

Instructions for interviewer:

- *Please use the below introduction as a conversation guide when approaching potential respondents.*
- *Please remember that if anyone grows uncomfortable or upset during the interview, they do not need to complete the interview.*
- *Please follow the instructions included in the body of the survey as you are going through the questions with the respondent.*
- *Please make sure it is clear to the respondent or any observers that this survey in NO WAY influences the assistance people are or might be receiving currently or in the future.*
- *Please make sure that you are in a safe and private space (if appropriate) before commencing the interview.*
- *If someone has a general inquiry regarding the services provided by IRC, you can share with them the brochure you will be given regarding IRC's services. They can be told that the International Rescue Committee is a non-governmental organization operating in camps and urban areas in Northern Jordan. We provide a range of services in the urban areas of Mafraq, Ramtha and Irbid. This includes primary and reproductive health services, case management services, psychosocial services and recreational activities. If you are interested in accessing our services, here is some information [give them pamphlet/handout]. All of IRC's services are free of charge and are available to Jordanians and Syrians.*
- *If someone tells you that they or someone they know has experienced violence such as rape, domestic violence, sexual exploitation, or abuse, please make sure to tell them "My colleagues at IRC are specialized to provide support and would be happy to talk to you confidentially about any support that they can provide you. Would you like for me to pass your information, in a confidential way, to one of our specialized staff who can call you to set a time for you to meet?"*
 - *If they agree and want to be referred, please fill the box located at the end of the survey.*

CONSENT FORM FOR AUDULTS

Good morning/afternoon,

My name is and I am working with the International Rescue Committee on an assessment to develop recommendations on how to improve the services we provide in your community. As a part of this, we would like to invite you in a survey we are conducting which will allow us to understand the prevalence and causes of gender-based violence in your community and indentify related attitudes among men, women, girls and boys. We will also be assessing health services, particularly relating to access and uptake of family planning. This will help us informing and improving our services for men women and adolescents in your community.

The survey will last about 30 minutes.

Some people may feel upset when talking about their thoughts, or about problems in your community. This might happen to you. If you decide to join, you don't have to say anything that you do not want to, and you can stop at any time. If you feel upset during or after our discussion, we have someone on our staff who is ready to listen and speak with you, if you want.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

During the survey, one person will write down your answers. This information will be compiled and only be used to inform our programming. A summary of compiled results will be shared with the project's donor and the humanitarian community. We will not take any personal information such as your name, ID, address or any other information that could lead to your identification. All of your replies will remain completely anonymous.

If you have any questions you can contact [add contact details of local IRC staff].

Do you have any questions?

Do you agree to be in this study? **Yes (PROCEED)** **No (STOP)**

[I have explained this research study to the subject.]

Interviewer/Witness to Assent Procedures
(To be signed by interviewer after subject has verbally assented)

Date

ASSENT FORM FOR GIRLS/BOYS

Good morning/afternoon,

My name is and I am working with the International Rescue Committee on an assessment to develop recommendations on how to improve the services we provide in your community. As a part of this, we would like to invite you in a survey we are conducting which will allow us to understand the prevalence and causes of gender-based violence in your community, and indentify related attitudes among girls and boys. We will also be assessing health services, particularly relating to access and uptake of family planning. This will help us informing and improving our services for girls in your community.

The survey will last about 30 minutes.

Some people may feel upset when talking about their thoughts, or about problems in your community. This might happen to you. If you decide to join, you don't have to say anything that you do not want to, and you can stop at any time. If you feel upset during or after our discussion, we have someone on our staff who is ready to listen and speak with you, if you want.

Your participation in this survey is completely voluntary. You do not have to take part and are free to stop the survey at any time. If you chose not to participate, or to leave at any time during this discussion, your decision will not affect any help that you and your family receive from the International Rescue Committee.

During the survey, one person will write down your answers. This information will be compiled and only be used to inform our programming. A summary of compiled results will be shared with the project's donor and the humanitarian community. We will not take any personal information such as your name, ID, address or any other information that could lead to your identification. All of your replies will remain completely anonymous.

If you have any questions you can contact [add contact details of local IRC staff].

Do you have any questions?

Do you agree to be in this study? **Yes (PROCEED) No (STOP)**

[I have explained this research study to the subject.]

