

**DOCUMENTING THE ECONOMIC COST OF UNSAFE ABORTION IN UGANDA**

**WOMEN'S FOLLOW-UP QUESTIONNAIRE - 100708**

**SECTION 1. COVER PAGE**

**F101. Survey identification number:**

/   /    SIN from log book

**F102. Date of interview:**

Day   Month   Year

**F103. Total time of interview:**

Minutes

**F104. Interviewer's name:**

\_\_\_\_\_

**F105. Language of interview:**

\_\_\_\_\_

**F106. Field reviewed/edited by:**

\_\_\_\_\_

Day   Month   Year

**F107. Office reviewed/edited by:**

\_\_\_\_\_

Day   Month   Year

**F108. Data entry by:**

\_\_\_\_\_

Day   Month   Year

**F109. Result code of interview:**

1	Completed
2	Partly completed
3	Refused
4	Unable to respond
5	Other (Specify) _____

**SECTION 2. (Section 2 not used in the follow-up questionnaire)**

**SECTION 3. DEMOGRAPHIC CHARACTERISTICS**

**F301. RECORD THE TIME INTERVIEW BEGINS**

Hours   Minutes

**F302. Do you have the card I gave you last time?  
Can I see it, please?**

/   /    SIN from card

*INTERVIEWER: ASK THE RESPONDENT IF SHE HAS THE IDENTIFICATION CARD SHE WAS GIVEN AT THE INITIAL INTERVIEW. IF SHE DOES CHECK THAT IT MATCHES WHAT YOU WROTE FOR F101 ABOVE. WRITE THE CARD NUMBER*

- 1 The two SINs match
- 2 The two SINs do not match
- 3 The respondent does not have the card

**F303. Is your name [SAY NAME] \_\_\_\_\_?**

- 1 Yes
- 2 No → [END INTERVIEW. SKIP TO F705]

**F304. Were you interviewed at the [SAY FACILITY NAME] health facility about one month ago?**

- 1 Yes
- 2 No → [END INTERVIEW. SKIP TO F705]

**F305. In what month and year were you born?**

Month     Year  98 Don't know

**F306. What is the highest level of school you have completed?**

- 1 No schooling
- 2 Part primary
- 3 Primary completed
- 4 Part secondary
- 5 Secondary completed
- 6 More than secondary
- 96 Other (specify): \_\_\_\_\_

**F307. Are you currently married, never married, separated or divorced, or widowed?**

- 1 Currently married
- 2 Never married
- 3 Cohabiting/consensual union
- 4 Separated/divorced
- 5 Widowed

*INTERVIEWER: CHECK THE ANSWERS TO QUESTIONS F305, F306 AND F307 ABOVE WITH THE ANSWERS IN YOUR LOG FOR THIS RESPONDENT. IF ANY OF THE THREE CURRENT ANSWERS IS DIFFERENT FROM THE CORRESPONDING PREVIOUS ANSWER, PROBE TO SEE IF THE DICREPANCY CAN BE RESOLVED. USE YOUR JUDGEMENT (SEE MANUAL FOR HELP) TO DECIDE IF YOU SHOULD TERMINATE THE INTERVIEW OR NOT. IF YOU TERMINATE IT, SKIP TO F705.*

**SECTION 4. HOUSEHOLD CHARACTERISTICS and ASSETS**

Now, I would like to ask you some questions about

**F401. Has the head of your household changed since hospital/clinic?**

- 1 Yes  2 No → [SKIP to F402]  
↓

**F401a. If YES, currently who is the head of your household?**

- 1 Respondent  
 2 Husband  
 3 Father  
 4 Mother  
 5 Other relative  
 6 Other not related  98 Don't know

**F402. Have the number of persons that comprise your household changed since the interview at the hospital/clinic?**

- 1 Yes  2 No → [SKIP to F403]  
↓  
↓

**F402a. If YES, currently, how many persons now comprise your household?**

- Number  98 Don't know

**F403. Has the household moved to another house since the interview at the hospital/clinic?**

- 1 Yes  2 No → [SKIP to F412]

