

**Health Results Based Financing Impact Evaluation
Rwanda
FOLLOW-UP SURVEY 2013
Female Questionnaire**

HOUSEHOLD CODE	
Baseline household.....1	
New household.....2	

PROVINCE NAME	PROVINCE CODE

DISTRICT NAME	DISTRICT CODE	

SECTOR	SECTOR CODE	

GPS COORDINATES OF HOUSEHOLD									
ALTITUDE (meters)									
LATITUDE (SOUTH)			.						
LONGITUDE (EAST)			.						

CELL NAME	CELL CODE	

VILLAGE NAME	VILLAGE CODE	

NAME OF HEAD OF HOUSEHOLD	PHONE NUMBER OF HEAD OF HOUSEHOLD

RESULT OF THE INTERVIEW		
<input type="checkbox"/>	INTERVIEW DONE	01
	PARTIALLY COMPLETED	02
	REGISTERED PERSON REFUSED INTERVIEW	03
	HOUSEHOLD MEMBERS NOT PRESENT	04
	HOUSEHOLD VACATED	05
	HOUSE ADDRESS NOT FOUND	06
	HH HEAD / OTHER REFUSED TO ALLOW INTERVIEW	07
	HOUSEHOLD TEMPORARILY MOVED	08
	OTHER, SPECIFY:	96

NAME OF INTERVIEWER	CODE	

VISIT 1	DAY	MONTH	YEAR	

VISIT 2	DAY	MONTH	YEAR	

VISIT 3	DAY	MONTH	YEAR	

CORE RESPONDENT NAME		
CORE RESPONDENT PID		

LANGUAGE	
KINYARWANDA	01
FRENCH	02
ENGLISH	03
OTHER, SPECIFY:	96

INTERVIEW	RESPONDENT	TRANSLATOR USED?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEVER 01
			SOMETIMES 02
			ALWAYS 03

NAME OF SUPERVISOR	CODE	

DAY	MONTH	YEAR	

NAME OF DATA ENTRY OPERATOR	CODE	

DAY	MONTH	YEAR	

CONTROL INFORMATION

No. of household members

Section 10: Health Status and Utilization

RESPONDENT: Core Household Woman

Q.no			Record Response			
(10.01)	12 months ago, how was your health on a normal day?	Excellent	1			
		Good	2			
		Fair	3			
		Poor	4			
(10.02)	How is your health today?	Better	1			
		Worse	2			
		The same	3			
(10.03)	Given your health, how are you currently able to do your daily activities, such as working, going to school or playing?	Easily	1			
		With Some Difficulty	2			
		With Much Difficulty	3			
		Unable to Do	4			
(10.04)	In the last 4 weeks, have you been sick at any time?	Yes	1			
		No	2			
(10.05)	What were you mainly suffering from? IN CASE OF MORE EPISODES DURING THE LAST 4 WEEKS, RECORD UP TO 3 SYMPTOMS.			1st	2nd	3rd
		Fever/ Malaria	1			
		Cough/Chest Infection	2			
		Tuberculosis	3			
		Ashtma episode	4			
		Pneumonia	6			
		Diarrhea without blood	7			
		Diarrhea with blood	8			
		Diarrhea and vomiting	9			
		Vomiting	10			
		Abdominal Pain	11			
		Anemia	12			
		Skin Rash/Infection	13			
		Eye/Ear Infection	14			
		Measles	15			
		Jaundice	16			
		Convulsions	17			
		Sore Throat	18			
		Accident Injuries	19			
Other, specify	96					
(10.06)	How long ago did the last episode of the illness start?	Days	1	AMOUNT	CODE	
		Weeks	2			
		Months	3			
(10.07)	How long ago did the illness stop?	Days	1	AMOUNT	CODE	
		Weeks	2			
		Still Sick	3			
(10.08)	For the last episode, did you consult any health institution/personnel for this illness? (INCLUDING TRADITIONAL HEALER)	Yes	1			
		No	2			
(10.09)	In the last 4 weeks, how many <i>days</i> of regular activity did you miss due to this illness?			Days		