Interviewer/Witness to Assent Procedures

Date

Section One: Demographic Information

Introduction: This survey will be divided into six sections. During this first section, we will ask you some questions about your identity and about your household. However, none of these questions will make your identification possible.

1. Where do you currently live?

- |____|
1. Mafrag
 2. Irbid
 3. Ramtha
 4. Other; *If they say "other" please discontinue the survey as we are looking for current residents of these 3 areas*

2. Gender of the respondent

- |____|
1. Male
 2. Female

3. How old are you?

|____| Years

4. What's your nationality?

- |____|
1. Syrian
 2. Jordanian
 3. Other (Specify)
- (If the respondent answers 2 or 3 please skip to questions 7).*

5. If Syrian, how long have you been in Jordan since your most recent arrival?

|____| Years |____| Months

6. If Syrian, how many members of your family are in Jordan

|____| Individuals

7. How many members live in this house (living under one roof using the same kitchen)?

|____| Family members

8. What's your level of education?

- |____|
1. Never went to school
 2. Primary level
 3. Secondary level
 4. Diploma
 5. University (undergraduate)
 6. Master or above

9. What's your marital status?

- |____| 1. Single
|____| 2. Married (that includes separated cases)
3. Divorced
4. Widowed

If they reply 1, 3, or 4, please skip to question 12

10. If married, is your spouse in Jordan?

- |____| 1. Yes
|____| 2. No

11. If married, how old were you when you got married?

|____| Years

12. What is the type of the relation between you and your husband?

- Blood relation
Affinity relation

Section Two: Knowledge of the Available Services

Introduction: We are now done with the first section. Thank you for your replies.

In this second section, we will ask you some questions to understand how much you know about the services available in your community.

13. Are you aware of any available service in your community?

- |____| 1. Yes
|____| 2. No
If No skip to question 15

14. If yes; can you mention the available services that you are aware of?

(Note to interviewer: DO NOT read out the options listed below or prompt any responses. Please list any of the below options that the respondent says. You can select more than one service.)

- |____| 1. Health
|____| 2. Education
|____| 3. Psychologist
|____| 4. Cash assistance
|____| 5. Training Courses, Awareness sessions
|____| 6. Recreational activities
|____| 7. Other; (specify)_____

15. Can you list the main service providers in your community?

(Note to interviewer: DO NOT read out the options listed below or prompt any responses. Please list any of the below options that the respondent says. You can select more than one service provider.)

- | | | | |
|------|-------------------|------|-----------------------------|
| ____ | 1. MoSD | ____ | 2. NAF |
| ____ | 3. Public Schools | ____ | 4. Princess Bassma's Center |
| ____ | 5. Islamic Center | ____ | 6. UNICEF |

- | | | | |
|--------------------------|---------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | 7. UNHCR | <input type="checkbox"/> | 8. IRC |
| <input type="checkbox"/> | 9. ACTED | <input type="checkbox"/> | 10. Save the Children |
| <input type="checkbox"/> | 11. Handicap | <input type="checkbox"/> | 12. IMC |
| <input type="checkbox"/> | 13. Local NGOs | <input type="checkbox"/> | 14. Other (specify) _____ |
| <input type="checkbox"/> | 15. Private schools | <input type="checkbox"/> | 16. Health center |

17. Are you aware of IRC as one of the service providers in your community?

(Ask if the respondent did not mention IRC in the previous question. Please show the respondent IRC logo.)

- | | | | |
|--------------------------|--------|--------------------------|-------|
| <input type="checkbox"/> | 1. Yes | <input type="checkbox"/> | 2. No |
|--------------------------|--------|--------------------------|-------|

If the respondent replies yes to question 17, kindly ask question 18 and 19. If no skip to question 20

18. In your community IRC is providing services to:

(Note to interviewer: DO NOT read out the options listed below or prompt any responses. Please list any of the below options that the respondent says. You can select more than one service.)

- | | | | | | |
|--------------------------|----------|--------------------------|---------------|--------------------------|----------|
| <input type="checkbox"/> | 1. Women | <input type="checkbox"/> | 2. Men | <input type="checkbox"/> | 3. girls |
| <input type="checkbox"/> | 4. Boys | <input type="checkbox"/> | 5. Don't know | | |

19. In your community which services are provided by the IRC?

(Note to interviewer: DO NOT read out the options listed below or prompt any responses. Please list any of the below options that the respondent says. You can select more than one service.)

