

DOCUMENTING THE ECONOMIC COST OF UNSAFE ABORTION IN UGANDA

WOMEN'S INITIAL QUESTIONNAIRE (SECTIONS 1-9) - 5 October 2010

SECTION 1. SCREENING QUESTIONS FOR ELIGIBILITY

101a. In what month were you born?

Month

Don't know

101b. In what year were you born?

Year

Don't know

102a. How old were you at your last birthday?

Age in completed years

102b. **INTERVIEWER: IF YOU THINK THAT THE WOMAN IS EITHER UNDERSTATING OR OVERSTATING HER AGE, MAKE YOUR OWN ESTIMATE HERE:**

Age (interviewer's estimate)

(Enter "99" if interviewer has no opinion)

103. **FILTER CHECK:**

In Q101 or Q102 if age is 14 or younger, then END INTERVIEW by saying:

"Thank you again for talking with me. The study is focused on the experiences of women age 15 years or older. We can end the interview here. I appreciate the time you gave to talk with me."

THEN SKIP TO Q920.

SECTION 2. COVER PAGE

201. Patient's survey identification number (SIN):

/ / SIN from PI's list

202. Name of health facility:

203. Type of health facility:

- 1 Hospital
- 2 Health Center IV
- 3 Health Center III
- 4 Private Midwife
- 5 Clinic

204. District where facility is located:

205. Geographic area of facility location:

- 1 Urban
- 2 Rural

206. Ownership of health facility:

- 1 Government
- 2 NGO
- 3 Private

207. Date of interview:

a. day:

Day

b. month:

Month

c. year:

Year

208. Total time of interview:

Minutes

209. Interviewer's name:

210a. Primary language of interview:

210b. Second language of interview (if used):

211a. Field reviewed/edited by:

Date of field editing

b. day:

Day

c. month:

Month

d. year:

Year

212a. Office reviewed/edited by

Office reviewed/edited by

b. day:

Day

c. month:

Month

d. year:

Year

213a. Data entry by:

Data entry by

b. day:

Day

c. month:

Month

d. year:

Year

214. Result code of interview:

- | | |
|---|-------------------|
| 1 | Completed |
| 2 | Partly completed |
| 3 | Refused |
| 4 | Unable to respond |
| 5 | Other (Specify) |

SECTION 3. DEMOGRAPHIC CHARACTERISTICS

301. RECORD THE TIME INTERVIEW BEGINS

Hours Minutes

I would like to ask a few questions about yourself.

302. Do you live in a city, town or the countryside?

- 1 City
- 2 Town
- 3 Countryside

303. Have you ever attended school?

- 1 Yes
- 2 No → [SKIP TO Q304]

303a. What is the highest level of school you have completed?

- 1 No schooling
- 2 Part primary
- 3 Primary completed
- 4 Part secondary
- 5 Secondary completed
- 6 More than secondary
- 96 Other (specify): _____

304. Are you currently married, never married, separated or divorced, or widowed?

- 1 Currently married
- 2 Never married → [SKIP TO Q311]
- 3 Cohabiting/consensual union
- 4 Separated/divorced → [SKIP TO Q311]
- 5 Widowed → [SKIP TO Q311]

305. Does your husband/partner have other wives or does he live with other women as if married?

- 1 Yes
- 2 No → [SKIP TO Q308]
- 3 Don't know → [SKIP TO Q308]

306. Including yourself, in total, how many wives/partners does your husband live with now as if married?

Number of wives/partners

307. Are you the first, second, ... wife?

Rank
 98 Don't know

308. How long have you been in a relationship with your husband/partner?

Years [IF LESS THAN 1 YEAR, LEAVE BLANK AND TICK "97" BOX]
 97 Less than 1 year
 98 Don't know

309. How old is your husband/partner?

Years old
 98 Don't know

310a. Has your husband/partner ever attended school?

- 1 Yes
- 2 No → [SKIP TO Q311]
- 98 Don't know

310b. What is the highest level of schooling your husband/partner has completed?

- 1 No schooling
- 2 Part primary
- 3 Primary completed
- 4 Part secondary
- 5 Secondary completed
- 6 More than secondary
- 96 Other (specify) _____
- 98 Don't know

311. In total, how many children have you given birth to (including any that may have been born alive but later died)?

Number → [IF NO CHILDREN, SKIP TO SECTION 4]

312. How many living children do you have?

Number → [IF NO CHILDREN, SKIP TO SECTION 4]

313a. What is the age of your youngest child (in completed years)?

Number of completed years

313b: If your youngest child is less than 5 years old, how many months has the child the child completed on top of the completed number of years?

Number of completed months → [ENTER "99", IF 5+ YEARS OLD]

314. What is the age of your oldest child?

Number of completed years
 Number of completed months → [ENTER "99", IF 5+ YEARS OLD]

SECTION 4. HOUSEHOLD CHARACTERISTICS and ASSETS

Now, I would like to ask you some questions about your household.

401. Who is the head of your household?

- 1 Respondent
- 2 Husband/Partner
- 3 Father
- 4 Mother
- 5 Other relative
- 6 Other not related
- 98 Don't know

402. How many persons comprise your household?

- Number
- 98 Don't know

403. Does everybody in your household have a blanket or bed cover for sleeping?

- 1 Yes
- 2 No
- 98 Don't know

404. Does everybody in your household have a pair of shoes?

- 1 Yes
- 2 No
- 98 Don't know

405. Does everybody in your household have at least two sets of clothes?

- 1 Yes
- 2 No
- 98 Don't know

406a. What is the main source of drinking water for members of your household?

[INTERVIEWER: TICK ONLY 1 ANSWER: IF MORE THAN 1 SOURCE, TICK THE MAIN SOURCE]

- 1 Piped water into dwelling/yard/plot
- 2 Public tap/standpipe
- 3 Tube well or borehole
- 4 Protected dug well/spring
- 5 Unprotected dug well/spring
- 6 Other → *[SPECIFY IN Q410B]*
- 98 Don't know

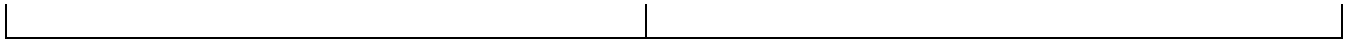
406b. If main source of drinking water for your household is not listed above, specify:

407. What is the main material of the roof of your house?

- 1 Natural roof (thatch/leaf)
- 2 Rudimentary roof (mat/plastic sheets/reed/wood planks)
- 3 Finished roof (corrugated iron/cement/concrete/tiled/roofing shingles)
- 4 Other (specify) _____
- 98 Don't know

408. What kind of toilet facility do members of your household usually use?

- 1 Flush toilet
- 2 Ventilated improved pit (VIP) latrine
- 3 Covered Pit latrine with slab
- 4 Pit latrine without slab/Open pit
- 5 No facility/bush/field → *[SKIP TO Q410]*
- 6 Other (specify) _____
- 98 Don't know



409. Do you share this toilet facility with other households?

- 1 Yes
- 2 No
- 98 Don't know

410a. In your household, is food usually cooked on an open fire or a stove?

[INTERVIEWER: CHOOSE ONLY ONE ANSWER.]

- 1 Open fire
- 2 Stove
- 96 Other → [SPECIFY IN Q410B]
- 98 Don't know

410b. If food is not usually cooked on an open fire or a stove, specify:

411a. Is the cooking usually done in the house, in a separate building, or outdoors?

[INTERVIEWER: CHOOSE ONLY ONE ANSWER.]

- 1 In the house
- 2 In a separate building
- 3 Outdoors
- 96 Other → [SPECIFY IN Q411B]
- 98 Don't know

411b. If cooking is not usually done in the house in a separate building, or outdoors, specify:

412. Do you have a separate room which is used as the kitchen?

- 1 Yes
- 2 No
- 98 Don't know

413. How many rooms do members of your household use exclusively for sleeping?

Number [DO NOT INCLUDE ROOMS/HUTS WITH DUAL USES.]

414. Does your household have:
[INTERVIEWER: READ OUT EACH OPTION, ONE AT A TIME.]

a. Electricity?

