

# GRAND STUDY Survey One Year (T4)

Participant ID \_\_\_\_\_

Study Arm

- Individual ANC  
 Group ANC

## Section 1: Baby Information

1. Is baby still alive?  Yes (Proceed to Q2)  
 No (Proceed to Section 2: Healthy Relationships)  
 Refused to respond

2. Has your baby experienced any health problems since our last survey?  Yes  
 No  
 Refused to respond

- 2a. If yes, did you seek/obtain care from a health facility?  Yes  
 No  
 Refused to respond

## Section 2: Healthy Relationships

**Now we would like to ask you some questions about your relationships. We know these are sensitive questions but they are important to us because these experiences can impact your health or pregnancy. You can skip any questions you do not want to answer, but please remember that what you tell us stays private. It helps us to know what women are experiencing at home.**

3. Do you feel comfortable saying no when you do not want to have sex with your husband/partner?  Yes  
 No  
 Refused to respond

4. In the past 1 year did your husband or partner force you to have sexual intercourse or perform a sexual act when you did not want to?  Yes  
 No  
 Refused to respond

5. In the past 1 year, has your husband or partner insulted or humiliated you?  Yes  
 No  
 Refused to respond

6. In the past 1 year, has your husband or partner ever yelled at you in a way that made you feel not safe?  Yes  
 No  
 Refused to respond

7. In the past 1 year, has your husband or partner done anything like slapped, hit, pushed, kicked, or choked you?  Yes  
 No  
 Refused to respond

**Thank you. I have a few more questions. Please answer yes or no.**

8. Do you know some tactics to calm your husband/partner down if he is yelling at you?

Yes  
 No  
 Not applicable  
 Refused to respond

9. Can you find a safe place if your husband/partner is acting violently?

Yes  
 No  
 Not applicable  
 Refused to respond

10. Do you have a safe person to talk to if you feel scared with your husband/partner?

Yes  
 No  
 Not applicable  
 Refused to respond

11. Do you know resources to contact if you do not feel safe at home?

Yes  
 No  
 Not applicable  
 Refused to respond

**Section 3: Family planning**

**Just a few more questions. These are about family planning.**

12. Are you currently pregnant?

Yes  
 No  
 Don't Know  
 Refused to respond

13. Are you currently using any family planning methods to prevent pregnancy?

Yes  
 No  
 Refused to respond

13a. If yes, which methods are you using?

Lactation Amenorrhea Method (LAM)  
 Cycle beads  
 Withdrawal  
 Condoms  
 Pills/oral contraception  
 Injectable  
 Implants  
 IUD  
 Emergency contraception  
 Sterilization (female)  
 Vasectomy (male)  
 None  
 Other  
 Refused to respond

13c. Did you receive the type of family planning method you desired?

Yes  
 No  
 Refused to respond

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14. If not currently using, do you intend to use any family planning methods?

- Yes
- No
- Don't know
- Refused to respond

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14a. If yes, which methods do you intend to use?

- Lactation Amenorrhea Method (LAM)
- Cycle beads
- Withdrawal
- Condoms
- Pills/oral contraception
- Injectable
- Implants
- IUD
- Emergency contraception
- Sterilization (female)
- Vasectomy (male)
- None
- Other
- Don't know
- Refused to respond

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**We have a few more question about family planning. Please answer yes or no to the following statements:**

15. Would you say using family planning is mainly your decision, mainly your husband/ partner's decision or do you make the decisions together?

- Mainly the woman (respondent)
- Mainly the husband/partner
- Joint decision
- Not applicable
- Other
- Refused to respond

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16. Can you discuss family size with your husband/partner?

- Yes
- No
- Refused to respond

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17. Can you discuss if and when I'd like to get pregnant again with your husband/partner?

- Yes
- No
- Refused to respond

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18. Can you discuss specific family planning methods with your husband/partner?

- Yes
- No
- Refused to respond

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19. Can you ask your husband/partner to use a condom if you want him to?

- Yes
- No
- Refused to respond

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20. Can you ask a provider to clarify something they have told you about family planning if you're not sure you understand?

- Yes
- No
- Refused to respond

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21.Can you tell a provider what's important to you in choosing a family planning method?

- Yes
- No
- Refused to respond

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22.Can you obtain the method of family planning you want, if you want one?

- Yes
- No
- Refused to respond

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23.Can you continue a family planning method if your friends and family found out?

- Yes
- No
- Refused to respond

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24.Can you stop using family planning and get pregnant again if/when you want to?

- Yes
- No
- Refused to respond