**F404. What is the main source of drinking water for members of your household?**

- 1 Piped water into dwelling/yard/plot  
 2 Public tap/standpipe  
 3 Tube well or borehole  
 4 Protected dug well/spring  
 5 Unprotected dug well/spring  
 6 Other (specify) \_\_\_\_\_

**F405. What is the main material of the roof of your house?**

- 1 Natural roof (thatch/leaf)  
 2 Rudimentary roof (mat/plastic sheets/reed/wood planks)  
 3 Finished roof (corrugated iron/cement/concrete/tiled/roofing shingles)  
 4 Other (specify) \_\_\_\_\_

**F406. What kind of toilet facility do members of your household usually use?**

- 1 Flush toilet  
 2 Ventilated improved pit (VIP) latrine  
 3 Covered Pit latrine with slab  
 4 Pit latrine without slab/Open pit  
 5 No facility/bush/field → [SKIP TO F408]  
 6 Other (specify) \_\_\_\_\_

**F407. Do you share this toilet facility with other households?**

- 1 Yes
- 2 No

**F408. In your household, is food usually cooked on an open fire or a stove?**

*[INTERVIEWER: CHOOSE ONLY ONE ANSWER.]*

- 1 Open fire
- 2 Stove
- 96 Other (specify) \_\_\_\_\_
- 98 Don't know

**F409. Is the cooking usually done in the house, in a separate building, or outdoors?**

*[INTERVIEWER: CHOOSE ONLY ONE ANSWER.]*

- 1 In the house
- 2 In a separate buiding
- 3 Outdoors
- 96 Other (specify) \_\_\_\_\_
- 98 Don't know

**F410. Do you have a separate room which is used as the kitchen?**

- 1 Yes
- 2 No

**F411. How many rooms do members of your household use exclusively for sleeping?**

Number

***[DO NOT INCLUDE ROOMS/HUTS WITH DUAL USES.]***

**F412. Does your household currently have:**

*[INTERVIEWER: READ OUT EACH OPTION, ONE AT A TIME.]*

- |                       |                                |                               |  |
|-----------------------|--------------------------------|-------------------------------|--|
| a. Electricity?       | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| b. A radio?           | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| c. A cassette player? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| d. A television?      | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| e. A mobile phone?    | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| f. A fixed phone?     | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| g. A refrigerator?    | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| h. A table?           | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| i. A chair?           | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| j. A sofa set?        | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| k. A bed?             | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| l. A cupboard?        | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| m. A clock?           | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |

**F413. Does any member of your household currently own:**

*[INTERVIEWER: READ OUT EACH OPTION, ONE AT A TIME.]*

- |                                   |                                |                               |  |
|-----------------------------------|--------------------------------|-------------------------------|--|
| a. Radio and/or tape recorder?    | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| b. A bicycle?                     | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| c. A motorcycle or motor scooter? | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| c. An animal-drawn cart?          | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| e. A car or truck?                | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| f. A boat with a motor?           | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| g. A boat without a motor?        | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |
| h. Sewing machine?                | <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 98 Don't know |

**F414. How many of the following animals/birds does your household own?**

*[INTERVIEWER: READ OUT EACH OPTION, ONE AT A TIME.*

*IF NONE, ENTER '00'.*

*IF MORE THAN 95, ENTER '95'.]*

	Number		
a. Local Cattle?	<input type="text"/>	<input type="text"/>	<input type="text" value="98"/> Don't know
b. Exotic/Cross Cattle?	<input type="text"/>	<input type="text"/>	<input type="text" value="98"/> Don't know
c. Horses, donkeys, or mules?	<input type="text"/>	<input type="text"/>	<input type="text" value="98"/> Don't know
d. Goats?	<input type="text"/>	<input type="text"/>	<input type="text" value="98"/> Don't know
e. Sheep?	<input type="text"/>	<input type="text"/>	<input type="text" value="98"/> Don't know
f. Pigs?	<input type="text"/>	<input type="text"/>	<input type="text" value="98"/> Don't know
g. Chickens?	<input type="text"/>	<input type="text"/>	<input type="text" value="98"/> Don't know