- 1 Yes
- 2 No
- 98 Don't know

b. A radio?

- 1 Yes
- 2 No
- 98 Don't know

c. A cassette player?

- 1 Yes
- 2 No
- 98 Don't know

d. A television?

- 1 Yes
- 2 No
- 98 Don't know

e. A mobile phone?

- 1 Yes
- 2 No
- 98 Don't know

f. A fixed phone?

- 1 Yes
- 2 No
- 98 Don't know

g. A refrigerator?

- 1 Yes
- 2 No
- 98 Don't know

h. A table?

- 1 Yes
- 2 No
- 98 Don't know

i. A chair?

- 1 Yes
- 2 No
- 98 Don't know

j. A sofa set?

- 1 Yes
- 2 No
- 98 Don't know

k. A bed?

1 Yes

2 No

98 Don't know

l. A cupboard?

1 Yes

2 No

98 Don't know

m. A clock?

1 Yes

2 No

98 Don't know

415. Does any member of your household own:

[INTERVIEWER: READ OUT EACH OPTION, ONE AT A TIME.]

a. Radio and/or tape recorder?

1 Yes 2 No 98 Don't know

b. A bicycle?

1 Yes 2 No 98 Don't know

c. A motorcycle or motor scooter?

1 Yes 2 No 98 Don't know

d. An animal-drawn cart?

1 Yes 2 No 98 Don't know

e. A car or truck?

1 Yes 2 No 98 Don't know

f. A boat with a motor?

1 Yes 2 No 98 Don't know

g. A boat without a motor?

1 Yes 2 No 98 Don't know

h. Sewing machine?

1 Yes 2 No 98 Don't know

416. How many of the following animals/birds does your household own?

[INTERVIEWER: READ OUT EACH OPTION, ONE AT A TIME.]

[INTERVIEWER: IF NONE, ENTER "00". IF MORE THAN 95, ENTER "95".]

a. Local Cattle?

Number
 98 Don't know

b. Exotic/Cross Cattle?

 98 Don't know

c. Horses, donkeys, or mules?

 98 Don't know

d. Goats?

 98 Don't know

e. Sheep?

 98 Don't know

f. Pigs?

 98 Don't know

g. Chickens?

 98 Don't know

417. Do you or any other member of the household own the house occupied by your household?

- 1 Yes
- 2 No
- 98 Don't know

418. Do you or any other member of the household own a house, other than the one you are living in?

- 1 Yes, owns 1 other house
- 2 Yes, owns 2 or more other houses
- 3 No → *[IF NO, SKIP TO Q419]*
- 98 Don't know → *[IF NO, SKIP TO Q419]*

418a. If yes, where is the house [are the houses] located?

- 1 In same village
- 2 In another village
- 3 In another town
- 4 In another large city
- 5 Abroad
- 97 Owns 2+ houses in different locations
- 98 Don't know

418b. What is the house [are the houses] mainly used for?

- 1 Storage
- 2 Rental
- 3 Residence
- 4 Other → *[SPECIFY IN Q418C]*
- 98 Don't know

[INTERVIEWER: CHOOSE ONLY ONE ANSWER.]

418c. If the house [houses] are not mainly used for storage, rental or residence, specify:

418d. How much money do you earn as rent from this house [these houses]?

_____ Shillings/month 98 Don't know

419. Do you or any other member of the household have savings such as a bank account or "savings circle" / SACO?

- 1 Yes, only bank account
- 2 Yes, only SACO → *[SKIP TO Q421]*
- 3 Yes, both bank account and SACO
- 4 No → *[SKIP to MODULE 5]*

420. What is the total amount of the household's savings?

_____ Shillings 98 Don't know

[IF NO SACO, SKIP TO MODULE 5.]

421. What size of loan can your household access from this SACO?

_____ Shillings 98 Don't know

SECTION 5. EMPLOYMENT, HOUSEHOLD BUSINESSES AND WAGES

[SKIP Q501 IF NEVER MARRIED, SEPARATED OR WIDOWED: SEE Q304]

501a. What type of activity does your HUSBAND/PARTNER mainly do?

- 1 Work, full time
- 2 Work, part-time
- 4 Student
- 5 Unemployed
- 6 Unpaid family worker
- 96 Other → [SPECIFY IN Q501B]
- 98 Don't know

501b. If your HUSBAND/PARTNER is NOT working full-time or par-time, a student, unemployed, or an unpaid family worker, specify:

502a. What type of activity do YOU mainly do?

- 1 Work, full time
- 2 Work, part-time
- 3 Full-time housewife → [SKIP TO Q504]
- 4 Student → [SKIP TO Q504]
- 5 Unemployed → [SKIP TO Q504]
- 6 Unpaid family worker → [SKIP TO Q504]
- 7 Operates own business
- 96 Other → [SPECIFY IN Q502B]

502b. If the type of activity YOU do was not among the choices in 502a, specify:

↓ ↓ ↓
[SKIP TO Q504]

503. Would you consider yourself to be self-employed or employed by another person?

- 1 Self-employed
- 2 Employed by someone else
- 3 Both

SUB-SECTION 5.2: HOUSEHOLD FARM BUSINESS

504. FILTER

Do you or any member of your household own or cultivate any agricultural land (Do you OWN a farm business)?

- 1 Yes → [SKIP TO Q510]
- 2 No → [SKIP TO Q510]
- 98 Don't know → [SKIP TO Q510]

505. How many acres of agricultural land do members of your household own?

[Total agricultural land owned]

• Acres 98 Don't know

506. How much of the land owned by you or someone from your household do you cultivate, including orchards?

• Acres 98 Don't know

507a. How much of this land do you rent out or sharecropped out?

• Acres 98 Don't know
[IF ZERO or "DON'T KNOW", SKIP TO Q508]

507b. Do you receive cash for this land or do you divide the crop between you and the tenant?

- 1 Cash → *[specify amount received (Shillings) in Q507C]*
- 2 Crop → *[estimated worth of income in Shillings in Q507C]*
- 3 Both → *[estimate total income (Shillings) in Q507C]*
- 98 Don't know

507c. If you receive cash for this land or divide the crop between you and the tenant, specify the amount you receive or estimate the worth of income in Shillings:

508a. How much agricultural land does your household rent in or sharecrop in?

• Acres 98 Don't know
[IF ZERO or "DON'T KNOW",
SKIP TO Q509]

508b. Do you pay cash for this land or do you divide the crop between you and the land owner?

- 1 Cash → [specify amount paid per year (Shillings) in Q508C]
- 2 Crop → [estimated worth of sharecropping in Shillings in Q508C]
- 3 Both → [estimate total payment (Shillings) in Q507C]
- 98 Don't know

508c. If you pay cash for this land or divide the crop between you and the land owner, specify the amount you receive or estimate the worth of income in Shillings:

509a. Who mainly decides how the money earned from this farm will be used?

- 1 Respondent alone
- 2 Respondent and husband/partner
- 3 Respondent and other person
- 4 Husband/partner alone
- 5 Someone else in the household
- 96 Other → [SPECIFY IN Q509B]
- 98 Don't know

[READ OUT THE POSSIBLE RESPONSES.
TICK ONLY ONE RESPONSE.]

509b. If the person who mainly decides how the money earned from the farm is used was not listed among the choices in q509a, specify:

SUB-SECTION 5.3: FIRST NON-FARM BUSINESS

510. FILTER:

Does anybody in this household own a business, however big or small? Does anybody make something for sale, such as cloth or baskets? Or does anybody sell something in a market or to customers of any sort?

Read out: "Please include ALL MEMBERS OF THE HOUSEHOLD, including your own work or the work of your children."

- 1 Yes
- 2 No → [SKIP TO SUB-SECTION 5.6]
- 98 Don't know → [SKIP TO SUB-SECTION 5.6]

511. Who in the household owns this business?

- 1 Respondent owns
- 2 Husband/partner owns
- 3 Both co-own the same business
- 4 Father
- 5 Mother
- 6 Other household member
- 98 Don't know

512. Please describe this activity:

513. What was the GROSS receipt from this business over the last month?

[INTERVIEWER: ASK FOR BEST ESTIMATE.]

