

PILL ACCEPTOR FOLLOW-UP QUESTIONNAIRE

1. Acceptor Name and Address

\_\_\_\_\_  
Family Name                      First Name                      Other Name

\_\_\_\_\_  
House Number                      Lane or Street                      Village/City

2. Pill 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 of completed interview:

Month    Year

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 Pill 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.

Month Year

9	10	11
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6. Since you accepted the Pill, have you stopped using the Pill?

12
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No
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Not Sure
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Yes
-----



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

Go to #7
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(1)

Correct
---------

Still using the Pill and not pregnant



Go to #14
-----------

(2)

Not Correct
-------------

Not using the Pill and/or pregnant



Go to #7
----------

7. What was the main reason you stopped using the Pill? \_\_\_\_\_

13 14

- (1) Became pregnant while using the Pill \_\_\_\_\_
- (2) Stopped because of spots on face, bleeding, vomiting, weight gain or other medical reason \_\_\_\_\_
- (3) Stopped because of tension, headache, depression, dizziness, fear of cancer, other symptoms \_\_\_\_\_
- (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 no supplies at clinic, supplies difficult to get \_\_\_\_\_
- (9) Other reason (specify) \_\_\_\_\_
- (10) Don't know \_\_\_\_\_
- (11) Still using Pills \_\_\_\_\_

8. When did you stop using these pills? \_\_\_\_\_

Month Year

Month \_\_\_\_\_ Year \_\_\_\_\_

15 16 17  
(888) Still using Pills

9. After you stopped using the Pills (on the date you just told me), did you start using another contraceptive method or pills from some other place? If so, which?

18  
(9) Still using Pills

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
IUD	New Pills	Withdrawal	Condom	Other method	Sterilization	Don't know	No Other Method
↓	↓	↓	↓	↓	↓	↓	↓
Go to #10						Go to #14	

10. When did you start using this second method or Pills from some other place?

Month Year

Month \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
19 20 21

(888) Still using first Pills  
or not using another method

11. Are you still using this second method or Pills from some other place?

(1)

Yes



Go to #14

(2)

No



Go to #12

(3)

Don't know



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


Month \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
23 24 25

(888) Still using first or  
second method or not using

13. Why did you stop using this second method or Pills from some other place?

Go to #15

- (1) Became pregnant while using this method \_\_\_\_\_ 
- (2) Stopped because of pain, bleeding, infection, vomiting, headache, dizziness, depression, or other medical reasons \_\_\_\_\_
- (3) Stopped to plan a pregnancy \_\_\_\_\_
- (4) Stopped for other personal reasons \_\_\_\_\_
- (5) Stopped because of no further need for protection (husband away, menopause, etc.) \_\_\_\_\_
- (6) Switched to another method \_\_\_\_\_
- (7) Stopped because too difficult to get to clinic, see doctor or nurse or get supplies \_\_\_\_\_

\_\_\_\_\_  
(11) Still using first or  
second method or not using  
another method

(8) Other reason (specify) \_\_\_\_\_

(9) Don't know \_\_\_\_\_

(10) No answer \_\_\_\_\_

14. Have you been pregnant at any time since you started using the Pill in \_\_\_\_\_ (month), \_\_\_\_\_ (year)?

(1)

Yes



Go to #15

(2)

No



Go to #19

(5)

Don't know



Go to #19

\_\_\_\_\_  
28

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)

Yes



Go to #19

(2)

No



Go to #17

(5)

Don't know



Go to #19

\_\_\_\_\_  
32(888) Never pregnant since  
accepting Pills

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 \_\_\_\_  
 (2) Still birth \_\_\_\_  
 (3) Induced abortion \_\_\_\_

- (4) Spontaneous abortion \_\_\_\_  
 (5) Don't know \_\_\_\_

\_\_\_\_  
 33  
 (888) Still pregnant or never  
 pregnant since accepting Pills

18. When did your pregnancy end?

\_\_\_\_\_  
 Month Year

\_\_\_\_\_  
 34 35 36  
 (888) Still pregnant or never

19. Are you still using the Pills supplied by the family planning program or are you using Pills from some other place or another method of family planning?