- | | | | |
|--------------------------|--|--------------------------|---------------------------------|
| <input type="checkbox"/> | 1. General Health Services | <input type="checkbox"/> | 2. Reproductive Health Services |
| <input type="checkbox"/> | 3. Physiological Services | <input type="checkbox"/> | 4. Cash Assistance Services |
| <input type="checkbox"/> | 5. Training Courses, awareness raising | <input type="checkbox"/> | 6. Recreational activities |
| <input type="checkbox"/> | 7. Other(Specify) _____ | | |

Section Three: Access / Use of the Available Services

Introduction: We are now done with the second section.

In this third section, we will ask you some questions to understand how much you know about how to access the services available in your community.

20. Have you ever accessed / used any of the available services in your community?

- | | | | |
|--------------------------|--------|--------------------------|-------|
| <input type="checkbox"/> | 1. Yes | <input type="checkbox"/> | 2. No |
|--------------------------|--------|--------------------------|-------|

21. If Yes, can you please specify the service and service provider

(Note to interviewer: DO NOT read out the options listed below or prompt any responses. Please list any of the below options that the respondent says.

If the service provider is not IRC no need to write down the name of the service provider.

You can choose more than one service provider per service.)

Service	IRC		Other (specify)		Don't remember	
	Yes	No	Yes	No	Yes	No
1. Health clinic doctor	Yes	No	Yes	No	Yes	No
2. Health clinic midwife	Yes	No	Yes	No	Yes	No

3. Health clinic nurse/Social worker	Yes	No	Yes	No	Yes	No
4. Health mobile team	Yes	No	Yes	No	Yes	No
5. Psychologist	Yes	No	Yes	No	Yes	No
6. Cash assistance	Yes	No	Yes	No	Yes	No
7. Attended meeting or training, awareness raising sessions	Yes	No	Yes	No	Yes	No
8. Attended other recreational activities (such as sewing or literacy courses)	Yes	No	Yes	No	Yes	No
9. Other (Specify) _____	Yes	No	Yes	No	Yes	No

If the respondent accessed \ used any of IRC's services ask Question 22. If not kindly skip to question 23.

22. Did you find that the IRC's services you accessed were tailored to meet your needs?

Note to the interviewer: Read only the services accessed listed in the previous question

Service	Met my needs	Partially met my needs	Didn't meet my needs	Service not Accessed
1. Health clinic doctor				
2. Health clinic midwife				
3. Health clinic nurse/Social worker				
4. Health mobile team				
5. Psychologist				
6. Cash assistance				
7. meeting or training, awareness raising sessions				
8. other recreational activities				
9. Other (Specify) _____				

Section Four: Seeking Services Attitudes

Introduction: We are now done with the third section. Thank you for your replies.

In this fourth section, we will ask you some questions to better understand how and why, in your view, people choose to access or not to access services available in your community.

23. In your opinion, how important are the following services for women and girls?

Service	FOR WOMEN			For Girls		
	Very important	Moderately important	Not Important	Very important	Moderately important	Not Important
1. Health clinic doctor						
2. Health clinic midwife						

3. Health clinic nurse/Social worker						
4. Health mobile team						
5. Psychologist						
6. Cash assistance						
7. meeting or training, awareness raising sessions						
8. other recreational activities						
9. Other (Specify) _____						

24. Do you think that these services are accessible for women and girls?

Note to the interviewer: Read only the services listed in the previous question

SERVICE	FOR WOMEN			FOR GIRLS		
	Accessibility			Accessibility		
	Yes	No	Not aware of this service	Yes	No	Not aware of this service
1. Health clinic doctor						
2. Health clinic midwife						
3. Health clinic nurse/Social worker						
4. Health mobile team						
5. Psychologist						
6. Cash assistance						
7. meeting or training, awareness raising sessions						
8. other recreational activities						
9. Other (Specify) _____						

Ask question 25 and 26 to men and women only. If the respondent is a girl or a boy, please skip to question 27

25. In your opinion do women, as a group, face obstacles in accessing any of the following services?

26. If yes, why?

Women	Question 25 Obstacles?	Question 26 If yes, reasons?
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Service			Mixing of men and women	Lack of female service providers	Not permitted by family to	Not allowed to leave the house	Services are too far away	The behavior of services providers is inappropriate	Low quality of services	The services don't meet women's needs	Not sure of what the service	Fear of being recognized/ identified/ stigmatized	Other
	Yes	No											
1 General Health													
2 Reproductive health													
3 Social workers													
4 Health mobile team													
5 Psychologists													
6 Cash Assistance													
7 Recreational activities													
8 Outreach/ Information campaigns/ sessions													
9 Other (specify _____) <i>insert the mentioned services at question 16, if any</i>													