_____ Shillings 97 Declined
 98 Don't know

514. Did you employ any workers in the last month?

- 1 Yes
- 2 No → [SKIP TO Q516]
- 98 Don't know → [SKIP TO Q516]

515. How much was paid to all employees in total in the last month?

_____ Shillings 98 Don't know

516. How much was paid in all other expenses (rent for premises, cost of materials, and interest on loans) in the last month?

_____ Shillings

98 Don't know

517. INTERVIEWER: Calculate the net income after interview is finished.

[THIS IS NOT A QUESTION FOR THE RESPONDENT.]

_____ Shillings

518a. Who mainly decides how the money earned from this business will be used?

[READ OUT THE POSSIBLE RESPONSES. TICK ONLY ONE RESPONSE.]

- 1 Respondent alone
- 2 Respondent and husband/partner
- 3 Respondent and other person
- 4 Husband/partner alone
- 5 Father/Mother
- 6 Someone else in the household
- 96 Other → *[SPECIFY IN Q518B]*
- 98 Don't know

518b. If the person who mainly decides how the money earned from this business is used was not listed among the choices in q518a, specify:

SUB-SECTION 5.4: SECOND NON-FARM BUSINESS

520. FILTER:

Does anybody in this household own a 2nd business, however big or small? Does anybody make something for sale, such as cloth or baskets? Or does anybody sell something in a market or to customers of any sort?

Read out: "Please include ALL MEMBERS OF THE HOUSEHOLD, including your own work or the work of your children."

521. Who in the household owns this business?

- 1 Yes
- 2 No → [SKIP TO SUB-SECTION 5.6]
- 98 Don't know → [SKIP TO SUB-SECTION 5.6]

- 1 Respondent owns
- 2 Husband/partner owns
- 3 Both co-own the same business
- 4 Father
- 5 Mother
- 6 Other household member
- 98 Don't know

522. Please describe this activity:

523. What was the GROSS receipt from this business over the last month?

[INTERVIEWER: ASK FOR BEST ESTIMATE.]

_____ Shillings 97 Declined
 98 Don't know

524. Did you employ any workers in the last month?

- 1 Yes
- 2 No → [SKIP TO Q526]
- 98 Don't know → [SKIP TO Q526]

525. How much was paid to all employees in total in the last month?

_____ Shillings 98 Don't know

526. How much was paid in all other expenses (rent for premises, cost of materials, and interest on loans) in the last month?

_____ Shillings 98 Don't know

527. INTERVIEWER: Calculate the net income after interview is finished.

[THIS IS NOT A QUESTION FOR THE RESPONDENT.]

_____ Shillings

528a. Who mainly decides how the money earned from this business will be used?

- 1 Respondent alone
- 2 Respondent and husband/partner
- 3 Respondent and other person
- 4 Husband/partner alone
- 5 Father/Mother
- 6 Someone else in the household
- 96 Other → [SPECIFY IN Q528B]
- 98 Don't know

[READ OUT THE POSSIBLE RESPONSES. TICK ONLY ONE RESPONSE.]

528b. If the person who mainly decides how the money earned from this business is used was not listed among the choices in q528a, specify:

SUB-SECTION 5.5: THIRD NON-FARM BUSINESS

530. FILTER:

Does anybody in this household own a 3rd business, however big or small? Does anybody make something for sale, such as cloth or baskets? Or does anybody sell something in a market or to customers of any sort?

- 1 Yes
- 2 No → [SKIP TO SUB-SECTION 5.6]
- 98 Don't know → [SKIP TO SUB-SECTION 5.6]

Read out: "Please include ALL MEMBERS OF THE HOUSEHOLD, including your own work or the work of your children."

531. Who in the household owns this business?

- 1 Respondent owns
- 2 Husband/partner owns
- 3 Both co-own the same business
- 4 Father
- 5 Mother
- 6 Other household member
- 98 Don't know

532. Please describe this activity

533. What was the GROSS receipt from this business over the last month?

[INTERVIEWER: ASK FOR BEST ESTIMATE.]

_____ Shillings 97 Declined
 98 Don't know

534. Did you employ any workers in the last month?

- 1 Yes
- 2 No → [SKIP TO Q536]
- 98 Don't know → [SKIP TO Q536]

<p>535. How much was paid to all employees in total in the last month?</p> <p>536. How much was paid in all other expenses (rent for premises, cost of materials, and interest on loans) in the last month?</p> <p>537. INTERVIEWER: Calculate the net income after interview is finished. <i>[THIS IS NOT A QUESTION FOR THE RESPONDENT.]</i></p> <p>538a. Who mainly decides how the money earned from this business will be used? <i>[READ OUT THE POSSIBLE RESPONSES. TICK ONLY ONE RESPONSE.]</i></p>	<p>_____ Shillings <input type="checkbox"/> 98 Don't know</p> <p>_____ Shillings <input type="checkbox"/> 98 Don't know</p> <p>_____ Shillings</p> <table border="1"> <tr><td>1</td><td>Respondent alone</td></tr> <tr><td>2</td><td>Respondent and husband/partner</td></tr> <tr><td>3</td><td>Respondent and other person</td></tr> <tr><td>4</td><td>Husband/partner alone</td></tr> <tr><td>5</td><td>Father/Mother</td></tr> <tr><td>6</td><td>Someone else in the household</td></tr> <tr><td>96</td><td>Other → <i>[SPECIFY IN Q538B]</i></td></tr> <tr><td>98</td><td>Don't know</td></tr> </table>	1	Respondent alone	2	Respondent and husband/partner	3	Respondent and other person	4	Husband/partner alone	5	Father/Mother	6	Someone else in the household	96	Other → <i>[SPECIFY IN Q538B]</i>	98	Don't know
1	Respondent alone																
2	Respondent and husband/partner																
3	Respondent and other person																
4	Husband/partner alone																
5	Father/Mother																
6	Someone else in the household																
96	Other → <i>[SPECIFY IN Q538B]</i>																
98	Don't know																
<p>538b. If the person who mainly decides how the money earned from this business is used was not listed among the choices in q538a, specify:</p>	<p>_____</p>																

SUB-SECTION 5.6: RESPONDENT'S WAGE WORK

FILTER: SKIP SECTION 5.6 IF RESPONDENT DOES NOT WORK FOR WAGES.

[If Q502 = 3 (full-time housewife) or 4 (student) or 5 (unemployed) or 6 (unpaid family worker) SKIP TO SECTION 5.7.]

540. You indicated that you worked as an employee. How many jobs do you have as an employee?

Number of jobs

541a. Please describe the activity you do in your first job? (Or in the job you spend the most time?)

_____ Activity in first job
↓
[IF ONLY ONE JOB, PROCEED TO Q542]

541b. Please describe the activity you do in your second job? (Or in the job you spend the second most time?)

_____ Activity in second job
↓
[IF ONLY TWO JOBS, PROCEED TO Q542]

541c. Please describe the activity you do in your third job? (Or in the job you spend the time?)

_____ Activity in third job

542a. From ALL (if more than one) the work that YOU do (as an employee for someone else), how do you earn income?

- | | | | |
|----|---------------------|---|------------------------------|
| 1 | No earnings | → | <i>[SKIP TO Section 5.7]</i> |
| 2 | In kind | → | <i>[PROCEED TO Q542B]</i> |
| 3 | Amount in shillings | → | <i>[PROCEED TO Q542C]</i> |
| 98 | Don't know | | |

542b. If you earn 'in kind' from ALL the work that YOU do, please estimate worth in Shillings:

_____ *(Estimated worth in Shillings)*

542c. From ALL (if more than one) the work that YOU do (as an employee for someone else), how much do you earn in a day?
(or a week, month or year, if easier to answer)

_____ Per day

542d. How much do your earn in a week?

OR _____ Per week

542e. How much do your earn in a month?

OR _____ Per month

542f. How much do your earn in a year?