- (1) Using Pills from family planning program \_\_\_\_  
 (2) Using Pills from some other place \_\_\_\_  
 (3) Using another contraceptive method \_\_\_\_  
 (4) Using no method \_\_\_\_  
 (5) Don't know \_\_\_\_

\_\_\_\_\_  
 37 38

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

- (01) Fieldworker \_\_\_\_ (09) A friend using pills \_\_\_\_  
 (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) Friend and Neighbors who don't use loops (16) No answer \_\_\_\_

\_\_\_\_\_  
 39 40

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

- |                     |                       |       |
|---------------------|-----------------------|-------|
| (1) Very good _____ | (4) Very poorly _____ | _____ |
| (2) Good _____      | (5) No answer _____   | 41    |
| (3) Not bad _____   | (6) Don't know _____  |       |

22. How many hours does it take you to go to the clinic for the Pills?

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| (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 _____  |                                   |

42

23. Since you accepted the Pills from the family planning program, did you use the 21-day cycle or 28-day cycle?

- |                                 |       |
|---------------------------------|-------|
| (1) 21-day cycle of pills _____ | _____ |
| (2) 28-day cycle of pills _____ | 43    |
| (3) Both cycles of pills _____  |       |
| (4) Don't know _____            |       |

24. Since you accepted the Pills from the family planning program, where did you get the Pills most of the time?

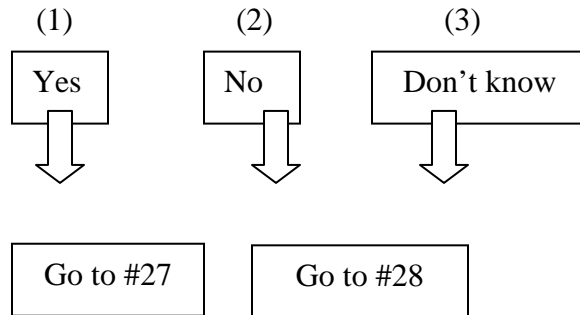
- |                                     |       |
|-------------------------------------|-------|
| (1) Clinic _____                    | _____ |
| (2) Depot _____                     | 44    |
| (3) Mobile teams _____              |       |
| (4) At home _____                   |       |
| (5) Elsewhere, pharmacy, etc. _____ |       |
| (6) More than one place _____       |       |
| (7) Don't know _____                |       |

25. Since you accepted Pills from the family planning program, how often did you receive your pills?

- (1) One or two months at a time \_\_\_\_\_  
(2) Three or four months at a time \_\_\_\_\_ 45  
(3) Sometimes 1 or 2 months at a time and sometimes three or four months at a time \_\_\_\_\_  
(4) Don't know \_\_\_\_\_

26. Were you ever pregnant before you accepted the Pills from the family planning program?

46



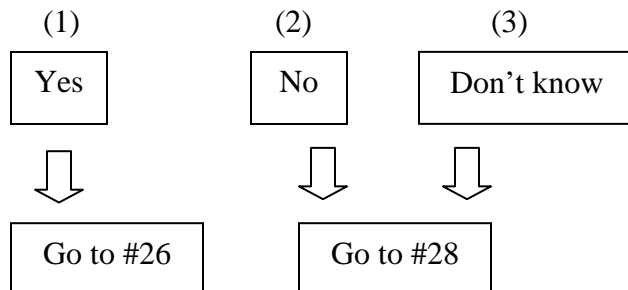
27. How did your last pregnancy terminate before you accepted Pills from the family planning program?

- (1) Live birth \_\_\_\_\_ (4) Spontaneous abortion \_\_\_\_\_  
(2) Still birth \_\_\_\_\_ (5) Don't know, no answer \_\_\_\_\_ 47  
(3) Induced abortion \_\_\_\_\_

(8) Never pregnant before  
accepting the IUD

28. Before you accepted the Pills from the family planning program, did you use any other contraceptive method?

48





29. Which method did you last use before switching to the Pills from the family planning program?

(1)	(2)	(3)	(4)	(5)	(6)
IUD	Pill	Withdrawal	Condom	Other	Don't know
↓	↓	↓	↓	↓	↓
Go to #31	Go to #30	Go to #31			

\_\_\_\_\_ 49

(8) Did not use a method before accepting Pills

30. When did you start taking the Pills? \_\_\_\_\_ Don't know \_\_\_\_\_

\_\_\_\_\_ 50

(8) Did not use any Pills before accepting Pills in the Family Planning Program

31. What was the most important reason for stopping your previous method and switch to Pills from the family planning program?

- |  |       |       |
|--|-------|-------|
| (01) Became pregnant while using this method _____   | _____ | _____ |
| (02) Previous loop or IUD expelled _____   | 51    | 52    |
| (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) _____  |       |       |
| (12) Did not use a method before accepting Pills _____   |       |       |

32. Have you ever talked to your friends and neighbors about the Pills?

(1)	(2)	(3)	(4)
Yes	No	Don't know	No Answer
↓	↘	↓	↙
Go to #33		Go to #34	

53

33. 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?")