**F415. Has the ownership of the house you live in changed since you were interviewed at the hospital/clinic?**

<input type="text" value="1"/> Yes	<input type="text" value="2"/> No	→ <i>[SKIP to F416]</i>
↓	<input type="text" value="98"/> Don't know	→ <i>[SKIP to F416]</i>

**F415a. If YES, Do you or any other member of the household now own the house occupied by your household?**

<input type="text" value="1"/> Yes	
<input type="text" value="2"/> No	<input type="text" value="98"/> Don't know

**F416. Do you or any other member of the household own a house, other than the one you are living in?**

<input type="text" value="1"/> Yes, owns 1 other house	
<input type="text" value="2"/> Yes, owns 2 or more other houses	
<input type="text" value="2"/> No	→ <i>[SKIP to SECTION 5]</i>
<input type="text" value="98"/> Don't know	→ <i>[SKIP to SECTION 5]</i>

**F416a. If yes, where is the house [are the houses] located?**

<input type="text" value="1"/> In same village	
<input type="text" value="2"/> In another village	
<input type="text" value="3"/> In another town	
<input type="text" value="4"/> In another large city	
<input type="text" value="5"/> In same district	
<input type="text" value="6"/> In other district	
<input type="text" value="7"/> Abroad	
<input type="text" value="97"/> Owns 2+ houses in different locations	
<input type="text" value="98"/> Don't know	

**F416b. What is the house [are the houses] used for?**

*[INTERVIEWER: CHOOSE ONLY ONE ANSWER.]*

<input type="text" value="1"/> Storage	
<input type="text" value="2"/> Rental	
<input type="text" value="3"/> Residence	
<input type="text" value="4"/> Other (specify)	_____
<input type="text" value="98"/> Don't know	

**F416c. How much money do you earn as rent from this house [these houses]?**

\_\_\_\_\_ Shillings/month  Don't know

**SECTION 5. EMPLOYMENT AND BUSINESSES**

**F501. Has the type of activity your PARTNER/HUSBAND mainly does changed since you were interviewed at the hospital/clinic?**

- 1 Yes, activity changed → [SKIP to F501a]
- 2 No, activity has not changed → [SKIP to F502]
- 3 Partner/husband has changed → [SKIP to F502]
- 4 No partner/husband now (he left) → [SKIP to F502]
- 5 No partner/husband previously, but one now → [SKIP to F502]
- 6 No partner/husband previously or now → [SKIP to F502]

**F501a. If YES, What type of activity does your PARTNER/HUSBAND mainly do now?**

- 1 Work, full time
- 2 Work, part-time
- 4 Student
- 5 Unemployed
- 6 Unpaid family worker
- 96 Other (specify) \_\_\_\_\_

**F502. Has the type of activity YOU mainly do changed since the interview at the hospital/clinic?**

- 1 Yes  2 No → [SKIP to F503]
- ↓
- ↓

**F502a. If YES, What type of activity do YOU do now?**

- 1 Work, full time
- 2 Work, part-time
- 3 Full-time housewife → [SKIP TO F504]
- 4 Student → [SKIP TO F504]
- 5 Unemployed → [SKIP TO F504]
- 6 Unpaid family worker → [SKIP TO F504]
- 7 Operates own business
- 96 Other (specify) \_\_\_\_\_ → [SKIP TO F504]

**F503. Would you consider yourself to be self-employed or employed by another person?**

- 1 Self-employed
- 2 Employed by someone else
- 3 Both
- 4 Not economically active (full-time home maker)

**SUB-SECTION 5.1: HOUSEHOLD FARM BUSINESS**

**F504. FILTER**

**Do you or any member of your household own or cultivate any agricultural land (Do you OWN a farm business)?**

*[If yes, PROBE if respondent is the owner.]*

- 1 Yes, respondent is owner
- 2 Yes, other household member is owner
- 3 No → [SKIP TO SUB-SECTION 5.2]