OR _____ Per year

FILTER: ASK Q543a ONLY IF RESPONDENT WORKS PART-TIME (Q502a = 2).

543a. How many days per week do you work?
(or weeks per month or months per year if easier to answer)

Days per week **OR**

543b. How many weeks per month do you work?

Weeks per month **OR**

543c. How many month per year do you work?

Months per year

544a. Who mainly decides how the money YOU earn as wages will be used?

- 1 Respondent alone
- 2 Respondent and husband/partner
- 3 Respondent and other person
- 4 Husband/partner alone
- 5 Father/Mother (of respondent)
- 6 Someone else in the household
- 96 Other → **[SPECIFY IN Q544B]**
- 98 Don't know

544b. If the person who mainly decides how your wages will be used was not listed among the choices in q538a, specify:

SUB-SECTION 5.7: HUSBAND/PARTNER'S WAGE WORK

FILTER: SKIP SECTION 5.7 IF RESPONDENT'S HUSBAND DOES NOT WORK FOR WAGES:

[If Q501a = 4 (student) or 5 (unemployed) or 6 (unpaid family worker)

SKIP TO SECTION 5.8.]

ALSO SKIP SECTION 5.7 IF UNMARRIED, SEPARATED OR WIDOWED: SEE Q304.

550. You indicated that your HUSBAND/PARTNER worked as an employee. Please describe his main activity:

98 Don't know

551a. From ALL (if more than one) the work that your HUSBAND/PARTNER does (as an employee for someone else) how does he earn income?

- | | | |
|----|---------------------|-------------------------|
| 1 | No earnings | → [SKIP TO Section 5.8] |
| 2 | In kind | → [PROCEED TO Q551B] |
| 3 | Amount in shillings | → [PROCEED TO Q551C] |
| 98 | Don't know | |

551b. If he earns 'in kind' from ALL the work that he does, please estimate worth in Shillings:

(Estimated worth in Shillings)

551c. From ALL (if more than one) the work that he does (as an employee for someone else), how much does he earn in a day?
(or a week, month or year, if easier to answer)

_____ Per day

551d. How much does he earn in a week?

OR _____ Per week

551e. How much does he earn in a month

OR _____ Per month

551f. How much does he earn in a year?

OR _____ Per year

FILTER: ASK Q552a ONLY IF HUSBAND WORKS PART-TIME (Q501 = 2).

552a. How many days per week does your husband/partner work?

(or weeks per month or months per year if easier to answer)

Days per week **OR**

552b. How many weeks per month does he work?

Weeks per month **OR**

552c. How many month per year does he work?

Months per year

553a. Who mainly decides how the money your HUSBAND/PARTNER earns as wages will be used?

- 1 Respondent alone
- 2 Respondent and husband/partner
- 3 Respondent and other person
- 4 Husband/partner alone
- 5 Father/Mother (of respondent)
- 6 Someone else in the household
- 7 Other → **[SPECIFY IN Q553B]**
- 98 Don't know

553b. If the person who mainly decides how your husband/partner's wages will be used was not listed among the choices in q553a, specify:

SUB-SECTION 5.8: CHILDREN'S WAGE WORK

NB: INCLUDE ALL CHILDREN IN HOUSEHOLD

FILTER: SKIP SECTION 5.8 IF RESPONDENT HAS NO CHILDREN. [If Q311 or Q312 = 0 (i.e., no children) SKIP TO SECTION 6.]

560a. From all the work that your child does/ children do (as an employee of someone else) howdo(es) he/she/they earn income? Please do not include any household enterprise in which you may have included this person before.

- 1 No earnings → [SKIP TO Section 6]
- 2 In kind → [PROCEED TO Q560B]
- 3 Amount in shillings → [PROCEED TO Q560C]
- 98 Don't know

560b. If you he/she/they 'in kind' from the work that that he/she/they do, please estimate worth in Shillings:

_____ (Estimated worth in Shillings)

560c. From ALL the work that he/she/they do (as an employee for someone else), how much does he/she/they earn in a day? (or a week, month or year, if easier to answer)

_____ Per day

560d. How much does he/she/they earn in a week?

OR _____ Per week

560e. How much does he/she/they earn in a month

OR _____ Per month

560f. How much does he/she/they earn in a year?

OR _____ Per year

561a. Who mainly decides how the money from your CHILD's/CHILDREN's wages will be used?

- 1 Respondent alone
- 2 Respondent and husband/partner
- 3 Respondent and other person
- 4 Husband/partner alone
- 5 Father/Mother (of respondent)
- 6 Someone else in the household
- 7 Child alone
- 8 Child and other person
- 9 Other → [SPECIFY IN Q561B]
- 98 Don't know

561b. If the person who mainly decides how your child/children's wages will be used was not listed among the choices in q561a, specify:

SECTION 6. HOUSEHOLD CONSUMPTION, EXPENDITURE and DEBT

Now, Please tell me how much of the following items have been consumed by your household in the past 7 days (last week):

601. What is the total value in Shillings that the household spent on:

[HOME PRODUCED ITEMS SHOULD BE INCLUDED IN TOTALS]

a. Rice	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
b. Matoke (bunches, clusters)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
c. Tubers (sweet potatoes, cassava, irish potatoes, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
d. Cereals (maize, millet, sorghum, etc. -- whole or in flour)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
e. Sugar and other sweeteners (including candy, honey, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
f. Processed wheat products (bread, noodles, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
g. Soyabeans, beans, peas	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
h. Meat, chicken, and fish	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
i. Edible Oil (ghee, margarine, butter, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
j. Milk and milk products (ice cream, milk powder, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
k. Eggs	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
l. Vegetables	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
m. Fruit and ground nuts	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know

602. Over the past 30 days, what was the total value in Shillings of each of the following items that the household consumed?

a. Salt and spices	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
b. Drinks (coffee, tea, soda, beer)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
c. Food at restaurants, eating out	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
d. Fuel and cooking gas, firewood, charcoal, paraffin (Kerosene).	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
e. Entertainment (includes cinema, picnic, sports, club fees, video cassettes)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
f. Telephone, mobile phones, paid channels and internet	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
g. Toilet articles (includes toothpaste, shaving blades, shaving cream, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
h. Household items (includes electric bulb, tubelight, washing soap, insecticides, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
i. Transport (includes, bus, taxi, boda boda, diesel, petrol, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
j. House rent, appliance rental, furniture, implements	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
k. Utility fees	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
l. Services (domestic servants, other)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
m. All out-patient medical expenses	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know

603. For the following expenses, about how much did you spend in the past year (last 365 days)?

MAKE SURE COSTS COVER THE LAST ONE-YEAR PERIOD

- a. School fees and other education expenses (books, stationary, internet charges, library charges).
- b. Medical expenses (excluding the current pregnancy loss, but including doctors fees, medicines)
- c. Clothing and footwear
- d. Bedding
- e. Furniture and fixtures
- f. Crockery, glassware, bucket, utensils, etc.
- g. Cooking/household appliances and goods for recreation (includes TV, electric fan, sewing machine, washing machine, refrigerator, radio, tape recorder, musical instruments, clock, watch, PC, telephone, mobile, etc.)
- h. Jewelry and ornaments
- i. Personal transport equipment (includes purchase or repairs of bicycle, scooter, car, tyres, etc.)
- j. Therapeutic appliances (includes glass eye, hearing aids, orthopedic equipment, etc.)
- k. Repair & maintenance of your own residence
- l. Insurance premiums
- m. Vacations
- n. Social functions (marriage, funerals, gifts, baptisms, etc.)

Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know

Now, we would like to ask you about LOANS your household may have obtained.

604. Did your household borrow or take any financial loan in the past 5 years?

- 1 Yes
- 2 No → [SKIP TO Q613]
- 98 Don't know → [SKIP TO Q613]

605. How many loans has your household taken in the past 5 years?

Number of loans 98 Don't know

FOR Q606-Q610: IF MORE THAN ONE LOAN, ask about the largest one.
IF JUST ONE LOAN, ask the question as is.