27. In your opinion do girls, as a group, face obstacles in accessing any of the following services?
 28. If yes, why?

Service	Question 27 Obstacles?		Question 28 If yes, reasons?										
	Yes	No	Mixing of men and women	Lack of female service providers	Not permitted by family to access services	Not allowed to leave the house	Services are too far away	The behavior of services providers is inappropriate	Low quality of services	The services don't meet women's needs	Not sure of what the service does	Fear of being recognized/ identified/ stigmatized	Other
1 General Health													
2 Reproductive health													
3 Social workers													
4 Health mobile team													
5 Psychologists													
6 Cash Assistance													

7	Recreational activities												
8	Outreach/ Information campaigns/ sessions												
9	Other (specify _____) <i>insert the mentioned services at question 16, if any</i>												

29. Do you have any suggestion to improve any of the following services for women/girls in your community

		For Women	For Girls
1	General Health		
2	Reproductive health		
3	Social workers		
4	Health mobile team		
5	Psychologists		
6	Cash Assistance		
7	Recreational activities		
8	Outreach/Information campaigns/sessions		
9	Other (specify _____) <i>insert here other services mentioned at question 16, if any</i>		

Section five: knowledge and Attitudes toward Gender – Based Violence

Introduction: We are now done with the fourth section.

In this fifth section, we will ask you some questions to understand how much violence, and especially violence against women and girls, is prevalent in your community, how people react to that and what services are available for women and girls who experience violence. We will also ask you your opinion about a number of statements relating to individual behaviors.

30. To what extent do you think that violence is prevalent in your community, and how often do you think it occurs in the following categories?

		Under 18 years old		
		Very common	A Little common or Rare	Not common at all
1	Physical violence against males			
2	Physical violence against females			
3	Psychosocial violence against males			
4	Psychosocial violence against females			
5	Sexual violence against males			
6	Sexual violence against females			

Forced: The marriage of an individual against her or his will. This also includes **early marriage** which is any marriage under the age of 18.

Denial of resources, opportunities or services (Denial of rightful access to economic resources/ assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner/ spouse or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc.)

Psychological/Emotional abuse: (Infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.)

34. If a woman is exposed to any type of violence, are you aware of any available services in your community that can provide her with support?

- 1. Yes 2. no**

If yes Can You can list more than one answer

(Note to interviewer: DO NOT read out the options listed below or prompt any responses. Please list any of the below options that the respondent says.)

1. General Health	
2. Reproductive health	
3. Social worker	
4. Psychologist	
5. Cash assistance	
6. Meetings / information sessions / trainings	
7. Other recreational activities	
8. Other (specify)	

35. If yes, can you specify who the service provider for these services is?

(Note to the interviewer: Read only the services accessed listed in the previous question. You can check more than one option)

	IRC	Other Specify	Don't remember
1. General Health			
2. Reproductive health			
3. Social worker			
4. Psychologist			
5. Cash assistance			
6. Meetings / information sessions / trainings			

7. Other recreational activities			
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36. If a girl is exposed to any type of violence, are you aware of any available services in your community that can provide her with support?

2. Yes 2. no

If yes Can You can list more than one answer

(Note to interviewer: DO NOT read out the options listed below or prompt any responses. Please list any of the below options that the respondent says.)

9. General Health	
10. Reproductive health	
11. Social worker	
12. Psychologist	
13. Cash assistance	
14. Meetings / information sessions / trainings	
15. Other recreational activities	
16. Other (specify)	

37. If yes, can you specify who the service provider for these services is?

(Note to the interviewer: Read only the services accessed listed in the previous question. You can check more than one option)

	IRC	Other Specify	Don't remember
8. General Health			
9. Reproductive health			
10. Social worker			
11. Psychologist			
12. Cash assistance			
13. Meetings / information sessions / trainings			
14. Other recreational activities			

38. How, in your view, would it be possible to reduce gender-based violence?

(Note to interviewer: *DO NOT* read out the options listed below or prompt any responses. Please list any of the below options that the respondent says.)

