

IUD ACCEPTOR FOLLOW-UP QUESTIONNAIRE

1. Acceptor Name and Address

Family Name First Name Other Name

House Number Lane or Street Village/City

2. IUD Acceptor Number from Clinic

1 2 3 4

Record of attempts to interview acceptor:

Number	Date	Time	Interviewer's Name	Result	Remarks
1					
2					
3					
4					

3. Final outcome of interview attempts:

5

- | | |
|--------------------------------------|-------------------------|
| (1) Interview completed _____ | (5) Refusal _____ |
| (2) Unable to find address _____ | (6) Never at home _____ |
| (3) Unknown at address _____ | (7) Remote _____ |
| (4) Moved, new address unknown _____ | (8) Other _____ |

4. Date completed interview:

Date of interview if there was one (if no interview, leave blank):

6 7 8

Month Year

If no interview date, date of last clinic visit. If no interview and no visit, code "777."

5. Introduction: I'm from the _____.
Our records at the clinic show that you accepted the IUD in the
month of _____ in _____(year). I would like to ask
you a few questions about how you are doing and any problems
you are having.

9 10 11

6. Since the IUD was inserted, has it ever been removed or expelled?

No

Not Sure

Yes



That is, are you still using the same
IUD and have never been pregnant
since then?

Go to #7

12

(1)

Correct

No pregnancy,
removal or
expulsion



Go to #14

(2)

Not Correct

A removal, expulsion, or
pregnancy



Go to #7

7. What was the main reason you stopped using the IUD?

13 14

- (1) Became pregnant while using the IUD _____
- (2) Expelled _____
- (3) Removed because of pain, bleeding, infection or other medical reasons _____
- (4) Removed to plan a pregnancy _____
- (5) Removed for other personal reasons _____
- (6) Removed because of no further need for protection (husband away, menopause, etc.) _____
- (7) Switched to another method _____
- (8) Removed because too difficult to get to clinic to see doctor or nurse _____
- (9) Other reason (specify) _____
- (10) Don't know _____
- (11) Still using IUD _____

8. When did you stop using this IUD?

Month Year

Month _____ Year _____

15 16 17
(888) Still using IUD

9. After you stopped using the IUD (on the date you just told me), did you start using another device of the same kind, or did you start using another family planning method? If so, which method?

(1) (2) (3) (4) (5) (6) (7) (8)

IUD Pill Withdrawal Condom Other method Sterilization Don't know None



18
(9) Still using IUD

10. When did you start using this second IUD or other method?

Month _____ Year _____

Go to #14

19 20 21
(888) Still using first IUD or
not using another method

11. Are you still using this second method?

(1) Yes	(2) No	(3) Don't know
↓	↓	↓
Go to #14	Go to #12	Go to #14

22
(888) Still using first or
second IUD or not using
another method

12. When did you stop using this second method or second IUD?

Month _____ Year _____




23 24 25
(888) Still using first or
second IUD or not using
another method

13. Why did you stop using this second IUD or another family planning method?

- (1) Became pregnant while using this method _____
- (2) IUD expelled _____
- (3) Stopped because of pain, bleeding, infection, vomiting, headache, dizziness,
depression, or other medical reasons _____
- (4) Stopped to plan a pregnancy _____
- (5) Stopped for other personal reasons _____
- (6) Stopped because of no further need for protection (husband away, menopause, etc.) _____
- (7) Switched to another method _____
- (8) Stopped because too difficult to get to clinic, see doctor or nurse or get supplies _____
- (9) Other reason (specify) _____
- (10) Don't know/no answer _____
- (11) Still using first or second IUD or not using another method _____

26 27

14. Have you been pregnant at any time since you started using the IUD you accepted in _____ (month), _____ (year)?

(1)	(2)	(5)
<div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;">Yes</div>	<div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;">No</div>	<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;">Don't know</div>
		
<div style="border: 1px solid black; padding: 5px; width: 90px; margin: 0 auto;">Go to #15</div>	<div style="border: 1px solid black; padding: 5px; width: 90px; margin: 0 auto;">Go to #19</div>	<div style="border: 1px solid black; padding: 5px; width: 90px; margin: 0 auto;">Go to #19</div>

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15. When did you first become pregnant after that date?




Month _____ Year _____

Month Year

29 30 31

(888) Never pregnant since
accepting IUD

16. Are you still pregnant?

(1)	(2)	(5)
<div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;">Yes</div>	<div style="border: 1px solid black; padding: 5px; width: 60px; margin: 0 auto;">No</div>	<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;">Don't know</div>
		
<div style="border: 1px solid black; padding: 5px; width: 130px; margin: 0 auto;">Go to #19</div>	<div style="border: 1px solid black; padding: 5px; width: 90px; margin: 0 auto;">Go to #17</div>	<div style="border: 1px solid black; padding: 5px; width: 100px; margin: 0 auto;">Go to #19</div>

32
(888) Never pregnant since
accepting IUD

17. Most pregnancies end with the birth of a living child, while a few end with the baby born dead. Other pregnancies are ended on purpose, because they endanger the mother's health or because of some other reason. How did your pregnancy end?