Section 11: Mental Health

RESPONDENT: Core Household Woman

Q.no			Record Response		
			Often	Sometimes	Never
(11.01)	I would like to get an idea of how you have been feeling in the last 6 months. During the last 6 months, did you feel any of the following often, sometimes or never for at least 2 weeks? (1=Often, 2=Sometimes, 3=Never)	a. Slowed down and taking longer in your way of doing things	1	2	3
		a. Deep sadness	1	2	3
		c. No longer enjoying the things you used to enjoy in your life	1	2	3
		d. Like Life is Hopeless	1	2	3
(11.02)	In the last 4 weeks, have you received counseling for depression and/or anxiety?	Yes 1			
		No 2 ► (11.04)			
(11.03)	Where did you seek counseling?	Government Hospital 1			
		Government Clinic 2			
		Government Health Post 3			
		Private Hospital 4			
		Private Clinic 5			
		Health center 6			
		Private Health Post 7			
		Pharmacy 8			
		Medical Personnel 9			
		Traditional Healer 10			
		Faith/Church Healer 11			
		Community Health Worker 12			
Other, specify 96					
(11.04)	Are you currently on any medication to treat depression/anxiety?	Yes 1			
		No 2			

Section 12: Reproductive Health

RESPONDENT: Core Household Woman

Q.no			Record Response	
(12.01)	How many children have you given birth to in your life? (If ZERO record 0)		MALE	
			FEMALE	
(12.02)	How long would you wait from now until the birth of your <u>first/next</u> child?	Doesn't want more	1	
		Infertile	2	
		Years	3	
		Soon/Now	4	
		After Marriage	5	
		Other, specify	96	
(12.03)	Are you currently pregnant?	Yes	1	(12.05)
		No	2	
(12.04)	In the next few weeks, if you discovered you were pregnant, would that be a big problem, a small problem, or not a problem for you?	Big Problem	1	
		Small Problem	2	
		No Problem	3	
		Can't Get Pregnant	4	
(12.05)	Do you approve or disapprove of couples using contraceptive methods to avoid getting pregnant?	Approve	1	
		Disapprove	2	
(12.06)	Have you heard about...? RECORD YES OR NO FOR EACH. Yes.....1 No.....2		Yes	No
		a. Contraceptive Pill	1	2
		b. IUD/AKDR/Spiral	1	2
		c. Contraceptive Injections	1	2
		d. Implants/Norplant	1	2
		e. Female Condom	1	2
		f. Female Sterilization	1	2
		g. Lactational Amen. Method	1	2
		h. Male Condom	1	2
		i. Male Sterilization	1	2
		j. Cycle Beads	1	2
		k. Withdrawal	1	2
l. Other, specify	1	2		
(12.07)	Have you ever used...? RECORD YES OR NO FOR EACH. Yes.....1 No.....2 ENUMERATOR: IF RESPONSE IS NO TO ALL, SKIP TO 12.09		Yes	No
		a. Contraceptive Pill	1	2
		b. IUD/AKDR/Spiral	1	2
		c. Contraceptive Injections	1	2
		d. Implants/Norplant	1	2
		e. Female Condom	1	2
		f. Female Sterilization	1	2
		g. Lactational Amen. Method	1	2
		h. Male Condom	1	2
		i. Male Sterilization	1	2
		j. Cycle Beads	1	2
		k. Withdrawal	1	2
l. Other, specify	1	2		

(12.08)	How old were you when you first used...? RECORD AGE IN YEARS				
		a. Contraceptive Pill			
		b. IUD/AKDR/Spiral			
		c. Contraceptive Injections			
		d. Implants/Norplant			
		e. Female Condom			
		f. Female Sterilization			
		g. Lactational Amen. Method			
		h. Male Condom			
		i. Male Sterilization			
		j. Cycle Beads			
		k. Withdrawal			
	l. Other, specify				
(12.09)	Do you currently have a sexual partner?	Yes	1		
		No	2	▶ (12.13)	
(12.10)	Do you think that your partner approves or disapproves of couples using contraceptive methods to avoid pregnancy?	Approve	1		
		Disapprove	2		
(12.11)	Do you talk with your partner about contraceptives?	Yes	1		
		No	2		
(12.12)	Do you think your partner wants more children, fewer children or the same number of children as you do?	Same	1		
		More	2		
		Fewer	3		
		Don't know	4		
(12.13)	Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes	1		
		No	2	▶ (12.20)	
		Refuse to Respond	3	▶ (12.20)	
(12.14)	Which method are you currently using? RECORD YES OR NO FOR EACH. Yes.....1 No.....2			Yes	No
		a. Contraceptive Pill		1	2
		b. IUD/AKDR/Spiral		1	2
		c. Contraceptive Injections		1	2
		d. Implants/Norplant		1	2
		e. Female Condom		1	2
		f. Female Sterilization		1	2
		g. Lactational Amen. Method		1	2
		h. Male Condom		1	2
		i. Male Sterilization		1	2
		j. Cycle Beads		1	2
		k. Withdrawal		1	2
	l. Other, specify		1	2	