606a. How long ago, in days, did the household obtain this [your largest] loan?
(or in months or years, if easier to answer)

Days OR
 98 Don't know

606b. How long ago, in months, did the household obtain this [your largest] loan?

Months OR

606b. How long ago, in years, did the household obtain this [your largest] loan?

Years

607. How much did the household receive from for this [your largest] loan?

_____ Shillings 98 Don't know

608. For what purpose was this [your largest] loan taken?

[MULTIPLE RESPONSES ARE ALLOWED.
TICK ALL RESPONSES THAT ARE MENTIONED.]

- 1 Buy/improve house
- 2 Buy land
- 3 Marriage expenses
- 4 Agricultural business
- 5 Daily consumption
- 6 Car/appliance, etc.
- 7 Educational
- 8 Medical expense
- 9 Other (specify) _____
- 98 Don't know

609a. From where (or from whom) did the household obtain this [your largest] loan?

- 1 Employer
- 2 Local money lender
- 3 Friend
- 4 Relative
- 5 Bank
- 6 NGO
- 7 Community Credit Group/SACO
- 8 Government program
- 9 Other credit Org/ co-op
- 10 Other → [SPECIFY IN Q609B]
- 98 Don't know

609b. If your largest loan was taken out from a location not listed in 609a, specify:

609c. Did you pay interest or are you currently paying interest on this [your largest] loan?

1 Yes

2 No

98 Don't know

610. What was the total monthly payment on [this/your largest] loan?

Shillings/month

98 Don't know

Regarding any/all outstanding loans...

611. Do you currently owe money on ANY of these loans?

1 Yes

2 No → [SKIP TO Q613]

98 Don't know → [SKIP TO Q613]

612. How much do you currently owe in total?

_____ Shillings

98 Don't know

613a. In the past five years have you sold any land to pay off expenses or pay off a loan?

1 Yes

98 Don't know

2 No

613b. In the past five years have you sold any jewelry to pay off expenses or pay off a loan?

1 Yes

98 Don't know

2 No

613b. In the past five years if you have sold anything else to pay off expenses or pay off a loan, please specify:

614. How much in total do members of your household currently owe others (include ALL types of loans currently outstanding)?

_____ Shillings

96 Owe nothing

98 Don't know

615. How much, in total, is owed by others to your household?

_____ Shillings

96 Owed nothing

98 Don't know

616. Do you have an outstanding balance--for longer than a month's purchases--with any shopkeeper? (...other?)
If YES, how much?

_____ Shillings

96 Owe nothing

98 Don't know

SECTION 7. RECENT PREGNANCY

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.

701. At the time you became pregnant, 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?

- 1 Wanted then → *[SKIP TO Q703]*
- 2 Wanted later
- 3 Not wanted at all
- 4 Not sure
- 98 Don't know → *[SKIP TO Q703]*

702a. What is the most important reason why you say that: you wanted to wait until later / you were not sure / you did not want it at all?

DO NOT READ OUT--TICK ONE CATEGORY

- 1 Husband/partner did not want a pregnancy this time
- 2 Have enough children
- 3 Cost of raising children is too high
- 4 Too soon after last pregnancy
- 5 Would have to drop out of school
- 6 Would have to leave job
- 7 Too young
- 8 Too old
- 9 Not married
- 10 This pregnancy is not with husband/partner.
- 11 Health reasons
- 12 Other → *[SPECIFY IN Q702B]*
- 98 Don't know

702b. If you specified that the most important reason why you say that: you wanted to wait until later / you were not sure / you did not want it at all was "Other" in 702a, specify:

703 At the time you got pregnant, were you using any method of contraception?

- 1 Yes
- 2 No → *[SKIP TO Q705]*
- 98 Don't know → *[SKIP TO Q705]*

704. What method of contraceptive were you using?

MULTIPLE RESPONSES ARE ALLOWED

- 1 Female sterilization
- 2 Male sterilization
- 3 Pill
- 4 IUD
- 5 Injectables
- 6 Implants
- 7 Male condom
- 8 Female condom
- 9 Diaphragm
- 10 Foam/jelly
- 11 Lactational amenorrhea method
- 12 Rhythm method / moon beads
- 13 Withdrawal
- 14 Other (specify) _____
- 98 Don't know

705a. How many weeks were you pregnant when you lost this pregnancy (started to bleed)?
(or in months if easier to answer)

705b. How many months were you pregnant when you lost this pregnancy (started to bleed)?

Weeks 98 Don't know

OR Months

As you may know, some women lose their pregnancy spontaneously, while others sometimes take steps to end their pregnancy. This may occur for many reasons: for example, when women find themselves pregnant when they do not want to be or when it is difficult for them to continue with their pregnancy or because of opposition from their husband, partner, relatives or others.

706. Have you ever been in a situation when you or someone else did something to end your pregnancy?

- 1 Yes
- 2 No → [SKIP TO Q708]
- 98 Don't know

707. Did your recent pregnancy, that is, the one that resulted in your current admission to this facility, end this way?

- 1 Yes → [SKIP TO SECTION 8]
- 2 No
- 98 Don't know

708. What do you think might have caused the loss of this pregnancy?

DO NOT READ OUT-- TICK ALL THAT APPLY

a. Lifted heavy things

1 Yes

2 No

b. Upset or distressed

1 Yes

2 No

c. Took medicine

1 Yes

2 No

d. Drank herbal tea

1 Yes

2 No

e. Husband/partner beat

1 Yes

2 No

f. Other (specify)

1 Yes

2 No

g. Don't know

98 Don't know

[PROBE FIRST BEFORE ACCEPTING "DON'T KNOW"]

FILTER CHECK :

IF "NO" IN Q706 and "NO" IN Q707, ASK:

709. Just to make sure that I have the right information, you say that [read answers selected in Q708] caused the loss of your pregnancy. Is that correct?

1 Yes, response to Q708 is correct

2 No → [RETURN TO Q708 AND ASK THE QUESTION AGAIN]

709a. Did you do these things in an attempt to bring back your period?

1 Yes → [GO BACK AND CHECK Q706-707: BOTH SHOULD BE TICKED AS "YES" AFTER PROBING IF Q709 ANSWER IS CORRECT]

2 No → [SKIP TO SUB-SECTION 8.3, Q816]

SECTION 8. PRIOR TO ARRIVING AT THE HEALTH FACILITY

Now I am going to ask you some questions about this pregnancy loss and the time **BEFORE** you arrived at this facility this time.

801. How many times did you do or use anything to stop this pregnancy?

<input type="text"/>	Number
<input type="text"/>	Don't know

[IF MORE THAN THREE ATTEMPTS, ASK FOR FIRST, SECOND AND LAST ATTEMPTS.]

SUB-SECTION 8.1: FIRST, SECOND, AND LAST ATTEMPTS

802a. What did you do FIRST to end this pregnancy
DO NOT READ OUT THE ALTERNATIVES

1st attempt

- 1 Took herbs, a substance, or a combination of substances orally: antimalaria drugs (chloroquine, quinine), detergent, bleach, gasoline, etc.
- 2 Inserted solid objects into the vagina (includes catheter, sticks and hangers)
- 3 Inserted something into the vagina (excludes solid objects, includes herbs and solutions, hormonal, bleach, artificial rupturing of the membrane)
- 4 Injectables
- 5 Surgical abortion (MVA or D&C -- probe by asking for a description. Make sure woman is not describing a catheter)
- 6 Took other kind of tablets or pills (includes overdoses of contraceptives, aspirins)
- 96 Other (not any of the above) → *[SPECIFY IN Q802B]*
- 98 Don't know / Can't remember

802b. Please specify what you did FIRST to end this pregnancy
[ONLY IF RESPONDENT SELECTED "OTHER" IN 802a]

802c. What did you do SECOND to end this pregnancy
DO NOT READ OUT THE ALTERNATIVES

802d. Please specify what you did SECOND to end this pregnancy
[ONLY IF RESPONDENT SELECTED "OTHER" IN 802c]

802e. What did you do LAST to end this pregnancy
DO NOT READ OUT THE ALTERNATIVES