- (1) Pills are a good contraceptive method \_\_\_\_\_
- (2) Pills are not effective \_\_\_\_\_
- (3) Pills can cause spots, nervousness, dizziness, etc. \_\_\_\_\_
- (4) Pills can cause cancer \_\_\_\_\_
- Other (specify) \_\_\_\_\_

For each reason code:

- (1) Mentioned  
(2) Not mentioned  
(9) Did not talk to friends

54 55 56 57 58

34. When were you born?

\_\_\_\_\_  
Month Year

Month Year

59 60 61

(88) Don't know month

(8) Don't know year

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

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

62

36. Would you be willing to give coupons for the IUD, sterilization or pills to your friends and neighbors?

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

63

37. Would you be willing to work for 7 hours a day for the Health Department with a payment of \_\_\_\_ per month to inform mother women about the Pills and other contraceptives?

(1) Yes \_\_\_\_

(2) No \_\_\_\_

(3) Not sure \_\_\_\_

\_\_\_\_  
64

38. (If the Respondent is still using Pills) I would like to know more about the pills you are using. Could I see the cycle you using now?

(1) 1.5 mg \_\_\_\_

(2) 2.0 mg \_\_\_\_

(3) 2.5 mg \_\_\_\_

(4) \_\_\_\_

(5) \_\_\_\_

(6) \_\_\_\_

(7) \_\_\_\_

(8) No cycle available \_\_\_\_

(9) Not using Pills now \_\_\_\_

\_\_\_\_  
65

Thank the respondent for her time and cooperation.

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

39. Date of termination of last pregnancy before accepting the Pills from the family planning program: \_\_\_\_\_

Month Year

\_\_\_\_  
66 67 68

(888) Never pregnant before

40. Acceptor's age at date of acceptance: \_\_\_\_\_

\_\_\_\_  
69 70

41. Acceptor's number of living children at date of acceptance:

\_\_\_\_  
71

(0) None \_\_\_\_

(1) One \_\_\_\_

(2) Two \_\_\_\_

(3) Three \_\_\_\_

(4) Four \_\_\_\_

(5) Five \_\_\_\_

(6) Six \_\_\_\_

(7) Seven \_\_\_\_

(8) Eight or more \_\_\_\_

(9) Unknown, no answer \_\_\_\_

42. Size of acceptor's place of residence:

- |                                   |       |
|-----------------------------------|-------|
| (1) City (5,000 or more) _____    | _____ |
| (2) Town (500 to 4,999) _____     | 72    |
| (3) Village (less than 500) _____ |       |

43. Acceptor's completed education:

- |                   |                       |       |
|-------------------|-----------------------|-------|
| (1) None _____    | (3) Secondary _____   | _____ |
| (2) Primary _____ | (4) High School _____ | 73    |

44. Acceptor wants more children:

- |               |                      |       |
|---------------|----------------------|-------|
| (1) Yes _____ | (3) No answer _____  | _____ |
| (2) No _____  | (4) Don't know _____ | 74    |

45. Acceptor has previously used contraceptives:

- |               |              |       |
|---------------|--------------|-------|
| (1) Yes _____ | (2) No _____ | _____ |
|               |              | 75    |

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

- |               |                   |       |
|---------------|-------------------|-------|
| (1) Yes _____ | (3) Unknown _____ | _____ |
| (2) No _____  |                   | 76    |

47. Clinic prescribing the Pills:

- |   |                              |       |
|---|------------------------------|-------|
| (1) Social Insurance Organization _____ | (4) Ministry of Health _____ | _____ |
| (2) Health Department Clinic _____      | (5) Private Doctor _____     | 77    |
| (3) Mobile Unit _____                   | (6) Unknown _____            |       |

48. Who referred the acceptor for the IUD:

- |                                  |  |       |
|----------------------------------|--|-------|
| (1) Field worker _____           | (6) Private Doctor _____               | _____ |
| (2) Health Staff _____           | (7) Nurse or midwife at hospital _____ | 78    |
| (3) School Teacher _____         | (8) Other _____                        |       |
| (4) Village Leader _____         | (9) No coupon issued _____             |       |
| (5) Family Planning Clinic Staff | (10) Not known _____                   |       |

49. Medical personnel who prescribed the Pills:

- |                                |       |
|--------------------------------|-------|
| (1) OBGYN _____                | _____ |
| (2) General Practitioner _____ | 79    |
| (3) Surgeon _____              |       |
| (4) Nurse _____                |       |
| (5) Nurse or midwife _____     |       |

50. City in which the pills were prescribed: \_\_\_\_\_

80