- Increasing awareness on GBV [this could be awareness-raising activities targeting at men or women]
- Improving safety and security in the community
- Working with community leaders
- Limiting mobility of women and girls
- Any response related to women changing the way they dress
- Other (Please specify _____)
- I don't know

39. Indicate if you “strongly agree”, “agree”, “disagree” or “strongly disagree” with the following statements

Please tick the answer to the statement contained in the table below by a mark in the column

	Statement	Agree	Disagree	Refuse to answer	
1	Marriage of a female under the age of 18 is an acceptable way to protect the family's honor				<input type="checkbox"/>
2	Marriage of a female under the age of 18 is an acceptable way to protect the girl				<input type="checkbox"/>
3	Marriage of a female under the age of 18 is acceptable to help solving the financial problems of the family				<input type="checkbox"/>
4	Marriage of a female under the age of 18 for financial reasons is acceptable				<input type="checkbox"/>
5	Marriage under the age of 18 can negatively affect the health of a female				<input type="checkbox"/>
6	Marriage of a female under the age of 18 can negatively affect the psychological wellbeing of a girl				<input type="checkbox"/>
7	Marriage of female under the age of 18 can negatively affect the community				<input type="checkbox"/>
8	A husband and wife should make decisions together about how money will be spent in the household				<input type="checkbox"/>
9	Only men should decide on how money will be spent in the household				<input type="checkbox"/>
10	Only women should decide on how money will be spent in the household				<input type="checkbox"/>
11	All family members should contribute to the decision on how money will be spent in the household				<input type="checkbox"/>
12	Violence against women is acceptable under certain circumstances				<input type="checkbox"/>
13	Violence against girls is acceptable under certain circumstances				<input type="checkbox"/>
14	If a woman is being hit, this is a family matter and no-one else ¹ should interfere (Anybody external to what the respondent identifies as family)				<input type="checkbox"/>
15	If a girl is being hit, this is a family matter and no-one else should interfere				<input type="checkbox"/>
16	If a woman exposed to violence she will seek help from a trusted person				<input type="checkbox"/>

¹ Anybody external to what the respondent identifies as family

Home
Other

49. When you delivered, who supervised the delivery ?

Hospital/ health center	NO ONE, SELF, ALONE DOCTOR/MEDICAL ASSISTANT NURSE/ MIDWIFE AUXILIARY MIDWIFE/NURS TRAINED BIRTH ATTENDANT OTHER PEOPLE(specify)
Medical clinic	DOCTOR/MEDICAL ASSISTANT NURSE/ MIDWIFE AUXILIARY MIDWIFE/NURS TRAINED BIRTH ATTENDANT OTHER PEOPLE(specify)
Home	NO ONE, SELF, ALONE DOCTOR/MEDICAL ASSISTANT NURSE/ MIDWIFE AUXILIARY MIDWIFE/NURS TRAINED BIRTH ATTENDANT Adult RELATIVE/FRIEND OTHER PEOPLE (specify)
Other	NO ONE, SELF, ALONE DOCTOR/MEDICAL ASSISTANT NURSE/ MIDWIFE AUXILIARY MIDWIFE/NURS TRAINED BIRTH ATTENDANT Adult RELATIVE/FRIEND OTHER PEOPLE(specify)

50. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY

Yes no

Family Planning

(Ask Male and Female respondent)

51. What ways or s have you ever heard of that a couple (either female or male methods) can use to delay or avoid a pregnancy?

(DO NOT read out the options listed below or prompt any responses. Please list any of the below options that the respondent says. You can select more than one option.)

- | | | | |
|--------------------------|----------------------------|--------------------------|---|
| <input type="checkbox"/> | 1. Pill | <input type="checkbox"/> | 2. Male Condom |
| <input type="checkbox"/> | 3. Female Condom | <input type="checkbox"/> | 4. Injectables |
| <input type="checkbox"/> | 5. IUD | <input type="checkbox"/> | 6. Implants |
| <input type="checkbox"/> | 7. Diaphragm | <input type="checkbox"/> | 8. Foam/Jelly |
| <input type="checkbox"/> | 9. Female Sterilization | <input type="checkbox"/> | 10. Male Sterilization |
| <input type="checkbox"/> | 11. Lactation Amen. Method | <input type="checkbox"/> | 12. Other Modern Method (Specify) _____ |
| <input type="checkbox"/> | 13. Don't Know | | |