802f. Please specify what you did SECOND to end this pregnancy
[ONLY IF RESPONDENT SELECTED "OTHER" IN 802e]

2nd attempt

- 1 Took herbs, a substance, or a combination of substances orally:
antimalaria drugs (chloroquine, quinine), detergent, bleach, gasoline, etc.
 - 2 Inserted solid objects into the vagina (includes catheter,
sticks and hangers)
 - 3 Inserted something into the vagina (excludes solid objects, includes
herbs and solutions, hormonal, bleach, artificial rupturing of the membrane)
 - 4 Injectables
 - 5 Surgical abortion (MVA or D&C -- probe by asking for a
description. Make sure woman is not describing a catheter)
 - 6 Took other kind of tablets or pills
(includes overdoses of contraceptives, aspirins)
 - 96 Other (not any of the above) → [SPECIFY IN Q802D]
 - 98 Don't know / Can't remember
-

Last attempt

- 1 Took herbs, a substance, or a combination of substances orally:
antimalaria drugs (chloroquine, quinine), detergent, bleach, gasoline, etc.
 - 2 Inserted solid objects into the vagina (includes catheter,
sticks and hangers)
 - 3 Inserted something into the vagina (excludes solid objects, includes
herbs and solutions, hormonal, bleach, artificial rupturing of the membrane)
 - 4 Injectables
 - 5 Surgical abortion (MVA or D&C -- probe by asking for a
description. Make sure woman is not describing a catheter)
 - 6 Took other kind of tablets or pills
(includes overdoses of contraceptives, aspirins)
 - 96 Other (not any of the above) → [SPECIFY IN Q802F]
 - 98 Don't know / Can't remember
-

SUB-SECTION 8.2: ALL ATTEMPTS

803. As a result of all of these attempts, were you unable to do your normal activities (school, work, housework)?

1 Yes, unable to work
 2 No, able to work → [SKIP TO Q804]

803a. How many days were you unable to do these activities, taking into account all attempts?
(or in weeks, if easier to answer)

Days 95 Able to do activities

803b. How many weeks were you unable to do these activities, taking into account all attempts?

OR Weeks 95 Able to do activities

804. How much money did you spend in total for all of these attempts?
(include transportation, medication, fees for services, food, lodging, and any other expenses)

_____ Shillings → [IF 0 SHILLINGS, SKIP TO Q820]

[PROBE FOR ESTIMATE]

98 Don't know amount

805. Who paid for the costs related to all of these attempts, in sum?
 PROBE: Anyone else? [TICK ALL THAT APPLY]

a. Yourself

1 Yes 2 No

b. Husband/partner

1 Yes 2 No

c. Other family

1 Yes 2 No

d. Friend

1 Yes 2 No

e. Boyfriend

1 Yes 2 No

f. Other

1 Yes 2 No

g. If other, specify:

h. Don't know

98 Don't know

806. Did you lose any income during this time because you could not work due to your illness?

1 Yes 2 No → [SKIP TO Q808]
 98 Don't know → [SKIP TO Q808]

807. How much income did you lose?

_____ Shillings

[PROBE FOR ESTIMATE]

98 Don't know amount

808. Did anyone else in your household lose income during this time because of your illness?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No → [SKIP TO Q812] <input type="checkbox"/> 98 Don't know → [SKIP TO Q812]
809. How much income did he/she/they lose? [PROBE FOR ESTIMATE]	_____ Shillings <input type="checkbox"/> 98 Don't know amount
810. What measures were taken to overcome the economic hardship of losing income? [TICK ALL THAT APPLY]	
a. Loan from family/friends	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
a1. If loan was taken from family/friends, how much (in Shillings):	_____ Shillings
b. Loan with crop as collateral	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
b1. If loan was taken with crop as collateral, how much (worth in Shillings):	_____ Worth in Shillings
c. Loan with other assets as collateral	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
c1. If loan was taken with other assets as collateral, how much (worth in Shillings):	_____ Worth in Shillings
d. Selling next harvest in advance (below market value)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
e. Selling food (rice) supply	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
f. Selling jewelry	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
g. Selling other assets	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
h. Using savings	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
i. Getting more money from family, friend or employer	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
j. Getting assistance (in the form of goods from the family/relatives and friends)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
k. Cutting household expenses	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
l. No measures taken	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
m. Don't know/Can't think of any measures taken	<input type="checkbox"/> 98 Don't know
SKIPS: IF ASSETS WERE SOLD, ASK Q811. IF LOANS WERE TAKEN, ASK Q811a. IF BOTH ASSETS SOLD AND LOANS TAKEN ASK Q811 AND Q811a. IF NEITHER ASSETS SOLD NOR LOANS TAKEN, SKIP TO Q812.	
811. How much below market value were these sales?	_____ Shillings <u>below</u> market value (sales) <input type="checkbox"/> 98 Don't know
811a. How much above market value were these loans?	_____ Shillings <u>above</u> market value (loans) <input type="checkbox"/> 98 Don't know

812. Did you receive help in the form of money, goods or services from outside the household (other than parents, siblings, children) or from other parties (i.e. foundation/organization, friends/relatives, NOT included in Q805) during the time you were unable to do your normal activities?

1 Yes
 2 No → [SKIP TO Q814]
 98 Don't know → [SKIP TO Q814]

813. What type of help did you receive from these people [... outside the household or from other parties] during this time you were unable to do your normal activities and how much?
 [CHECK ALL THAT APPLY]

a. Gave money or loan 1 Yes 2 No
 a1. If money or loan was received, specify amount in Shillings: Amount _____ Shillings

b. Paid health costs (including treatment) 1 Yes 2 No
 b1. If assisted with health costs, specify amount in Shillings: Amount _____ Shillings

c. Gave food stuff or other goods 1 Yes 2 No
 c1. If food stuff or other goods were received, specify amount in Shillings: Amount _____ Shillings

d. Did household chores or providing child care or assisting during physical recovery 1 Yes 2 No
 If household chores or child care assistance provided, specify amount of time:
 d1. In days Days
 d2. In weeks Weeks
 OR Days
 Weeks

e. Other 1 Yes 2 No

f. If other type of assistance was provided, specify: _____ → Amount _____ Shillings

g. Don't know 98 Don't know

814. Did you have any of the following health problems because of the abortion, which caused you to seek treatment at this facility?
 [CHECK ALL THAT APPLY]

a. Bleeding 1 Yes 2 No
 a1. If you experienced bleeding, how severe was it? 1 Mild 2 Moderate 3 Severe

b. Fever 1 Yes 2 No
 b1. If you experienced bleeding, how severe was it? 1 Mild 2 Moderate 3 Severe

c. Pain 1 Yes 2 No
 c1. If you experienced bleeding, how severe was it? 1 Mild 2 Moderate 3 Severe

d. Injury/perforation 1 Yes 2 No
 d1. If you experienced bleeding, how severe was it? 1 Mild 2 Moderate 3 Severe

e. Don't know/Don't remember 98

GO TO SECTION 9 NOW ↓ ↓
 [SKIP TO SECTION 9]

SUB-SECTION 8.3: MISCARRIAGE EPISODE

816a. As a result of the miscarriage, were you unable to do your normal activities (school, work, housework)?

1 Yes, unable to work
 2 No, able to work → [SKIP TO Q817]

816b. IF YES, how many days were you unable to do these activities?
(or in weeks, if easier to answer)

Days

816c. How many weeks were you unable to do these activities?

OR Weeks

817. Apart from coming to this facility, did you seek care for this pregnancy loss from any other place?

1 Yes 2 No

818. How much money did you spend in total for treating the miscarriage? (include transportation, medication, fees for services, food, lodging, and any other expenses)
[PROBE FOR ESTIMATE]

_____ Shillings → [IF 0 SHILLINGS, SKIP TO Q820]

98 Don't know amount

819. Who paid for the costs related to this miscarriage, in sum?
PROBE: Anyone else? [TICK ALL THAT APPLY]

a. Yourself

1 Yes 2 No

b. Husband/partner

1 Yes 2 No

c. Other family

1 Yes 2 No

d. Friend

1 Yes 2 No

e. Boyfriend

1 Yes 2 No

f. Other

1 Yes 2 No

g. If other, specify:

h. Don't know

98 Don't know

820. Did you lose any income during this time because you could not work due to your illness?

1 Yes 2 No → [SKIP TO Q821]
 98 Don't know → [SKIP TO Q821]

820a. How much income did you lose?