(12.15)	Where did you obtain the current method when you started using it (first time)?	Medical Doctor	1		
		Nurse/Midwife	2		
		Community Health Worker	3		▶ (12.17)
		Lab Technician	4		
		Pharmacist	5		
		Traditional Healer	6		▶ (12.17)
		Spiritual Healer	7		▶ (12.17)
		Traditional Birth Attendant	8		▶ (12.17)
		Family Member	9		▶ (12.17)
		Friend/Neighbor	10		▶ (12.17)
		Other, specify	96		▶ (12.17)
(12.16)	Did a Community Health Worker refer you or accompany you to your family planning consultation?	Yes	1		
		No	2		
(12.17)	Where did you obtain the current method the last time?	Medical Doctor	1		
		Nurse/Midwife	2		
		Community Health Worker	3		
		Lab Technician	4		
		Pharmacist	5		
		Traditional Healer	6		
		Spiritual Healer	7		
		Traditional Birth Attendant	8		
		Family Member	9		
		Friend/Neighbor	10		
		Other, specify	96		
(12.18)	How long have you been using the current method?			YEARS	
				MONTHS	
				WEEKS	
(12.19)	How much did you pay for your last refill?			RWF	
(12.20)	Have any of the following ever talked to you about family planning methods? RECORD YES OR NO FOR EACH.			Yes	No
		a. Partner/spouse		1	2
		a. Health Facility Staff		1	2
		b. Community Health Worker		1	2
		c. Friends/Family		1	2
		d. Local/Central Government		1	2
Other, specify		1	2		
(12.21)	Suppose a women goes to the health facility. Will she receive a gift if she uses any of the following services? RECORD YES OR NO FOR EACH.			Yes	No
		a. Ante-natal care?		1	2
		b. Delivery		1	2
		c. Post-natal care		1	2

(12.22)	ENUMERATOR: Did the respondent say "YES" to either 12.21a OR 12.21b OR 12.21c?	Yes	1		
		No	2	▶ (13.01)	
(12.23)	Where did you hear that you could get a gift for these services? RECORD YES OR NO FOR EACH.			Yes	No
		Community Health Worker	1	1	2
		Health Facility Staff	2	1	2
		Poster at Health Facility	3	1	2
		Pamphlets/Brochures	4	1	2
		Friend/Neighbor	5	1	2
		Other, specify	96	1	2

Section 13: Pregnancy History

RESPONDENT: Core Household Woman

Q.no			Record Response	
(13.01)	ENUMERATOR: CHECK QUESTION 12.03. IF NO ▶ 13.04			
(13.02)	How many months pregnant are you?		MONTHS	
(13.03)	At the time you became pregnant, did you want to become pregnant then, did you want to be pregnant later, or did you not want to have any (more) children at all?	Then	1	
		Later	2	
		No More	3	
(13.04)	Do you have any children to whom you have given birth who are now living with you?	Yes	1	
		No	2 ▶ (13.06)	
(13.05)	A. How Many Sons live with you?		Sons	
	B. How Many Daughters live with you?		Daughters	
(13.06)	Do you have any children to whom you have given birth who are still alive but do not live with you?	Yes	1	
		No	2 ▶ (13.08)	
(13.07)	A. How Many Sons live elsewhere?		Sons	
	B. How Many Daughters live elsewhere?		Daughters	
(13.08)	Have you ever given birth to a child who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	Yes	1	
		No	2 ▶ (13.10)	
(13.09)	A. How Many Sons died?		Sons	
	B. How Many Daughters died?		Daughters	
(13.10)	SUM THE ANSWERS TO 13.05, 13.07 & 13.09. ENTER TOTAL HERE. IF NONE, RECORD 00.			
(13.11)	Please confirm the total number of children you have given birth to is (13.10)	Yes	1	
		No	2	
		IF NOT CORRECT, PROBE AND CORRECT 13.05, 13.07 & 13.09 AS NECESSARY		
(13.12)	Have you ever had a pregnancy that miscarried was aborted or ended in stillbirth?	Yes	1	
		No	2 ▶ (13.20)	
(13.13)	How many pregnancies have ended in a miscarriage or stillbirth?			

