|  |  |  |
| --- | --- | --- |
| **Variable label** | **Variable explanation / question wording** | **Response codes / format** |
| country | Country of interview | Zambia |
| respondentid | Unique respondent identification | Number [####] |
| Interviewlanguage | First language of interview | Bemba  English  Nyanja  Tonga  Tumbuka |
| interviewlanguagespecify | Second language of interview (if any) | Bemba  English  Nyanja  Tonga  Tumbuka |
| Howknewpregnant | At the time you became pregnant with this pregnancy that has just ended, how did you know you were pregnant? | Pregnancy test  Period late  Someone else noticed  Body changes  Other |
| firstsex | Was this the first time you had sex? | Yes  No |
| Heardofec | Have you ever heard of Emergency Contraception? It’s also called the Post-Pill, Morning After Pill or Emergency Pill [As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy] | 1 = yes  2 = no |
| Usedec | If “heardofec” = 1, For the pregnancy that has just ended, did you use Emergency Contraception? | Yes  No |
| contraceptiveuseatpreg | At the time you became pregnant with this most recent pregnancy, were you or your partner / husband using anything to delay or avoid pregnancy? | Yes  No  Missing |
| usingfemalesterilization\_atpreg  usingpill\_atpreg  usinginjection\_atpreg  usingmalecondom\_atpreg  usingdiaphragm\_atpreg  usingmalesteril\_atpreg  usingiud\_atpreg  usingimplant\_atpreg  usingfemalecondom\_atpreg  usingfoamjelly\_atpreg  usingec\_atpreg  usinglactamenorr\_atpreg  usingcountingdays\_atpreg  usingwithdrawal\_atpreg  usingothermethod\_atpreg | If YES using family planning at the time of this pregnancy that just ended, what family planning method(s) were you using? Note all methods mentioned:   * Female sterilisation * Oral pill * Injection / depo provera * Male condom * Diaphragm * Male sterilisation * IUD / loop * Implants * Female condom * Foam / jelly (spermicides) * Emergency contraception * Lactational amenorrhea (breastfeeding) * Counting days / fertility awareness * Other | 1 = yes  2 = no |
| everusedcontraceptive | If NOT using family planning at the time of this pregnancy that just ended, have you ever used anything to delay or avoid getting pregnant? | Yes  No  Missing |
| Everusedpill  Everusedinjection  Everusedmalecondom  Everuseddiaphragm  Everusediud  Everusedimplant  Everusedfemalecondom  Everusedfoamjelly  Everusedec  Everusedlactamenorr  Everusedcountingdays  Everusedwithdrawal  Everusedothermethod | If you have EVER used something to avoid or delay getting pregnant, but not for this pregnancy that has just ended, what methods have you used? Record all methods mentioned   * Oral pill * Injection / depo provera * Male condom * Diaphragm * IUD / loop * Implants * Female condom * Foam / jelly (spermicides) * Emergency contraception * Lactational amenorrhea (breastfeeding) * Counting days / fertility awareness * Other | 1 = yes  2 = no |
| Whyneverusedfp1  Whyneverusedfp2  Whyneverusedfp3  Whyneverusedfp4 | If NEVER used anything to delay or avoid getting pregnant, why? Were you not worries about getting pregnant? Mark as many reasons as mentioned | * Did not think I could get pregnant * Did not know there was anything I could do to avoid getting pregnant * My partner refused to use * Unable to access family planning services and supplies * Had not planned on having sex * Fears / worries * Other reasons |
| abortiondecision1  abortiondecision2  abortiondecision3  abortiondecision4 | Why did you decide to end the most recent pregnancy? Record all reasons mentioned. | * Husband did not want at the time * Partner did not want at the time * Have enough children already * Cost of raising children is too high * Too soon after last pregnancy * Would have to drop out of school due to pregnancy * Would have to leave job * Too young * Not married * Pregnancy was without a husband or partner * Fear of having to tell anyone about the pregnancy * Not the right time to have a baby * Influenced by someone else (eg: parent, friend, relative) * Forced or coerced sex / rape / incest * My ownhealth concerns * HIV positive / think I might be HIV+ * Don’t know * Other |
| abortiontiming | After deciding to terminate your pregnancy did you do something immediately or did you delay for some time? | * Delayed * Immediate |
| Howlongdelaydays | If delayed, for how long did you delay? | Number of days |
