 = No husband/partner 60. How tolerable do you feel the side effects are? 1 = Tolerable 2 = Somewhat tolerable 64. Who made the decision to use this 3 = Not at all tolerable current family planning method? 1 = You alone 61. Do you do, or try to do, anything about 2 = Provider the side effects? 3 = Husband/partner 1 = Yes 4 = You and provider 2 = No Skip to Q63 5 = You and husband/partner 6 = No response 7 = Other 64a) If "Other", specify:

#### **Cohort Study** FUI page 9/14 **New Contraceptive Users** Follow Up Interview V2 (21 Jan 2019) **Project ID** Centre ID Facility ID Subject ID Screen ID A 6 5 8 9 6 Participant ID 65. Were you ever told by a health or family 70. During that visit, did you obtain the method planning worker about other methods of you wanted to delay or avoid getting pregnant? family planning that you could use? 1 = Yes skip to Q72 1 = Yes 2 = No2 = NoSkip to Q67 3 = No response skip to Q72 66. If the health provider told you about other 4 = Not applicable skip to Q72 family planning methods, which method were they? 1 = Yes 2 = No71. Why didn't you obtain the family 66a) Female sterilization planning method you wanted? 1 = Yes 66b) Male sterilization 2 = No66c) IUD 71a) Method out of stock 66d) Injectables 71b) Method not available at all 66e) Implants 71c) Provider not trained to provide the method 66f) Pill 71d) Provider recommended a different method 66g) Male condom 71e) Not eligible for method 66h) Female condom 71f) Decided not to adopt a method 66i) Emergency contraception 71g) Too costly 66j) Standard days method 71h) No response 66k) Lactational amenorrhea method 71i) Other 66I) Rhythm method 66m) Withdrawal 71is) If "Other"= "Yes", specify: 66n) Other 66ns) If "Other"= "Yes", specify: 72. Did the healthcare provider give you a chance to ask questions? 1 = Yes 67. Have you returned to the facility where you 2 = No skip to Q74 received your family planning method at the 3 = No response skip to Q74 intake interview at least once in the last 12 months? Check the facility of the intake interview in the log. 73. Did the healthcare provider respond to any questions that you asked? 1 = Yes 1 = Yes 2 = No Skip to Q87 2 = No 68. During your return visit to the facility, were you told what to do if you experienced 74. Was there anything from your consultation side effects or problems? that you didn't understand? 1 = Yes 2 = No1 = Yes2 = Noskip to Q77 69. During that visit, who made the final decision about what method you got? 75. Did you ask the provider to explain the 1 = You alone part that you didn't understand? 2 = Provider 1 = Yes skip to Q77 3 = Husband/partner 2 = No 4 = You and provider 5 = You and husband/partner 6 = No response 7 = Other 69a) If "Other", specify:

## **Cohort Study** FUI **New Contraceptive Users** page 10/14 V2 (21 Jan 2019) Follow Up Interview **Project ID** Centre ID Facility ID Subject ID Screen ID | A | 6 | 5 | 8 | 9 | 6 | Participant ID 76. Why did you not ask for the provider to explain? 83. Do you believe that you were treated 1 = Yes 2 = Nowell by other staff? 1 = Yes 76a) Not enough time 2 = No76b) Was uncomfortable asking provider 3 = Don't know 76c) I can ask someone else 4 = No response 76d) Other 5 = There was no other staff If "Other"= "Yes", specify: 84. About how long did you wait between 76ds1) the time you first arrived at this clinic and the time you saw a staff person for a family 76ds2) planning consultation? 1 = <15 minutes 2 = 16-30 minutes76ds3) 3 = 31-45 minutes 77. Would you return to this provider? 4 = 46-60 minutes1 = Yes 5 = 61-90 minutes 6 = 91-120 minutes 2 = No3 = No response 7 = >120 minutes 8 = Don't know 78. Would you refer your relative or friend to this provider/facility? 85. Do you feel that your waiting time was 1 = Yes reasonable? 2 = No1 = Did not wait 3 = No response 2 = Reasonable/short 3 = Too long 79. Did you have a pelvic exam during your 4 = Don't know visit that day? 1 = Yes 86. Do you believe that the health facility is clean? 2 = NoSkip to Q81 1 = Yes 2 = No80. Did you have enough privacy during your exam? 3 = Don't know 1 = Yes 2 = No **MODULE 3: PREGNANCY MOTIVATIONS UPDATE** 3 = Don't know Check question 28 to see if respondent is currently pregnant If pregnant, skip to Q93 81. When meeting with the provider during 87. (Ask only if respondent is not pregnant) your visit, do you think other clients could hear what you said? Do you want to have a/another child, or 1 = Yes would you prefer not to have any/more children? 2 = No1 = Want to have a/another child 3 = Don't know 2 = Says she cannot get pregnant skip to Q89 3 = Prefer not to have more children skip to Q89 82. Do you believe that the information that 4 = Undecided/don't know skip to Q89 you shared about yourself with the provider will be kept confidential? 88. How long would you like to wait from now before the birth of 1 = Yes (number of months)