	OF SUMMITT:			
(13.14)	How many pregnancies have ended in an abortion?			
(13.15)	PLEASE SUM 13.13 AND 13.14			
(13.16)	When did the last such pregnancy (miscarriage, stillbirth, abortion) end?		MONTH (MM)	
			YEAR (YYYY)	
(13.17)	How many months pregnant were you when the last such pregnancy (miscarriage, stillbirth, abortion) ended?		MONTHS	

Section 13.3: Antenatal and Postnatal Care

RESPONDENT: Core household woman currently pregnant or had pregnancy after January 2011

INTERVIEWER: MUST LIST PREGNANCIES IN ORDER OF MOST RECENT SINCE JANUARY 2011 (CURRENT PREGNANCY IS LISTED FIRST) MULTIPLE BIRTHS ARE LISTED AS ONE PREGNANCY.

(13.32) CONFIRM TOTAL NUMBER OF PREGNANCIES INCLUDING CURRENT PREGNANCY SINCE JANUARY 2011 IF ZERO, RECORD 0 ▶ (13.109)	PREGNANCY NUMBER	(13.33) Did the community health worker provide you information on receiving antenatal care during this pregnancy?	(13.34) Was the information provided by the Community Health Worker in charge of maternal and neonatal health in your village?	(13.35) How many months were you pregnant when the Community Health Worker became aware of this pregnancy?	(13.36) How did the Community Health Worker become aware of your pregnancy? WOMAN INFORMED THE CHW 01 ▶ (13.38) CHW HEARD FROM FAMILY MEMBER 02 CHW HEARD FROM COMMUNITY 03 CHW GUESSED 04 OTHER, SPECIFY 05	(13.37) Were you upset that your pregnancy was revealed at that point?	(13.38) Did the Community Health Worker refer or accompany you to receive antenatal care during this pregnancy?	(13.39) Did you consult any health institution / personnel for antenatal care for this pregnancy? YES 01 NO 02 ▶ (13.54)
	01	YES 01 NO 02 ▶ (13.39)	YES 01 NO 02 DON'T KNOW 96			YES 01 NO 02	YES 01 NO 02	
	02			# MTHS				
	03							

Section 13.3: Antenatal and Postnatal Care

RESPONDENT: Core household woman currently pregnant or had pregnancy after January 2011

INTERVIEWER: MUST LIST PREGNANCIES IN ORDER OF MOST RECENT SINCE JANUARY 2011 (CURRENT PREGNANCY IS LISTED FIRST) MULTIPLE BIRTHS ARE LISTED AS ONE PREGNANCY.

PREGNANCY NUMBER	(13.40) Who did you see for antenatal care for this pregnancy? (IF MORE THAN ONE, THEN THE PRIMARY)	(13.41) Where did you seek antenatal care for this pregnancy? (IF MORE THAN ONE, THEN PRIMARY)	(13.42) IF HOSPITAL, CLINIC, CENTER, OR HEALTH POST PROBE FOR NAME OF FACILITY AND RECORD CODE FROM Q13.41.	(13.43) How many months were you pregnant when you went for your first antenatal care visit for this pregnancy?	(13.44) Did you receive any gift following your first antenatal care visit?	(13.45) Were you promised a gift for your first antenatal care visit?
			GOVERNMENT HOSPITAL 01 GOVERNMENT HEALTH CENTER 02 GOVERNMENT HEALTH POST 03			
	MEDICAL DOCTOR 01	GOVERNMENT CLINIC 04				
	NURSE/MIDWIFE 02	PRIVATE HOSPITAL 05				
	COMMUNITY HEALTH WORKER 03	PRIVATE HEALTH CENTER 06				
	LAB TECHNICIAN 04	PRIVATE HEALTH POST 07				
	PHARMACIST 05	PRIVATE CLINIC 08				
	TRADITIONAL HEALER 06	PHARMACY 09				
	SPIRITUAL HEALER 07	TRADITIONAL HEALER 10				
	TRADITIONAL BIRTH ATTENDANT 08	FAITH/CHURCH HEALER 11			YES 01 ► (13.47)	YES 01
	FAMILY MEMBER 09	COMMUNITY HEALTH WORKER 12			NO 02	NO 02 ► (13.48)
	FRIEND/NEIGHBOR 10	HOME 13				
	OTHER (SPECIFY) 96	OTHER (SPECIFY) 96	NAME	CODE	# MTHS	
01						
02						
03						

Section 13.3: Antenatal and Postnatal Care

RESPONDENT: Core household woman currently pregnant or had pregnancy after January 2011

INTERVIEWER: MUST LIST PREGNANCIES IN ORDER OF MOST RECENT SINCE JANUARY 2011 (CURRENT PREGNANCY IS LISTED FIRST) MULTIPLE BIRTHS ARE LISTED AS ONE PREGNANCY.

