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
14. If not currently using, do you intend to use any family planning methods?
- Yes
- No
- Don't know
- Refused to respond

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

We have a few more questions 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

16. Can you discuss family size with your husband/partner?
- Yes
- No
- Refused to respond

17. Can you discuss if and when I'd like to get pregnant again with your husband/partner?
- Yes
- No
- Refused to respond

18. Can you discuss specific family planning methods with your husband/partner?
- Yes
- No
- Refused to respond

19. Can you ask your husband/partner to use a condom if you want him to?
- Yes
- No
- Refused to respond

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
<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Can you tell a provider what's important to you in choosing a family planning method?</td>
<td>Yes</td>
<td>No</td>
<td>Refused to respond</td>
</tr>
<tr>
<td>22. Can you obtain the method of family planning you want, if you want one?</td>
<td>Yes</td>
<td>No</td>
<td>Refused to respond</td>
</tr>
<tr>
<td>23. Can you continue a family planning method if your friends and family found out?</td>
<td>Yes</td>
<td>No</td>
<td>Refused to respond</td>
</tr>
<tr>
<td>24. Can you stop using family planning and get pregnant again if/when you want to?</td>
<td>Yes</td>
<td>No</td>
<td>Refused to respond</td>
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