another child?

2 = No

3 = Don't know

# **Cohort Study** FUI page 11/14 **New Contraceptive Users** Follow Up Interview V2 (21 Jan 2019) Project ID Centre ID Facility ID Subject ID Screen ID A 6 5 8 9 6 Participant ID 89. Does your husband/partner want to have 95. After the birth of the child you are another child within the next two years? expecting now, would your husband/partner like to have another child? 1 = Yes 2 = No1 = Yes 3 = No husband/partner 2 = No4 = Don't know 3 = No husband/partner 4 = Don't know 90. Who has the ultimate say in your household **Module 4. DECISION-MAKING ENVIRONMENT** about the number of children you and your husband/partner should have? 1 = You alone 96. In the last 12 months, have you discussed 2 = Your husband/partner your family planning use with any one? 3 = You and your husband/partner 1 = Yes 4 = Mother-in-Law or Father-in-Law 2 = No skip to Q98 5 = Mother or Father 6 = Other97. If you have discussed your family planning 90a) If "Other", specify: use with others, with whom did you discuss? Probe: Anyone else? 1 = Yes 2 = No 97a) Husband/partner 91. In the next few weeks, if you discovered that you were pregnant, would that be a big 97b) Mother problem, a small problem, or no problem for you? 97c) Father 1 = Big problem 97d) Sister(s) 2 = Small problem 97e) Brother(s) 3 = No problem 97f) Daughter(s) 97g) Son(s) 97h) Mother-in-law or Father-in-law 92. Why do you think it would be a big problem, small problem, or no problem if you discovered 97i) Friend(s)/neighbor(s) that you were pregnant in the next few weeks? 97j) health worker(s) 97k) Pharmacist(s) 97I) Other 97ls) If "Other"= "Yes", specify: 93. (Ask only if respondent is currently pregnant, 98. Does your husband/partner know that Q28 = "yes"). After the child you are currently you were using a family planning method expecting, would you like to have another child, or in the last 12 months? would you prefer not to have any more children? 1 = Yes1 = Want to have a/another child 2 = No2 = Prefer not to have more children 3 = No husband/partner skip to Q95 skip to Q100 3 = Undecided/Don't know skip to Q95 4 = Don't know skip to Q100 94. After the birth of the child you are 99. In general, does your husband/partner expecting now, how long would (number of months) support your use of modern family planning method in the last 12 months? you like to wait before the birth of another child? 1 = Yes 2 = No

# **Cohort Study** FUI page 12/14 **New Contraceptive Users** Follow Up Interview V2 (21 Jan 2019) **Project ID** Centre ID Facility ID Subject ID Screen ID A 6 5 8 9 6 Participant ID 100. Does your parent/guardian know that 104. What family planning method side effects or health concerns were discussed with others? you were using a family planning method in the last 12 months? 1 = Yes 1 = Yes 2 = No2 = No3 = No parent/guardian 104a) Irregular bleeding skip to Q102 4 = Emancipated 104b) Spotting 5 = Married 104c) Period did not come 6 = Don't know skip to Q102 104d) Too much bleeding 7 = Over 18 years old 104e) Weight gain 104f) Weight loss 101. In general, does your parent/guardian support 104g) Facial spotting your use of modern family planning method in 104h) Headaches the last 12 months? 104i) Abdominal pain 1 = Yes 104j) Infection(s) 2 = No104k) Nausea/vomiting 104l) Dizziness 102. Since the intake interview, have you 104m) Other discussed any health concerns or family 104ms) If "Other"= "Yes", specify: planning side effects with anyone? 1 = Yes 2 = No skip to 107 105. How important is it to you to have regular 103. If you have discussed health concerns or menstrual bleeding: very important, family planning side effects with others, with somewhat important, or not important? whom did you discuss with? 1 = Very important 1 = Yes2 = No2 = Somewhat important skip to Q107 3 = Not important 103a) Husband/partner 4 = Don't know skip to Q107 103b) Mother 103c) Father 106. Why is regular menstrual bleeding 103d) Sister(s) important to you? 103e) Brother(s) 103f) Daughter(s) 1 = Yes 2 = No103g) Son(s) 103h) Mother-In-Law or Father-in-law 106a) It's the way the body is meant to be 103i) Friend(s)/neighbor(s) 106b) It's not good to keep that blood inside 103j) Health Worker(s) 106c) It's a way of knowing that 103k) Pharmacist(s) I'm not pregnant 103I) Other 106d) Changes in menstrual flow 106e) Too bothersome/too uncomfortable 103ls) If "Other"= "Yes", specify: 106f) Not sure/don't know 106g) Other 106gs) If "Other"= "Yes", specify:

Project ID A 6 5 8 9 6 Participant ID Participant ID Screen ID  Module 5. EXPOSURE TO/KNOWLEDGE OF COMMUNITY AND PROVIDER DRIVEN SOCIAL ACCOUNTABILITY INTERVENTION  107. Are you aware of any activities where community members provide feedback to this health facility about family planning services?  1 = Yes  Centre ID Facility ID Subject ID  109  110g) Inter-sectoral collaboration 110h) Other  110fs) If Q110f= "Yes", did this include meetings or activities organized by Ghana Integrity Initiative (GII)		Cohort Study  New Contraceptive Users		<b>FUI</b> page 13/14		
Module 5. EXPOSURE TO/KNOWLEDGE OF COMMUNITY AND PROVIDER DRIVEN SOCIAL ACCOUNTABILITY INTERVENTION  107. Are you aware of any activities where community members provide feedback to this health facility about family planning services? 1 = Yes  Participant ID		Follow Up Interview		V2 (21 Jan 2019)		
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INTERVENTION  107. Are you aware of any activities where community members provide feedback to this health facility about family planning services?  1 = Yes  110h) Other  110fs) If Q110f= "Yes", did this include meetings or activities organized by Ghana Integrity Initiative (GII)	AND PROVIDER DRIVEN SOCI	CCOUNTABILITY	110g) Inter-sectoral collaboration	n 🗆		
community members provide feedback to this health facility about family planning services?  1 = Yes  110fs) If Q110f= "Yes", did this include meetings or activities organized by Ghana Integrity Initiative (GII)	INTERVENTI		I — — I			
community members provide feedback to this health facility about family planning services?  1 = Yes  110fs) If Q110f= "Yes", did this include meetings or activities organized by Ghana Integrity Initiative (GII)	107. Are you aware of any activit	vhere		<u> </u>		
to this health facility about family planning services? meetings or activities organized by  1 = Yes Ghana Integrity Initiative (GII)			110fs) If Q110f= "Yes", did thi	s include		
1 = Yes Ghana Integrity Initiative (GII)			· —			
	•	0				
∠ = 100	2 = No Skip to Q109		(Ghana)/Sikika (Tanzania)?			
	2 - 110 Skip to Q103		1 = Yes 2 = No			
108. If you are aware of any activity,	108 If you are aware of any activ			,		
which one are you aware of:  110hs) If Q110h/Other= "Yes", specify:	·		110hs) If O110h/Other- "Ves'	' specify:		
1 = Yes 2 = No	•		11013/11 Q11011/Other= 103 / specify.			
1 - 165 2 - 110	1 - 165 2 - 110					
100c) Currenties house	100-) Comparting house		-			
108a) Suggestion boxes		$\vdash$				
	108b) Client exit interview					
	108c) Satisfaction survey		_			
	108d) Health committee		111. Is the subject eligible for repeat interview?			
	108e) Client provider dialogue		(i.e. Subject ID 10, 20, 30, or the next one			
108f) Community monitoring and social in case Subject 10th refused)	108f) Community monitoring	social	in case Subject 10th refused)			
accountability 1 = Yes	accountability		1 = Yes			
108g) Inter-sectoral collaboration	108g) Inter-sectoral collabora		2 = No			
108h) Other If "No", record Q112, Q113, thank the participant	108h) Other		If "No", record Q112, Q113, thank the participant			
then stop the interview!			then stop the interview!			
108fs) If Q108f= "Yes", did this include	108fs) If Q108f= "Yes", did this include					
meetings or activities organized by 111a) If "Yes", does the subject agree to	,		111a) If "Yes", does the subject a	gree to		
ll ———————————————————————————————————			answer some more questions?			
(Ghana) /Sikika (Tanzania)?			·			
1 = Yes 2 = No	· · · · · · · · · · · · · · · · · · ·					
2 = No If "No", record Q112, Q113, thank the participant						
then stop the interview!				mank the participant		
108hs) If Q108h/Other= "Yes", specify:  If "Yes", continue the interview.	109hs) If O109h/Othor= ""	cnocify	11	0.47		
108113/11 Q10811/Ottlet = Tes , specify   If Tes , continue the interview.	ew.					
112 Curaricar shock list completed.			112 Cupomicar shock list completes	ı.		
112. Supervisor check list completed:			11	۸. 🗀		
1 = Yes	100 Have very been involved in					
109. Have you been involved in any of 2 = No	·	' <u></u>	Z = NO			
these activities?						
1 = Yes 113. Record time at the end of the main						
2 = No Skip to Q111 interview using a 24 hour clock:	2 = No Skip to Q		-			
113a) Hour: (hh)			113a) Hour:	(hh) [		
110. If you have been involved in any activity,		activity,				
specify which activities: 113b) Minute: (mm)			113b) Minute:	(mm)		
Record all responses	Record all responses					
1 = Yes Repeat Interview (For every 10th participant, i.e. Subject ID 10,	1 = Yes					
2 = No  20, 30, or the next one in case the 10th Subject refused)	2 = No	-	20, 30, or the next one in case the 10	Oth Subject refused)		
110a) Suggestion boxes	110a) Suggestion boxes					
110b) Client exit interview 114. Are you still attending the same clinic as			114. Are you still attending the same	e clinic as		
110c) Satisfaction survey the one you attended during the intake interview	110c) Satisfaction survey		the one you attended during the	· · · · · · · · · · · · · · · · · · ·		
110d) Health committee (where we interviewed you for the first time.						
	110e) Client provider dialogue		Check the calendar for the date, if needed)?			
110f) Community monitoring and social 1 = Yes 2 = No	-	social	11	,		
accountability	-					