PREGNANCY NUMBER	(13.60) What was the result of this pregnancy?	(13.61) Who assisted with the delivery for this pregnancy?	(13.62) Where did you deliver?	(13.63) Did a Community Health Worker refer or accompany you to the delivery in this facility?	(13.64) IF HOSPITAL, CLINIC, HEALTH POST OR HEALTH CENTER, PROBE FOR NAME OF FACILITY AND RECORD CODE.	(13.65) Why didn't you deliver in a formal health institution/personnel for this pregnancy? GIVE UP TO 3 REASONS
			GOVERNMENT HOSPITAL 01 GOVERNMENT HEALTH CENTER 02 MEDICAL DOCTOR 01 NURSE/MIDWIFE 02 COMMUNITY HEALTH WORKER 03 LAB TECHNICIAN 04 PHARMACIST 05 TRADITIONAL HEALER 06 SPIRITUAL HEALER 07 TRADITIONAL BIRTH ATTENDANT 08 FAMILY MEMBER 09 FRIEND/NEIGHBOR 10 NO ONE 11 OTHER (SPECIFY) 96	GOVERNMENT HOSPITAL 01 GOVERNMENT HEALTH CENTER 02 GOVERNMENT HEALTH POST 03 GOVERNMENT CLINIC 04 PRIVATE HOSPITAL 05 PRIVATE HEALTH CENTER 06 PRIVATE HEALTH POST 07 PRIVATE CLINIC 08 PHARMACY 09 ▶ (13.65) TRADITIONAL HEALER 10 ▶ (13.65) FAITH/CHURCH HEALER 11 ▶ (13.65) COMMUNITY HEALTH WORKER 12 ▶ (13.65) HOME 13 ▶ (13.65) OTHER (SPECIFY) 96	YES 01 NO 02	IF HOSPITAL, CLINIC, HEALTH POST OR HEALTH CENTER, PROBE FOR NAME OF FACILITY AND RECORD CODE. ▶ (13.66)
	BORN ALIVE, SINGLE BIRTH 01 BORN ALIVE, MULTIPLE BIRTH 02 STILL BORN 03 STILL PREGNANT 04 ▶ NEXT PREGNANCY MISCARRIAGE 05 ▶ (13.89) ABORTION 06 ▶ (13.89)				NAME CODE FIRST SECOND THIRD	
01						
02						
03						

Section 13.4: Patient Satisfaction & Knowledge

RESPONDENT: Core Household Women

Q.no			Record Response		
(13.109)	In the last 3 months, have you met with a Community Health Worker (CHW) either in your home or in the community?	Yes, in the community	1		
		Yes, home visit	2		
		No	3	▶ (13.114)	
(13.110)	Did the CHW provide any of the following services? RECORD YES OR NO FOR EACH. Yes.....1 No.....2		Yes	No	
		a. Pre-natal care referral	1	2	
		b. Accompany you to health facility for pre-natal visit	1	2	
		c. Institutional delivery referral	1	2	
		d. Accompany you to health facility for institutional delivery	1	2	
		e. Post-natal care referral	1	2	
		f. Accompany you to health facility for post-natal visit	1	2	
		g. VCT referral/ PMTCT referral	1	2	
		h. Accompany you for VCT/PMTCT visit	1	2	
		i. Family Planning	1	2	
		j. Child vaccination	1	2	
k. Child nutrition	1	2			
l. Information, Education and Communication Campaigns	1	2			
(13.111)	How satisfied were you with the following? 1=Satisfied 2= Neither satisfied/unsatisfied 3= Unsatisfied		Satisfied	Neither satisfied/unsatisfied	Unsatisfied
		a. Community Health Workers being knowledgeable and responsive	1	2	3
		b. Enough Community Health Workers	1	2	3
		c. Community Health Worker's time availability to attend to you	1	2	3
		d. Community Health Workers accompanying you to receive services at the health facility	1	2	3
		e. Community health worker respect for privacy and confidentiality	1	2	3
		f. Community Health Workers show respect?	1	2	3
		g. Community Health Worker are good role models	1	2	3
(13.112)	Would you recommend Community Health Workers to others?	Yes	1	▶ (13.114)	
		No	2		
(13.113)	Why wouldn't you recommend them?	Poor quality of care	1		
		Not helpful	2		
		Treatment too expensive	3		
		Difficult to assess	4		
		Other, specify	96		
(13.114)	In the last year, have you visited a health center?	Yes	1		
		No	2	▶ (13.118)	
(13.115)	Which health center did you visit?		NAME		
			CODE		