- | | |
|----------------------------|--------------------------------|
| (1) Live birth _____ | (4) Spontaneous abortion _____ |
| (2) Still birth _____ | (5) Don't know _____ |
| (3) Induced abortion _____ | |

33

(888) Still pregnant or never pregnant since accepting IUD

18. When did your pregnancy end?

Month Year

34 35 36

(888) Still pregnant or never pregnant since accepting IUD

19. Are you still using the same IUD or are you using another method of family planning?

- (1) Using the same IUD
(2) Using a different IUD
(3) Using another contraceptive method
(4) Using no method
(5) Don't know

37

20. Who or what was most influential in getting you to accept the IUD?

- | | |
|--|-------------------------------|
| (01) Fieldworker _____ | (09) Friend with a loop _____ |
| (02) Health Staff _____ | (10) Mass Media _____ |
| (03) School Teacher _____ | (11) Granny Midwife _____ |
| (04) Village Leader _____ | (12) Barber _____ |
| (05) Family Planning Clinic Staff _____ | (13) Shop Owner _____ |
| (06) Private Doctor _____ | (14) Other (specify) _____ |
| (07) Nurse or Midwife at hospital _____ | (15) Don't know _____ |
| (08) Friends and Neighbors who don't use loops | (16) No answer _____ |

38 39

21. When you accepted the IUD, how did you feel about your treatment at the clinic?

- | | | |
|---------------------|-----------------------|-------|
| (1) Very good _____ | (4) Very poorly _____ | _____ |
| (2) Good _____ | (5) No answer _____ | |
| (3) Not bad _____ | (6) Don't know _____ | |

40

22. How many hours does (or did) it take you to go to the clinic for the IUD?

- | | | |
|-------------------------------------|-----------------------------------|-------|
| (1) Less than one hour _____ | (6) Five hours to six hours _____ | _____ |
| (2) One hour to two hours _____ | (7) Six hours or more _____ | |
| (3) Two hours to three hours _____ | (8) Don't know _____ | |
| (4) Three hours to four hours _____ | (9) No answer _____ | |
| (5) Four hours to five hours _____ | | |

41

23. Were you ever pregnant before you accepted the IUD from the clinic?

(1)	(2)	(3)	_____
Yes	No	Don't know	
↓	↓	↓	
Go to #24	Go to #29		

42

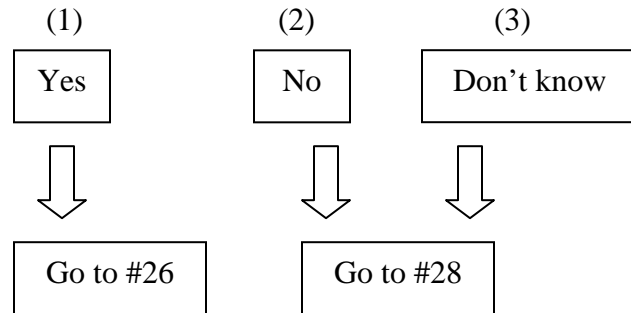
24. How did your last pregnancy terminate before you accepted this IUD?

- | | | |
|----------------------------|---------------------------------|-------|
| (1) Live birth _____ | (4) Spontaneous abortion _____ | _____ |
| (2) Still birth _____ | (5) Don't know, no answer _____ | |
| (3) Induced abortion _____ | | |

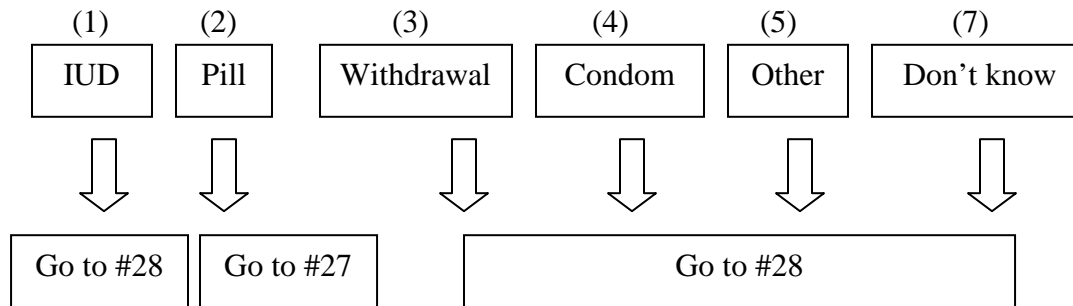
43

(888) Never pregnant before
accepting the IUD

25. Before you accepted the IUD at the clinic, did you use any other contraceptive method?

 44


26. Which method did you last use before switching to the IUD at the clinic?



 45

(888) Did not use a method
before accepting IUD

27. When did you start using the IUD? _____ Don't know _____

 46

28. What was the most important reason for stopping your previous method (pills, previous IUD, subdermal implants, injectibles) and switching to the IUD at the clinic?