_____ Shillings

[PROBE FOR ESTIMATE]

98 Don't know amount

821. Did anyone else in your household lose income during this time because of your illness?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No → [SKIP TO Q822] <input type="checkbox"/> 98 Don't know → [SKIP TO Q822]
821a. How much income did he/she/they lose? [PROBE FOR ESTIMATE]	_____ Shillings <input type="checkbox"/> 98 Don't know amount
822. What measures were taken to overcome the economic hardship of losing income? [TICK ALL THAT APPLY]	
a. Loan from family/friends	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
a1. If loan was taken from family/friends, how much (in Shillings):	_____ Shillings
b. Loan with crop as collateral	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
b1. If loan was taken with crop as collateral, how much (worth in Shillings):	_____ Worth in Shillings
c. Loan with other assets as collateral	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
c1. If loan was taken with other assets as collateral, how much (worth in Shillings):	_____ Worth in Shillings
d. Selling next harvest in advance (below market value)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
e. Selling food (rice) supply	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
f. Selling jewelry	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
g. Selling other assets	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
h. Using savings	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
i. Getting more money from family, friend or employer	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
j. Getting assistance (in the form of goods from the family/relatives and friends)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
k. Cutting household expenses	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
l. No measures taken	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
m. Don't know/Can't think of any measures taken	<input type="checkbox"/> 98 Don't know
SKIPS: IF ASSETS WERE SOLD, ASK Q823. IF LOANS WERE TAKEN, ASK Q823a. IF BOTH ASSETS SOLD AND LOANS TAKEN, ASK Q823 AND Q823a. IF NEITHER ASSETS SOLD NOR LOANS TAKEN, SKIP TO Q824.	
823. How much below market value were these sales?	_____ Shillings <u>below</u> market value (sales) <input type="checkbox"/> 98 Don't know
823a. How much above market value were these loans?	_____ Shillings <u>above</u> market value (loans) <input type="checkbox"/> 98 Don't know

824. Did you receive help in the form of money, goods or services from outside the household (other than parents, siblings, children) or from other parties (i.e. foundation/organization, friends/relatives, NOT included in Q819) during the time you were unable to do your normal activities?

1 Yes
 2 No → [SKIP TO Q826]

825. What type of help did you receive from these people [... outside the household or from other parties] during this time you were unable to do your normal activities and how much?
 [CHECK ALL THAT APPLY]

a. Gave money or loan 1 Yes 2 No
 a1. If money or loan was received, specify amount in Shillings: Amount _____ Shillings

b. Paid health costs (including treatment) 1 Yes 2 No
 b1. If assisted with health costs, specify amount in Shillings: Amount _____ Shillings

c. Gave food stuff or other goods 1 Yes 2 No
 c1. If food stuff or other goods were received, specify amount in Shillings: Amount _____ Shillings

d. Did household chores or providing child care or assisting during physical recovery 1 Yes 2 No
 If household chores or child care assistance provided, specify amount of time:
 d1. In days Days
 d2. In weeks Weeks
 OR Days
 Weeks

e. Other 1 Yes 2 No

f. If other type of assistance was provided, specify: _____ → Amount _____ Shillings

g. Don't know 98 Don't know

826. Did you have any of the following health problems because of the miscarriage, which caused you to seek treatment at this facility?
 [CHECK ALL THAT APPLY]

a. Bleeding 1 Yes 2 No
 a1. If you experienced bleeding, how severe was it? 1 Mild 2 Moderate 3 Severe

b. Fever 1 Yes 2 No
 b1. If you experienced bleeding, how severe was it? 1 Mild 2 Moderate 3 Severe

c. Pain 1 Yes 2 No
 c1. If you experienced bleeding, how severe was it? 1 Mild 2 Moderate 3 Severe

d. Injury/perforation 1 Yes 2 No
 d1. If you experienced bleeding, how severe was it? 1 Mild 2 Moderate 3 Severe

e. Don't know/Don't remember 98

SECTION 9. EXPERIENCES SINCE ARRIVING AT THE HEALTH FACILITY

Now I want to ask you some questions about your experiences since you came to this facility.

901a. How many days has it been from when you first started having health problems to when you arrived here?
(or in weeks, if easier to answer)

Days 98 Don't know

901b. How many weeks has it been from when you first started having health problems to when you arrived here?

OR Weeks

902a. How long have you spent in this facility receiving treatment, in no. of hours:
(or in no. of nights, if easier to answer)

No. of hours OR 98 Don't know

902b. How long have you spent in this facility receiving treatment, in no. of nights:

No. of nights OR

903. Does the health facility offer any assistance with the payment of their fees?

1 Yes
 2 No → [SKIP TO Q905]
 98 Don't know → [SKIP TO Q905]

904a. What kind of assistance do they offer?

1 Allowed to pay some or all of fees later
 2 Allowed to pay in non-cash form. → [SPECIFY IN Q904B]
 3 No fee charged → [SKIP TO Q906]
 4 Nominal fee charged → [SKIP TO Q906]
 96 Other (specify) → [SPECIFY IN Q904C]
 98 Don't know

904b. If the health facility allows you to pay in non-cash form, specify:

904c. If the health facility offered other type of assistance, specify:

905. How did you or how will you pay for all of the expenses related to your treatment?

[READ OUT all response categories; select ALL that apply]

a. Respondent's own money

1 Yes 2 No

b. Money from husband/partner

1 Yes 2 No

c. Money from other family

1 Yes 2 No

d. Money from friend

1 Yes 2 No

e. Savings

1 Yes 2 No

f. Health insurance scheme

1 Yes 2 No

g. Take out a loan

1 Yes 2 No

h. Other (specify)

1 Yes 2 No _____

i. Don't know

98 Don't know

I'm going to read a list of expenses you or someone else may have paid for your treatment at this facility (like fees), expenses for things brought to the facility (like medicine) or other expenses (like meals for people who may have come with you). Please tell me the amounts.

906. What type of transportation did you use to reach this facility?

- 1 Public transport
- 2 Rented vehicle (taxi)
- 3 Personal transport (car, motorcycle, other)
- 4 Someone else transport
- 96 Other → *[SPECIFY IN Q906A]*
- 98 Don't know → *[SKIP TO Q908]*

906a. If type of transportation used was not listed above, specify:

For Q907-Q912:

How much did the following cost you...?

**907. Transportation to this facility
(fare or gas estimate):**

_____ Shillings 98 Don't know

**908. Fees for consultation or services
(including procedures):**

_____ Shillings 98 Don't know

909. Fees for tests:

_____ Shillings 98 Don't know

**910. Costs for medicines or supplies either at
this facility or that were brought
to this facility:**

_____ Shillings 98 Don't know

911. Costs for meals or lodging for you:

_____ Shillings 98 Don't know

**912. Costs for meals or lodging for people
who came with you:**

_____ Shillings 98 Don't know

913. Were there any other costs you had?

96 No other costs → **[SKIP TO Q915]**

914. How much were they?

_____ Shillings 98 Don't know

FILTER CHECK:

If ZERO living children (Q312), SKIP TO Q920

915. Since you have been ill, have your children been able to attend school?

- 1 Yes → [SKIP TO Q916]
- 2 No
- 3 No children enrolled in school → [SKIP TO Q916]
- 98 Don't know → [SKIP TO Q916]

915a. How many days of school were missed?

Days missed

916. Since you have been ill, have your children been able to work?

- 1 Yes → [SKIP TO Q917]
- 2 No
- 3 No children work → [SKIP TO Q917]
- 98 Don't know → [SKIP TO Q917]

916a. How many days of work were missed?