| whydelayreason1  whydelayreason2  whydelayreason3  whydelayreason4 | Why did you delay? Up to four reasons. | * Did not have transportation * did not know what to do * tried to go to another facility but was turned away * I was afraid * Partner refused * Did not know where to go * Did not know / realise I was pregnant * Other |
| doanythingbeforefac | Before you came to this facility, did you do anything to try to end the pregnancy? | 1 = yes  2 = no |
| firstactiondescribe | Describe what you did. Tell me everything you did to try to end the pregnancy | Text |
| firstactionflipchart | Show flipchart with examples and ask to identify | Text |
| firstactionhowtablets | If involves pharmaceuticals / tablets, how did you take? | Text |
| firstactionnumtablets | If involves pharmaceuticals / tablets, how many did you take? | Number |
| firstactionhowknew | How did you know about this? | Text |
| firstactionwhy | Why did you do this? Probe: Did you consider not doing this? | Text |
| Firstactionwhynotwork | Why do you think this method did not work? Probe: Why or why not? | Text |
| Firstactionresult | What happened as a result of doing this? | Text |
| firstactionworry | Do you worry that you might have any consequences / problems after doing this? Probe: What and why? | Text |
| Firstactionseekcare | After doing this did you think about seeking care / help from a health facility? | Yes  No |
| firstactionwhynocare | Why did you (not) seek care from a health facility? | Text |
| Firstactioninvolvement | Anyone else involved in this action? | Yes  No |
| Firstactionwhoinvolved | If someone else involved, who? | Text |
| Firstactionwhyinvolved | If someone else involved, why? | Text |
| firstactionhowinvolved | If someone else involved, how? | Text |
| Firstactionservicefee | Fees for consultation or service: how much did you have to pay? | Text |
| Firstactionmedcosts | Costs for medicines or supplies: how much did you have to pay? | Text |
| Firstactiontestfees | Fess for tests: how much did you have to pay? | Text |
| Firstactionproviderfees | Any additional money paid to the provider? Probes: How much did you have to pay? Why did you have to pay this? | Text |
| firstactionadditionalcosts | Did you have to spend anything else? | Text |
| firstactionmissschool | Did you miss school? | Yes  No  Not applicable |
| Firstactionjob | Able to do normal job? | Yes  No  Not applicable |
| firstactionhousework | Able to do normal housework? | Yes  No  Not applicable |
| firstactionlostincome | Lost income because could not work? | Yes  No  Not applicable |
| Firstactioncopemoney | Have you had to do anything to cope with losing income / get money? | Yes  No |
| firstactionhowcope | What have you done to cope with losing income / get money? | Text |
| firstactionhelpmoney | Did anyone help with money / childcare etc? | Yes  No |
| Firstactionwhohelpedmoney | If yes, who helped? | Text |
| firstactionhowhelpedmoney | If yes, what kind of help did you receive from them? Probe: Describe | Text |
| Firstactionrefusedhelp | At any point did anyone refuse to help you or provide you with what you wanted? Probe: Can you explain to me what happened? | Text |
| secondactiondescribe | Describe what you did. Tell me everything you did to try to end the pregnancy | Text |
| secondactionflipchart | Show flipchart with examples and ask to identify | Text |
| secondactionhowtablets | If involves pharmaceuticals / tablets, how did you take? | Text |
| secondactionnumtablets | If involves pharmaceuticals / tablets, how many did you take? | Number |
| secondactionhowknew | How did you know about this? | Text |
| secondactionwhy | Why did you do this? Probe: Did you consider not doing this? | Text |
| Secondactionwhynotwork | Why do you think this method did not work? Probe: Why or why not? | Text |
| Secondactionresult | What happened as a result of doing this? | Text |
| secondactionworry | Do you worry that you might have any consequences / problems after doing this? Probe: What and why? | Text |
| Secondactionseekcare | After doing this did you think about seeking care / help from a health facility? | Yes  No |
| secondactionwhynocare | Why did you (not) seek care from a health facility? | Text |
| Secondactioninvolvement | Anyone else involved in this action? | Yes  No |
| Secondactionwhoinvolved | If someone else involved, who? | Text |
| Secondactionwhyinvolved | If someone else involved, why? | Text |