**F505. How many acres of agricultural land do members of your household own?**

*[Total agricultural land owned]*

•   Acres  98 Don't know

**F505a. Has the amount of land changed since the previous interview?**

- 1 Yes, land has increased → **[SKIP TO F506]**
- 2 Yes, land has decreased → **[ASK F505b]**
- 3 No → **[SKIP TO F506]**

**F505b. Why has the amount of land decreased?**

- 1 Financial distress/needed money
- 2 Planned to sell land for some time
- 3 Other (specify): \_\_\_\_\_

**F506. How much of the land owned by you or someone from your household do you cultivate? [Include orchards]**

•  Acres  98 Don't know

**F506a. Has the amount of land cultivated by your household changed since the previous interview?**

- 1 Yes, land cultivated has increased
- 2 Yes, land cultivated has decreased
- 3 No

**F507. Total agricultural land rented out or sharecropped out:**

•  Acres  98 Don't know

**F507a. Has the amount of land rented out by your household changed since the previous interview?**

- 1 Yes, land rented out has increased
- 2 Yes, land rented out has decreased
- 3 No

**F508. Do you receive cash for this land or do you divide the crop between you and the tenant?**

- 1 Cash → \_\_\_\_\_ *Amount received (Shillings)*
- 2 Crop → \_\_\_\_\_ *Estimated worth in Shillings*
- 3 Both → \_\_\_\_\_ *Total income (Shillings)*
- 98 Don't know

**F509. How much agricultural land does your household rent in or sharecrop in?**

•  Acres  98 Don't know  
*[IF ZERO, SKIP TO F510]*

**F509a. Has the amount of land rented in by your household changed since the previous interview?**

- 1 Yes, land rented in has increased → **[ASK F509b]**
- 2 Yes, land rented in has decreased → **[SKIP TO F510]**
- 3 No → **[SKIP TO F510]**

**F509b. Why has the amount of land rented in increased?**

- 1 Financial distress/needed money
- 2 Planned to sell land for some time
- 3 Other (specify): \_\_\_\_\_

**F510. Do you pay cash for this land or do you divide the crop between you and the land owner?**

- 1 Cash → \_\_\_\_\_ *Amount received (Shillings)*
- 2 Crop → \_\_\_\_\_ *Estimated worth in Shillings*
- 3 Both → \_\_\_\_\_ *Total income (Shillings)*
- 98 Don't know

**F511. Who mainly decides how the money earned from this farm will be used?**

- 1 Respondent alone
- 2 Respondent and husband/partner
- 3 Respondent and other person
- 4 Husband/partner alone
- 5 Someone else in the household
- 6 Other (specify): \_\_\_\_\_
- 98 Don't know

**SUB-SECTION 5.2: 1ST NON-FARM BUSINESS**

**F512. FILTER:**

*Interviewer: Check respondent's previous response to see if there is a 1st non-farm business. If so, ASK QUESTIONS F513-F516. If not, SKIP TO QUESTION F536.*

**F513. Is this business still functioning?**

- 1 Yes
- 2 No → [SKIP TO F516]
- 98 Don't know → [SKIP TO F516]

**F514. Since your interview at the hospital/clinic has the income from this business increased, decreased, or stayed about the same?**

- 1 Increased
- 2 Decreased
- 3 About the same → [SKIP TO SUB-SECTION 5.3]

**F514a. By about how much per month has income increased/decreased?**

\_\_\_\_\_ Shillings  
→ [IF INCOME INCREASED SKIP TO F515a]

**F515. Why do you think that income from this business has decreased?**

- 1 Respondent weak/sick
- 2 Sold business (needed money)
- 3 Other (specify): \_\_\_\_\_  
[SKIP TO SUB-SECTION 5.3]

**F515a. Why do you think that income from this business has increased?**

- 1 To make up for lost income during respondent's illness
- 2 Business conditions improved
- 3 Other (specify): \_\_\_\_\_  
[SKIP TO SUB-SECTION 5.3]