52. I would like to talk about family planning - the various ways that a couple can use to delay or avoid a pregnancy.

Have you ever heard of (Ask About Each Method Separately)	Yes	No
A Have you ever heard of..... Pill ? <i>PROBE: Women can take a pill every day to avoid becoming pregnant.</i>		
B Have you ever heard of Male Condom ? <i>PROBE: Men can put a rubber sheath on their penis before sexual intercourse.</i>		
C Have you ever heard of Female Condom ? <i>PROBE: Women can place a sheath in their vagina before sexual intercourse</i>		
D Have you ever heard of Injectables ? <i>PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months</i>		
E Have you ever heard of IUD ? <i>PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse</i>		
F Have you ever heard of Implants . <i>PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</i>		
G Have you ever heard of Female Sterilization . <i>PROBE: Women can have an operation to avoid having any more children.</i>		
H Have you ever heard of Male Sterilization (Vasectomy) <i>PROBE: Men can have an operation to avoid having any more children</i>		
I Have you ever heard of Lactation Amenorrhea Method (LAM) <i>PROBE: Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned)</i>		
J Have you heard of any OTHER ways or methods that women or men can use to avoid pregnancy? If other yes (specify) 1. 2.		

Ask only married respondents

53. What is the MAIN method are you currently using to delay or avoid pregnancy?

(DO NOT read out the options listed below or prompt any responses. Please list any of the below options that the respondent says.

If the respondent answered **None** skip to question 54 then ask56

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. None | <input type="checkbox"/> 2. Pill | <input type="checkbox"/> 3. Male Condom |
| <input type="checkbox"/> 4. Female Condom | <input type="checkbox"/> 5. Injectables | <input type="checkbox"/> 6. IUD |
| <input type="checkbox"/> 7. Implants | <input type="checkbox"/> 8. Diaphragm | <input type="checkbox"/> 9. Foam/Jelly |
| <input type="checkbox"/> 10. Female Sterilization | <input type="checkbox"/> 11. Male Sterilization | <input type="checkbox"/> 12. Lactation Amen. Method |
| <input type="checkbox"/> 13. Other Modern Method (Specify) _____ | <input type="checkbox"/> 14. Don't Know | |

54. What is the MAIN method are your partner currently using to delay or avoid pregnancy?

(DO NOT read out the options listed below or prompt any responses. Please list any of the below options that the respondent says. If the respondent answered

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. None | <input type="checkbox"/> 2. Pill | <input type="checkbox"/> 3. Male Condom |
| <input type="checkbox"/> 4. Female Condom | <input type="checkbox"/> 5. Injectables | <input type="checkbox"/> 6. IUD |
| <input type="checkbox"/> 7. Implants | <input type="checkbox"/> 8. Diaphragm | <input type="checkbox"/> 9. Foam/Jelly |
| <input type="checkbox"/> 10. Female Sterilization | <input type="checkbox"/> 11. Male Sterilization | <input type="checkbox"/> 12. Lactation Amen. Method |
| <input type="checkbox"/> 13. Other Modern Method (Specify) _____ | <input type="checkbox"/> 14. Don't Know | |

55. Where did you obtain (Current Method) the last time?

DO NOT read out the options listed below or prompt any responses. Please list any of the below options that the respondent says. You can select more than one option.

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. Govt. Hospital | <input type="checkbox"/> 2. Govt. Health Center | <input type="checkbox"/> 3. Family Planning Clinic |
| <input type="checkbox"/> 4. Mobile Clinic | <input type="checkbox"/> 5. Field worker | <input type="checkbox"/> 6. Community Based organization /Distributor |
| <input type="checkbox"/> 7. Private Hospital /Clinic | <input type="checkbox"/> 8. Pharmacy | |
| <input type="checkbox"/> 9. Shop | <input type="checkbox"/> 10. | <input type="checkbox"/> 11. Friend / Relative |
| <input type="checkbox"/> 12. Other (Specify) _____ | | |

If the respondent answered the previous question kindly skip to question 58

If the respondent currently doesn't use family planning methods ask questions 56 and 57