| secondactionhowinvolved | If someone else involved, how? | Text |
| Secondactionservicefee | Fees for consultation or service: how much did you have to pay? | Text |
| Secondactionmedcosts | Costs for medicines or supplies: how much did you have to pay? | Text |
| Secondactiontestfees | Fess for tests: how much did you have to pay? | Text |
| Secondactionproviderfees | Any additional money paid to the provider? Probes: How much did you have to pay? Why did you have to pay this? | Text |
| secondactionadditionalcosts | Did you have to spend anything else? | Text |
| secondactionmissschool | Did you miss school? | Yes  No  Not applicable |
| Secondactionjob | Able to do normal job? | Yes  No  Not applicable |
| secondactionhousework | Able to do normal housework? | Yes  No  Not applicable |
| secondactionlostincome | Lost income because could not work? | Yes  No  Not applicable |
| Secondactioncopemoney | Have you had to do anything to cope with losing income / get money? | Yes  No |
| secondactionhowcope | What have you done to cope with losing income / get money? | Text |
| secondactionhelpmoney | Did anyone help with money / childcare etc? | Yes  No |
| Secondactionwhohelpedmoney | If yes, who helped? | Text |
| secondactionhowhelpedmoney | If yes, what kind of help did you receive from them? Probe: Describe | Text |
| Secondactionrefusedhelp | At any point did anyone refuse to help you or provide you with what you wanted? Probe: Can you explain to me what happened? | Text |
| thirdactiondescribe | Describe what you did. Tell me everything you did to try to end the pregnancy | Text |
| thirdactionflipchart | Show flipchart with examples and ask to identify | Text |
| thirdactionhowtablets | If involves pharmaceuticals / tablets, how did you take? | Text |
| thirdactionnumtablets | If involves pharmaceuticals / tablets, how many did you take? | Number |
| thirdactionhowknew | How did you know about this? | Text |
| thirdactionwhy | Why did you do this? Probe: Did you consider not doing this? | Text |
| Thirdactionwhynotwork | Why do you think this method did not work? Probe: Why or why not? | Text |
| Thirdactionresult | What happened as a result of doing this? | Text |
| thirdactionworry | Do you worry that you might have any consequences / problems after doing this? Probe: What and why? | Text |
| Thirdactionseekcare | After doing this did you think about seeking care / help from a health facility? | Yes  No |
| thirdactionwhynocare | Why did you (not) seek care from a health facility? | Text |
| Thirdactioninvolvement | Anyone else involved in this action? | Yes  No |
| Thirdactionwhoinvolved | If someone else involved, who? | Text |
| Thirdactionwhyinvolved | If someone else involved, why? | Text |
| thirdactionhowinvolved | If someone else involved, how? | Text |
| Thirdactionservicefee | Fees for consultation or service: how much did you have to pay? | Text |
| Thirdactionmedcosts | Costs for medicines or supplies: how much did you have to pay? | Text |
| Thirdactiontestfees | Fess for tests: how much did you have to pay? | Text |
| Thirdactionproviderfees | Any additional money paid to the provider? Probes: How much did you have to pay? Why did you have to pay this? | Text |
| thirdactionadditionalcosts | Did you have to spend anything else? | Text |
| thirdactionmissschool | Did you miss school? | Yes  No  Not applicable |
| Thirdactionjob | Able to do normal job? | Yes  No  Not applicable |
| thirdactionhousework | Able to do normal housework? | Yes  No  Not applicable |
| thirdactionlostincome | Lost income because could not work? | Yes  No  Not applicable |
| Thirdactioncopemoney | Have you had to do anything to cope with losing income / get money? | Yes  No |
| thirdactionhowcope | What have you done to cope with losing income / get money? | Text |
| thirdactionhelpmoney | Did anyone help with money / childcare etc? | Yes  No |
| Thirdactionwhohelpedmoney | If yes, who helped? | Text |
| thirdactionhowhelpedmoney | If yes, what kind of help did you receive from them? Probe: Describe | Text |
| Thirdactionrefusedhelp | At any point did anyone refuse to help you or provide you with what you wanted? Probe: Can you explain to me what happened? | Text |
| Triedtogethelpbeforefac | Before you were treated here, did you first try to get help somewhere else? | Yes  No |
| Hearaboutfacfriend | Heard about services at this facility from friend? | Yes  No |