____ 47 ____ 48

- (01) Became pregnant while using this method ____
 (02) Previous loop or IUD expelled ____
 (03) Stopped because of pain, bleeding, infection, vomiting,
 headaches, dizziness, depression or other medical reasons ____
 (04) Stopped because planning a pregnancy ____
 (05) Stopped for other personal reasons ____
 (06) Stopped because of no further need for protection
 (husband away, menopause, etc.) ____
 (07) Stopped because it was too difficult to get to the clinic,
 see the doctor or nurse, or get supplies ____
 (08) Previous method was not safe ____
 (09) Previous method was not reliable ____
 (10) Pills were too difficult to remember to take ____
 (11) Other reason (specify) ____

29. Have you ever talked to your friends and neighbors about the IUD?

(1)	(2)	(3)	(4)
Yes	No	Don't know	No Answer
↓	→	↓	←
Go to #30		Go to #31	

____ 49

30. What have you told them? (Check each of the following responses mentioned by the respondent. After the first response only, ask, "Did you tell them anything else?")

- ☐ The IUD is a good method
- ☐ The IUD is not effective
- ☐ The IUD causes bleeding
- ☐ The IUD can drop out
- ☐ Other (specify) _____

(For each reason code:

(1) Mentioned

(2) Not mentioned

(9) Did not talk to friends or neighbors

50 51 52 53 54

31. When were you born?

Month Year

55 56 57 58

32. Would you be willing to give out leaflets about family planning to your friends neighbors?

59

- | | |
|---------------|----------------------|
| (1) Yes _____ | (3) No answer _____ |
| (2) No _____ | (4) Don't know _____ |

33. Would you be willing to give coupons for sterilization or pills to your friends and neighbors?

60

- | | |
|---|------------------------------|
| (1) Both sterilization and pills _____ | (4) Only sterilization _____ |
| (2) Neither sterilization nor pills _____ | (5) Don't know _____ |
| (3) Only pills _____ | (6) No answer _____ |

34. Would you be willing to work for 7 hours a day for the Health Department with a pay of _____ per month to inform other women about the loop and other contraceptives?

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- (1) Yes _____
- (2) No _____
- (3) Not sure _____

Thank the respondent for her time and cooperation.

Information to be filled in from clinic record before interview is taken

35. Date of termination of last pregnancy before accepting the IUD: _____

Month Year

36. Acceptor's age at time of insertion: _____

____ 62 ____ 63 ____ 64

(888) Never pregnant before
accepting the IUD

37. Acceptor's number of living children at time of insertion:

____ 65 ____ 66

(0) None _____

(5) Five _____

(1) One _____

(6) Six _____

(2) Two _____

(7) Seven _____

(3) Three _____

(8) Eight or more _____

(4) Four _____

(9) Unknown, no answer _____

____ 67

38. Acceptor's size of place of residence:

(1) City (5,000 or more) _____

(2) Town (500 to 4,999) _____

(3) Village (less than 500) _____

____ 68

39. Acceptor's completed education:

(1) None _____

(3) Secondary _____

(2) Primary _____

(4) High School _____

____ 69

40. Acceptor wants more children:

(1) Yes _____

(3) No answer _____

(2) No _____

(4) Don't know _____

____ 70

41. Acceptor has previously used contraceptives:

____ 71

(1) Yes _____

(2) No _____

42. Acceptor has returned to the clinic since accepting the IUD:

(1) Yes _____	(3) Unknown _____	
(2) No _____		72

43. Clinic where the IUD was inserted:

(1) Social Insurance Organization _____	(4) Health Corps _____	
(2) Health Department Clinic _____	(5) Private Doctor _____	73
(3) Mobile Unit _____	(6) Unknown _____	

44. Who referred the acceptor for the IUD:

(1) Field worker _____	(6) Private Doctor _____	
(2) Health Staff _____	(7) Nurse or midwife at hospital _____	74
(3) School Teacher _____	(8) Other _____	
(4) Village Leader _____	(9) No coupon issued _____	
(5) Family Planning Clinic Staff	(10) Not known _____	

45. Medical personnel who inserted the IUD:

(1) OBGYN _____	
(2) General Practitioner _____	75
(3) Surgeon _____	
(4) Nurse _____	
(5) Nurse or midwife _____	

46. Location where IUD was inserted: _____

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