Q.no			Record Response			
(13.116)	Which services did you receive at the health center?		Yes	No		
		a. Preventative care	1	2		
		b. Curative care	1	2		
		c. Ante-natal care	1	2		
	RECORD YES OR NO FOR EACH.	d. Delivery	1	2		
	Yes.....1	e. Post-natal care	1	2		
	No.....2	f. Under-5 consultation	1	2		
		g. Family Planning consultation	1	2		
	h. Other, specify	1	2			
(13.117)	How satisfied were you with the following?		Satisfied	Neither satisfied/unsatisfied	Unsatisfied	
		a. Facility staff being knowledgeable	1	2	3	
		b. Facility staff being responsive and respectful	1	2	3	
		c. Facility staff respect for privacy and confidentiality	1	2	3	
		1=Satisfied	d. Availability of facility staff to attend to you	1	2	3
		2= Neither satisfied/unsatisfied	e. Facility cleanliness	1	2	3
		3= Unsatisfied	f. Facility capacity to accommodate all patients	1	2	3
			g. Time needed to travel to facility	1	2	3
	h. Availability of pharmaceutical products at the health facility	1	2	3		

Section 13.5: Health Knowledge

RESPONDENT: Core Household Women

(13.118)	Why is it important that people wash their hands after using the latrine?	Yes	No
A	It removes dirt from the hands	1	2
B	Prevents HIV	1	2
C	It avoids spread of dangerous diseases, such as diarrhea, cholera, and intestinal parasites	1	2
D	It prevents skin infections	1	2
(13.119)	What kind of water is safe to drink?	Yes	No
A	Treated water near animals	1	2
B	Treated stagnate water	1	2
C	Treated water from a spring or deep well	1	2
D	Treated water in streams and rivers	1	2
(13.120)	What will you give to a 1 and a half year old with watery diarrhea without dehydration?	Yes	No
A	Give 1 liter a day of ORT	1	2
B	3-4 glasses a day ORT	1	2
C	1/4th -1/2 cp of ORT for every watery stool	1	2
D	Give 1 liter of water per day ONLY	1	2
(13.121)	Which of the following are danger signs for pregnant women?	Yes	No
A	Fever	1	2
B	Vaginal Bleeding	1	2
C	Swelling of hands, face, AND feet	1	2
D	Loss of appetite	1	2
(13.122)	Which of the following signs are dangerous signs for a baby?	Yes	No
A	The baby is convulsing	1	2
B	The baby has a fever	1	2
C	The baby is not breastfeeding	1	2
D	The baby is breathing too quickly	1	2
(13.123)	Which of the following diseases can be prevented with a vaccine?	Yes	No
A	Poliomyelitis	1	2
B	Measles	1	2
C	Tetanus	1	2
D	Tuberculosis	1	2
E	AIDS	1	2
(13.124)	Which are effective methods of contraception?	Yes	No
A	Oral contraceptives (pills)	1	2
B	Depoprovera injection (DMPA)	1	2
C	IUD	1	2
D	Breastfeeding	1	2
E	Withdrawal	1	2

Section 13.6: Height and Weight

RESPONDENT: Core household woman

Q.no			Record Response				
(13.125)	RECORD INDIVIDUAL'S AGE FROM SECTION 1		YEARS				
			MONTHS				
(13.126)	READ ALOUD THE ANTHROPOMETRIC CONSENT FORM TO ALL CORE HOUSEHOLD WOMEN	Measured	1				
		Refused	2 ▶ NEXT PERSON				
		Other, specify	3 ▶ NEXT PERSON				
(13.127)	RECORD DATE OF MEASUREMENT		MM				
			DD				
			YYYY				
(13.128)	RECORD HEIGHT IN CENTIMETERS				.		CM
(13.129)	RECORD METHOD FOR MEASURING HEIGHT	Standing	1				
		Lying	2				
(13.130)	RECORD WEIGHT IN KILOGRAMS				.		KG