| hearaboutfacpharmacist | Heard about services at this facility from pharmacist? | Yes  No |
| Hearaboutfacmedia | Heard about services at this facility from media? | Yes  No |
| Hearaboutfacinternet | Heard about services at this facility from internet? | Yes  No |
| Hearaboutfacpeereducator | Heard about services at this facility from peer educator? | Yes  No |
| Hearaboutfacleaflet | Heard about services at this facility from leaflet? | Yes  No |
| Hearaboutfacfamily | Heard about services at this facility from family member? | Yes  No |
| Hearaboutfacmedprovider | Heard about services at this facility from a medical provider (nurse, doctor, midwife etc)? | Yes  No |
| Hearaboutfactraditionalhealer | Heard about services at this facility from a traditional health / birth attendant? | Yes  No |
| Hearaboutfacchw | Heard about services at this facility from community health worker? | Yes  No |
| hearaboutfacother | Heard about services at this facility from other? | Yes  No |
| Whythisfaceasytogetto | Why did you come to this facility in particular for treatment? Easy to get to? | Yes  No |
| Whythisfacnooneknowsme | Why did you come to this facility in particular for treatment? No-one would know me here | Yes  No |
| Whythisfacgoodservicesproviders | Why did you come to this facility in particular for treatment? Heard that the services are good / providers are kind | Yes  No |
| Whythisfacknewnoother | Why did you come to this facility in particular for treatment? Did not know where else to go | Yes  No |
| whythisfacreferral | Why did you come to this facility in particular for treatment? Got a referral to here | Yes  No |
| Whythisfactoldtogohere | Why did you come to this facility in particular for treatment? Someone told me to come here | Yes  No |
| Whythisfacother | Why did you come to this facility in particular for treatment? Other reason | Yes  No |
| referraltothisfac | Did you receive a referral to this facility? | Yes  No |
| Wheregotreferral | From where did you get the referral? | * Private clinic / doctor * Local/ district health centre * Pharmacist * Police * Other |
| delayincomingtofac | After deciding to come to this facility, did you delay coming? | * Came immediately * Delayed |
| howmanydaysdelayed | If delayed, for how long did you delay? | Number of days |
| delayeddidntknowwheretogo | If delayed, why did you delay coming? Did not know where to go. | Yes  No |
| Delayedmoney | If delayed, why did you delay coming? Money | Yes  No |
| delayedtransportation | If delayed, why did you delay coming? Transport | Yes  No |
| delayedcouldnthidevisit | If delayed, why did you delay coming? Could not hide visit / find excuse | Yes  No |
| Delayedscared | If delayed, why did you delay coming? Scared / afraid | Yes  No |
| delayedturnedawayfromotherfac | If delayed, why did you delay coming? Went to another facility but turned away | Yes  No |
| delayedschool | If delayed, why did you delay coming? At school | Yes  No |
| Delayedother | If delayed, why did you delay coming? Other reason | Yes  No |
| timeatfac | Time spent at this facility receiving treatment | Number of hours or  Number of days  Don’t know |
| Transportpublictransport | How did you get to this facility? Public transport | Yes  No |
| Transportpersonaltransport | How did you get to this facility? Personal transport | Yes  No |
| transportwalking | How did you get to this facility? Walking | Yes  No |
| Transporttaxi | How did you get to this facility? Taxi | Yes  No |
| transportotherpersonstransport | How did you get to this facility? Someone else transport | Yes  No |
| Transportother | How did you get to this facility? Other | Yes  No |
| accompaniedtofac | Did someone come with you to this facility? | Yes  No |
| Whattoldpersonaccompanying | What have you told this person is the reason for your visit to this facility? | Text |
| Spentmoneytransport | Have you had to spend money on transport to get here? | Yes  No |
| howmuchmoneytransport | How much? | Amount in Birr  Don’t know  Not applicable |
| spentmoneyfeesatfac | Have you had to spend money on official fees for consultation or services or procedures? | Yes  No |
| Howmuchmoneyfeesatfac | How much? | Amount in Birr  Don’t know  Not applicable |
| Spentmoneyfeesfortests | Have you had to spend money on official fees for tests? | Yes  No |
| Howmuchmoneyfeesfortests | How much? | Amount in Birr  Don’t know  Not applicable |