# **Cohort Study** FUI page 14/14 **New Contraceptive Users Follow Up Interview** V2 (21 Jan 2019) **Project ID Centre ID** Facility ID Subject ID Screen ID | A | 6 | 5 | 8 | 9 | 6 | Participant ID 115. Who usually makes decisions about 122. Who has the ultimate say in your house your healthcare? about the number of children you and your husband/partner should have? 1 = You alone 2 = Your husband/partner 1 = You alone 3 = You and your husband/partner 2 = Your husband/partner 4 = Mother-in-Law or Father-in-Law 3 = You and your husband/partner 5 = Mother or father 4 = Mother-in-Law or Father-in-Law 6 = Other 5 = Mother or Father 115a) If "Other", specify: 6 = Other 122a) If "Other", specify: 116. I would like to ask you about any pregnancies you may have had since the intake interview. 123. In the last 12 months, have you discussed your family planning use with any one? Have you been pregnant at any time since the intake interview (the first interview that 1 = Yes we had at the facility. Check the calendar 2 = Nofor the date, if needed)? 1 = Yes124. Since the intake interview, have you 2 = Nodiscussed any health concerns or family 117. Did you experience any side effects while planning side effects with anyone? 1 = Yes using the family planning method you initiated during the intake interview? 2 = No1 = Yes 2 = No125. Are you aware of any activities where community members provide feedback 118. Are you currently using the same family to this health facility about family planning method that you were using at the planning services? time of the intake interview 1 = Yes1 = Yes 2 = No2 = No119. Have you returned to the facility where you received your family planning method at the END THE INTERVIEW. THANK THE PARTICIPANT FOR THEIR TIME. intake interview at least once in the last 12 months? Check that the contact details recorded are still up to date. Check the facility of the intake interview in the log. **COMMENTS:** 1 = Yes2 = No120. During that visit, did you obtain the method you wanted to delay or avoid getting pregnant? 1 = Yes 2 = No 3 = No response 4 = Not applicable