56. Why are you NOT using any method to delay or avoid pregnancy at the moment?

- | | | |
|--|---|--|
| <input type="checkbox"/> 1. Want To become pregnant | <input type="checkbox"/> 2. No Sex/ Infrequent sex | <input type="checkbox"/> 3. Postpartum Amenorrhic |
| <input type="checkbox"/> 4. Breastfeeding | <input type="checkbox"/> 5. Respondent Opposed | <input type="checkbox"/> 6. |
| <input type="checkbox"/> 7. Others Opposed | <input type="checkbox"/> 8. Religious Prohibition | <input type="checkbox"/> 9. Knows no method |
| <input type="checkbox"/> 10. don't know how I can get the method | <input type="checkbox"/> 11. Fear of side effects | <input type="checkbox"/> 12. Lack of access /Too far |
| <input type="checkbox"/> 13. Costs Too Much | <input type="checkbox"/> 14. Other (Specify) _____ | |

57. Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?

- | | | |
|---------------------------------|--------------------------------|--|
| <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No | <input type="checkbox"/> 3. Don't know |
|---------------------------------|--------------------------------|--|

58. For males only; are you supportive of your wife/ taking a family planning method to delay pregnancy?

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
|---------------------------------|--------------------------------|

59. For males only, why?

(Write down maximum two reasons)

1. _____
2. _____

60. Do you know of a place where you can obtain a method of family planning in your community ?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No (skip to question 62) |
|---------------------------------|--|

61. If yes; where is that

DO NOT read out the options listed below or prompt any responses. Please list any of the below options that the respondent says. You can select more than one option.

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. Govt. Hospital | <input type="checkbox"/> 2. Govt. Health Center | <input type="checkbox"/> 3. Family Planning Clinic |
| <input type="checkbox"/> 4. Mobile Clinic | <input type="checkbox"/> 5. Field worker | <input type="checkbox"/> 6. Community Based Distributor/ organization |
| <input type="checkbox"/> 7. Private Hospital /Clinic | <input type="checkbox"/> 8. Pharmacy | <input type="checkbox"/> 9. |
| <input type="checkbox"/> 10. Shop | <input type="checkbox"/> 11. | <input type="checkbox"/> 12. Friend / Relative |
| <input type="checkbox"/> 13. Other (Specify) _____ | | |

62. In the last 12 months, i.e., SINCE September 2013, have you discussed family planning with a health worker either in the health unit or in the community,

Yes
no

If **yes** ask Who you discussed family planning with. *You can select more than one option*

- | | | | |
|--------------------------|------------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | 1. Health Unit Health worker | <input type="checkbox"/> | 2. Community health worker |
| <input type="checkbox"/> | 3. Midwife | <input type="checkbox"/> | 4. Other (Specify) _____ |

63. Did you decide to take family planning as a result of this discussion?

- | | | | |
|--------------------------|-------------------------------|--------------------------|--------|
| <input type="checkbox"/> | 1. Yes. (skip to question 65) | <input type="checkbox"/> | 2. No. |
|--------------------------|-------------------------------|--------------------------|--------|

64. If No, Why did you decide not to take family planning?

- | | |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | 1. Already using Family planning |
| <input type="checkbox"/> | 2. Want a child |
| <input type="checkbox"/> | 3. Now pregnant |
| <input type="checkbox"/> | 4. Husband refused |
| <input type="checkbox"/> | 5. Fear using family planning |
| <input type="checkbox"/> | 6. Other (specify) |

65. In the last 12 months, have you discussed family planning with other persons in your household, community, e.g., wife, husband or, friends, neighbors, or relatives?

Yes
No

If **yes**, ask Who did you discuss family planning with?

Then any other?

If Yes You can select more than one option

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | 1. Spouse | <input type="checkbox"/> | 2. Mother, Mother in law |
| <input type="checkbox"/> | 3. Sister, Sister in law | <input type="checkbox"/> | 4. Friends, Peers |
| <input type="checkbox"/> | 5. Other (Specify) _____ | | |

REFERRALS - If relevant

1. Did this person request or agree to being referred? (Please circle one)

Yes No

2. Please circle which service they requested to be referred to (Please circle all that apply)

Health Social Worker/Psychologist Unsure

3. How would they like to be contacted? (Please circle one and provide the relevant information on how to contact the person)

a) By telephone at the following number: _____
Are there special instructions for calling? (For example, calling within certain hours or having only a woman or a man call?) _____

b) They don't want to be contacted; they will come to our center or clinic.

4. Any other notes/comments?