| Spentmoneymedicineorsupplies | Have you had to spend money on medicines or supplies either here or brought here? | Yes  No |
| Howmuchmoneymedicineorsupplies | How much? | Amount in Birr  Don’t know  Not applicable |
| Spentmoneymealsorlodging | Have you had to spend money on meals or lodging? | Yes  No |
| Howmuchmoneymealsorlodging | How much? | Amount in Birr  Don’t know  Not applicable |
| Spentmoneynewclothesorthings | Have you had to spend money on new clothes or things that needed to be bought? | Yes  No |
| Howmuchmoneynewclothesorthings | How much? | Amount in Birr  Don’t know  Not applicable |
| Spentmoneyunofficialfeestofacsta | Have you had to spend money on unofficial money paid to staff? | Yes  No |
| Howmuchmoneyunofficialfeestofacs | How much? | Amount in Birr  Don’t know  Not applicable |
| Missedschool | As a result of coming here to this facility have you missed school / college / university? | Yes  No  Not applicable |
| Missedwork | As a result of coming here to this facility have you missed work? | Yes  No  Not applicable |
| Lostincome | As a result of coming here to this facility have you lost any income because you could not work? | Yes  No  Not applicable |
| doneanythingforlostincome | Have you had to do anything in order to cope with losing income? | Yes  No  Not applicable |
| Lostincomehowcope | What have you done to cope with losing income? | Text |
| anyonehelpcope | Did anyone help with money? | Yes  No |
| whohelpedcope | Who helped with money? | Text |
| whathelp | What other help did you receive from them? | Text |
| Wheregofirstatfac | Where did you first go in the facility when you came for this visit? | * Registration desk * - directly to a provider * Did not know where to go, had to ask someone * Other |
| Isthereafacclosertohome | Is there a facility that offers this service closer to your home other than this facility? | Yes  No  Don’t know |
| Whynotgotocloserfac | What is the main reason you did not go there for your treatment? | Text |
| Symptomsbleeding  Symptomsvomitingnausea  Symptomslowerabbackpain  Symptomspainfulabcramping  Symptomsfever  Symptomsinjurytoorgans  Symptomsdistensionofab  Symptomschillsorflulikesymptoms  Symptomsfoulsmellingdischarge  Symptomsperforationrupture  symptomsother | What were all the symptoms or consequences you experienced that made you come to this facility?   * Bleeding * Vomiting / nausea * Lower abdominal / back pain * Painful abdominal cramping * Fever * Injury to organs * Distension of abdomen * Child or flu-like symptoms * Foul-smelling discharge * perforation / rupture * other | Yes  No |
| symptomsotherdescribe | Specify other symptoms | Text |
| offeredfp | Were you offered a family planning method today? | Yes  No |
| Wantedfp | Would you have liked to start using family planning today? | Yes  No |
| acceptedfp | Did you accept a family planning method today? | Yes  No |
| methodchosenwouldlike | If yes, which method did you choose / would you like to have chosen? | Text |
| whynofptoday | If no, why did you not get a family planning method today | Text |
| Nofpsideeffects  Nofpwanttogetpreg  Nofprestbody  Nofpnosexplanned  Nofpreligion  Nofphusbandpartner  Nofpdontknow  nofpother | Why would you prefer not to start using a family planning method?   * Concerns about side effects * I want to get pregnant * I want to give my body time to rest * I do not plan on having sex * My religion forbids it * Concerns about what my partner / husband will say * Other | Yes  No |
| Treateddiffbcyoung | Did you feel that you were treated differently at this facility today because you are young? | Yes  No |
| Treateddiffbcyoungdescribe | If yes, How did you feel that you were treated differently because you are young? Can you explain your answer to me? | Text |
| treateddiffbcunmarried | Did you feel that you were treated differently at this facility because you are unmarried? | Yes  No |
| treateddiffbcunmarrieddescribe | If yes, How did you feel that you were treated differently because you are unmarried? Can you explain your answer to me? | Text |
| toldtotellparents | Did anyone at this facility tell you that you should tell your parents about your abortion? | Yes  No  Not applicable |
| Whatparentssaid | What did you parents say to you, or not yet told them? | Text |
| Facrequiredparentalconsent | If aged below 18 years: Did the facility require parental consent before treating you? | Yes  No  Don’t know |