Days missed

917. Have your children eaten less than usual?

- 1 Yes, they have eaten less than usual
- 2 No, they have eaten the same
- 98 Don't know

918. Did someone else come to take care of your children, e.g., your friend or sister?

- 1 Yes
- 2 No

919. Was your husband unable to work because he had to look after your children?

- 1 Yes
- 2 No

END OF INTERVIEW

920. RECORD THE TIME INTERVIEW ENDS.

Hours Minutes

921. Interviewer: Please record your opinion about the respondent's abortion:

- 1 I am sure that the abortion was induced.
- 2 I suspect that the abortion was induced.
- 3 I suspect that the abortion was spontaneous (i.e., a miscarriage).
- 4 I am sure that the abortion was spontaneous (i.e., a miscarriage).
- 98 Don't know / I have no opinion.

922. Interviewer note on the interview:

INTERVIEWER: THIS NOTE IS OPTIONAL IF THE INTERVIEW IS COMPLETE. IT IS MANDATORY IF THE QUESTIONNAIRE IS INCOMPLETE, ESPECIALLY IF IT IS A REFUSAL. IF A REFUSAL, NOTE AS MANY CHARACTERISTICS OF THE WOMAN AS POSSIBLE.

HEALTH PROVIDER QUESTIONNAIRE (SECTION 10)

INTERVIEWER:

(1) ADMINISTER THIS PROVIDER QUESTIONNAIRE FOR EACH FEMALE PATIENT BEING TREATED FOR POST-ABORTION COMPLICATIONS WHO:

A) HAS COMPLETED AN INTERVIEW AND

B) HAS GIVEN PERMISSION TO OBTAIN HER MEDICAL RECORD INFORMATION

(i.e., signed the consent form in the woman's questionnaire).

(2) BE SURE TO WRITE IN THE PATIENT SURVEY IDENTIFICATION NUMBER (SIN) AND ATTENDING HEALTH PROVIDER'S NAME (QUESTIONS P101 and P102) BELOW THAT CORRESPOND TO THE SAME QUESTIONS IN THE WOMAN'S QUESTIONNAIRE TO ENSURE A CORRECT MATCH TO THE MEDICAL INFORMATION

My name is _____ and I am working with the MAKERERE COLLEGE OF HEALTH SCIENCES . We are conducting a research study with female patients in this health facility. The study is about the costs of medical treatment in cases of pregnancy losses that women experience. The purpose is to get information that can help us improve health services for women who experience pregnancy loss.

The woman about whom I wish to obtain some information has already given permission to get access through her health provider to medical information that was collected about her at this facility.

All the information you give will remain confidential and will be used for research purposes only. No personal reference will be made to the woman's or your participation in this study and there is no way that anyone will be able to identify this questionnaire as hers or yours.

P100. IDENTIFICATION

P101. Patient survey identification number:

				/				/			
--	--	--	--	---	--	--	--	---	--	--	--

SIN copied from Q101

P102. Attending health provider's name and position:

P102a. What is your name?

_____ Provider's name

P102b. What is your position?

1	Medical doctor	5	Specialist
2	Ob/gyn specialist	6	Clinical officer
3	Nurse	7	Nurse aid
4	Nurse-midwife	8	Other ↓ [SPECIFY IN P102c]

P102c. If your position was not listed above, specify:

P103. Date of interview:

a. day

		Day
--	--	-----

b. month

		Month
--	--	-------

c. year

		Year
--	--	------

P104. Time of Interview:

P105. Interviewer's name:

P106. Language of interview:

P107a. Field reviewed/edited by:

Date of field review/editing:

b. day

Day

c. month

Month

d. year

Year

P108. Office reviewed/edited by:

Date of office review/editing:

b. day

Day

c. month

Month

d. year

Year

P109. Data entry by:

Date of data entry:

b. day

Day

c. month

Month

d. year

Year

P200. MEDICAL CARE

P201. What complaints did the patient have upon admission?

[TICK ALL THAT APPLY.]

a. Bleeding, blood loss

1 Yes 2 No

b. Passage of tissue or products of conception

1 Yes 2 No

c. Fever

1 Yes 2 No

d. Pain

1 Yes 2 No

e. Others (specify):

1 Yes 2 No

e1. If other, specify:

f. Don't know

98 Don't know

P202. What was the estimated gestational age of the fetus?

Number of weeks from last menstrual period

98 Don't know

P203. Did the patient report symptoms/signs indicating induced abortion?

1 Yes, patient reported such symptoms/signs

2 No, no patient didn't report such symptoms/signs

98 Don't know

P204. What type of uterine evacuation was performed on the patient?

[TICK ONLY ONE RESPONSE]

1 Manual vacuum aspiration (MVA)

2 Electric vacuum aspiration (EVA)

3 Medical abortion (misoprostol alone)

4 Evacuation and curettage (E&C)

5 Dilatation and curettage (D&C)

6 Dilatation and evacuation (D&E)

7 Evacuation using oxytocic/uterotonic agents

8 No uterine evacuation

98 Don't know

P205. What other procedures were performed on the patient?

[TICK ALL THAT APPLY]

a. Abdominal surgery

1 Yes 2 No → [SKIP TO P206]

b. Laparoscopy

1 Yes 2 No → [SKIP TO P206]

c. Uterine evacuation

1 Yes 2 No ↓ [SPECIFY IN P102c]

If uterine evacuation procedure was performed, what type of procedure was it?

1. Manual vacuum aspiration (MVA)

1 Yes 2 No

2. Electric vacuum aspiration (EVA)

1 Yes 2 No

3. Medical abortion (misoprostol alone)

1 Yes 2 No

4. Evacuation and curettage (E&C)

1 Yes 2 No

5. Dilatation and curettage (D&C)

1 Yes 2 No

6. Dilatation and evacuation (D&E)

1 Yes 2 No

7. Evacuation using oxytocic/uterotonic agents

1 Yes 2 No

8. Other procedures

1 Yes 2 No

8i. If other, specify:

d. Don't Know

98 Don't know

P206. What other treatments were provided to the patient?

[TICK ALL THAT APPLY]

a. Blood transfusion

1 Yes 2 No

b. Oral antibiotics

1 Yes 2 No

c. IV antibiotics

1 Yes 2 No

d. IV fluids

1 Yes 2 No

e. Uterotonics

1 Yes 2 No

e1. If uterotonics, specify:

f. Analgesics/painkillers

1 Yes 2 No

g. Other medications

1 Yes 2 No

g1. If other medication, specify:

h. Don't know

98 Don't know

P207. Ultimately, what complications were diagnosed for the patient?

[TICK ALL THAT APPLY]

a. Sepsis/septicemia

1 Yes 2 No

b. Pelvic infection

1 Yes 2 No

c. Retained products of conception

1 Yes 2 No

d. Hemorrhage

1 Yes 2 No

e. Shock

1 Yes 2 No

f. Fever

1 Yes 2 No

g. Peritonitis

1 Yes 2 No

h. Injury to other internal organs

1 Yes 2 No

i. Instrumental injury of cervix or vagina

1 Yes 2 No

j. Instrumental injury of uterus

1 Yes 2 No

k. Other

1 Yes 2 No

k1. If other, specify:

l. Don't know

98 Don't know

P208. For the purposes of our research, we would like your overall opinion about this patient. From your professional experience, how would you classify the patient's abortion?

[TICK ONLY ONE RESPONSE]

1 Certainly induced

2 Probably induced

3 Possibly induced

4 Most likely spontaneous

98 Don't know

P209. What was the patient's condition at discharge?

- | | | |
|----|---|----------------------|
| 1 | Transferred to another facility (specify type): | → [SPECIFY IN P209b] |
| 2 | Improved, returning home | |
| 96 | Other | → [SPECIFY IN P209c] |
| 98 | Don't know | |

P209b. If the patient was transferred to another facility, specify type:

P209c. If the patient's condition was not listed above, specify:

P210. What was the patient's date of admission?

a. day

Day

Don't know

b. month

Month

c. year

Year

P211. What was the patient's date of discharge?

a. day

Day

Don't know

b. month

Month

c. year

Year

P212. Additional remarks by the reporting provider:

Signed:

(Interviewer)