

Haramaya University, College of Health and Medical Sciences
Kersa Demographic Surveillance and Health Research Center
Family planning study questionnaire

FP 01	Data collector's name	
FP 02	Date of Interview DD/MM/YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
FP 03	Location ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
FP 04	Round	<input type="text"/> <input type="text"/>
FP 05	Observation ID	Don't fill
FP 06	Name and ID of the respondent	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
FP 07	Have you ever heard of family planning? 1. Yes 2. No (skip to qn. 15)	<input type="checkbox"/>
FP 08	What is the source your family planning know how? 1.Husband 2. Relative 3. Friend 4. Neighbour 5. Health personel 6. Kebele administration 7. Religious places 8. Radio/Tv 9. Market places 10. Other places/specify	<input type="text"/> <input type="text"/>
FP 09	Do you know where to get family planning service? 1. Yes 2. No (skip to qn. 15)	<input type="checkbox"/>
FP 10	Have you ever used family planning methods? 1. Yes 2. No (skip to qn.14)	<input type="checkbox"/>
FP 11	Which family planning method you ever used? 1. Pills 2. Injectable 3. Implanon 4. IUCD 5. Surgical 6. Breast feeding/other traditional methods 7. Condom 8. Rhythm/calendar method 9. Other/specify	<input type="checkbox"/>
FP 12	Are you currently using family planning methods? 1. Yes 2. No (skip to qn. 14)	<input type="checkbox"/>
FP 13	Which family planning method are you currently using? 1. Pills 2. Injectable 3. Implanon 4. IUCD 5. Surgical 6. Breast feeding/other traditional methods 7. Condom 8. Rhythm/calendar method 9. Other/specify	<input type="checkbox"/>
FP 14	If you are not currently using family planning methods, what is the majorreason? 1.I want to have more child 2. I am pregnant now 3. I am not concieving 4. Unable to get the method 5. Husband/partner disapproavl 6. Previous bad experiances of method used 7. Religion disapproval 8. Social/cultural influence 9. Other/specify	<input type="checkbox"/>
FP 15	Have you ever got pregnant? 1. Yes 2. No (skip to qn. 20)	<input type="checkbox"/>
FP 16	Number of ever pregnancy?	<input type="text"/> <input type="text"/>
FP 17	Have you ever given delivery to a baby? 1. Yes 2. No (skip to qn. 20)	<input type="checkbox"/>
FP 18	Number of ever deliveries including twins?	<input type="text"/> <input type="text"/>
FP 19	Number of children you have now?	<input type="text"/> <input type="text"/>
FP 20	In the past five years, are there times when you would like to use famly planning methods but you fail to find? 1. Yes 2. No (skip to qn.22)	<input type="checkbox"/>
FP 21	In the future, do you have any intention to have a baby? 1. Yes 2. No (skip to qn.24)	<input type="checkbox"/>
FP 22	In the next two years do you have any intention to have a baby? 1. Yes 2. No (skip to qn . 24)	<input type="checkbox"/>
FP 23	If you have intention to have a baby, after how many months do you like to have a baby?	<input type="text"/> <input type="text"/>
FP 24	Supervisor's Name	