| parentalconsentdescribe | Can you explain to me what happened? | Text |
| anyonerefusedtotreat | Did anyone at this facility refuse to treat you? | Yes  No |
| refusaltotreatdetails | Can you explain to me what happened? | Text |
| respectfultreatment | Do you feel that the facility staff treated you respectfully when you initially requested care here? | Yes  No |
| Givenemergencyphonenumber | Did the health provider give you a phone number to call in case of an emergency? | Yes  No |
| Madewelcome | Did you feel that the provider at this facility was welcoming and made you feel comfortable with your care? | Yes  No |
| Healthproviderinfopreg | Did the health provider tell you that without using a contraceptive method you could get pregnant again, even before your next period? | Yes  No |
| Healthproviderpolite | Was the health provider polite to you? | Yes  No |
| howcouldtreatmenthavebeenbetter | How could your treatment at this facility have been made better or easier for you? What could be changed about the way treatment is provided? | Text |
| knewcouldhavelegalabortion | Before you were pregnant this time did you know you could have a legal abortion in this facility? | Yes  No |
| Knewlegalabortionotherfac | Before you were pregnant this time did you know you could have a legal abortion in any other facility? | Yes  No |
| knewsafeabortionoutsidefac | Do you think you can have an abortion safely outside of a health facility? | Yes  No  Don’t know |
| whythinksafeabortionoutsidefac | Why? | Text |
| howserviceeffectlife | How do services you received today make a difference in your life? | Text |
| anythingelseaboutexperience | Is there anything else about your experience with the services you received at this facility you’d like to share with me, positive or negative? | Text |
| age | How old are you | Years |
| usuallylivewhere | Usually lives in Addis Ababa? | Yes  No |
| traveledtocity | Did you travel to Addis to attend this facility? | Yes  No |
| Currentlyinschool | Currently attends school / college / university? | Yes  No |
| Everwenttoschool | Ever went to school? |  |
| highestcurrentlevelschool | Highest completed school level / current school level | Primary  Secondary  Higher |
| religion | What is your religion? | Catholic  Pentecostal  Protestant  Seventh Day Adventist (SDA)  Other |
| Paidwork | Do you currently do any kind of work that you are paid for? | Yes  No |
| Currentlymarriedcohabiting | Are you currently married or living together with a man as if married? | Yes  No |
| Evermarriedcohabiting | Have you ever been married or lived together with a man as if married? | Yes  No |
| nolongermarried | What is your marital status now, are you widowed, divorced or separated? | Separated  Divorced  Widowed |
| evergivenbirth | Have you ever given birth? | Yes  No |
| Numbirths | How many times have you given birth? | Number |
| Abortionshouldbelegalrape | Do you think abortion should be legal if the pregnancy is a result of rape? | Yes  No  Don’t know |
| Abortionshouldbelegalwomanslife | Do you think abortion should be legal if the girl’s life is endangered by the pregnancy? | Yes  No  Don’t know |
| Abortionshouldbelegalwomandoesnt | Do you think abortion should be legal if the girl does not want another child? | Yes  No  Don’t know |
| abortionshouldbelegalwomancantaf | Do you think abortion should be legal if the girl cannot financially afford to support another child? | Yes  No  Don’t know |
| abortionshouldbelegalwomanwantst | Do you think abortion should be legal if the girl wants to continue her studies? | Yes  No  Don’t know |
| Householdhaselectricity  Householdhastv  Householdhasfridge  Householdhassofa  Householdhasclock  Householdhasfan  Householdhasvcrdvdsubscription | Does your household have?   * Electricity * A television * A refrigerator * A sofa * A clock * A fan (includes air conditioner) * A VCR/DVD (or digital or subscription TV) | Yes  No |
| Householdhasbankaccount | Does any member of the household have a bank account? | Yes  No |
| Fuelforcooking | What type of fuel does your household mainly use for cooking? | Electricity  Other |
| mainroofingmaterial | What is the main roofing material where you live? | Thatch / palm leaf  Other |
| mainflooringmaterial | What is the main flooring material where you live? | Concrete / cement  Earth / sand / dung  Other |