**F516. Why is this business no longer functioning?**

- 1 Respondent too weak/sick to work
- 2 Sold business (needed money)
- 3 Problem with husband/partner
- 4 Problem with family
- 5 Other (specify): \_\_\_\_\_



**SUB-SECTION 5.3: 2ND NON-FARM BUSINESS**

**F521. FILTER:**

*Interviewer: Check respondent's previous response to see if there is a 1st non-farm business.*

*If so, ASK QUESTIONS F522-F525.*

*If not, SKIP TO QUESTION F536.*

**F522. Is this business still functioning?**

- 1 Yes
- 2 No → [SKIP TO F525]
- 98 Don't know → [SKIP TO F525]

**F523. Since your interview at the hospital/clinic has the income from this business increased, decreased, or stayed about the same?**

- 1 Increased
- 2 Decreased
- 3 About the same → [SKIP TO SUB-SECTION 5.4]

**F523a. By about how much per month has income increased/decreased?**

\_\_\_\_\_ Shillings  
→ [IF INCOME INCREASED SKIP TO F524a]

**F524. Why do you think that income from this business has decreased?**

- 1 Respondent weak/sick
- 2 Sold business (needed money)
- 3 Other (specify): \_\_\_\_\_  
[SKIP TO SUB-SECTION 5.4]

**F524a. Why do you think that income from this business has increased?**

- 1 To make up for lost income during respondent's illness
- 2 Business conditions improved
- 3 Other (specify): \_\_\_\_\_  
[SKIP TO SUB-SECTION 5.4]

**F525. Why is this business no longer functioning?**

- 1 Respondent too weak/sick to work
- 2 Sold business (needed money)
- 3 Problem with husband/partner
- 4 Problem with family
- 5 Other (specify): \_\_\_\_\_

**SUB-SECTION 5.4: 3RD NON-FARM BUSINESS**

**F531. FILTER:**

*Interviewer: Check respondent's previous response to see if there is a 1st non-farm business.*

*If so, ASK QUESTIONS F532-F535.*

*If not, SKIP TO QUESTION F536.*

**F532. Is this business still functioning?**

- 1 Yes
- 2 No → [SKIP TO F535]
- 98 Don't know → [SKIP TO F535]

**F533. Since your interview at the hospital/clinic has the income from this business increased, decreased, or stayed about the same?**

- 1 Increased
- 2 Decreased
- 3 About the same → **[SKIP TO F536]**

**F533a. By about how much per month has income increased/decreased?**

\_\_\_\_\_ Shillings  
→ **[IF INCOME INCREASED SKIP TO F534a]**

**F534. Why do you think that income from this business has decreased?**

- 1 Respondent weak/sick
- 2 Sold business (needed money)
- 3 Other (specify): \_\_\_\_\_  
**[SKIP TO F536]**

**F534a. Why do you think that income from this business has increased?**

- 1 To make up for lost income during respondent's illness
- 2 Business conditions improved
- 3 Other (specify): \_\_\_\_\_  
**[SKIP TO F536]**

**F535. Why is this business no longer functioning?**

- 1 Respondent to weak/sick to work
- 2 Sold business (needed money)
- 3 Problem with husband/partner
- 4 Problem with family
- 5 Other (specify): \_\_\_\_\_  
**[SKIP TO SUB-SECTION 5.6]**

**F536. Since you were interviewed at the hospital/clinic, have you or anyone in your household started a new business?**

- 1 Yes → **[GO TO FOLLOWING SUB-SECTION 5.5]**
- 2 No → **[SKIP TO SUB-SECTION 5.6]**

**SUB-SECTION 5.5: NEW NON-FARM BUSINESS**

**F541. Who in the household owns this business?**

- 1 Respondent owns
- 2 Husband/partner owns
- 3 Both co-own the same business
- 4 Father
- 5 Mother
- 6 Other household member
- 98 Don't know

**F542. Please describe this activity:**

\_\_\_\_\_

**F543. What was the GROSS receipt from**

\_\_\_\_\_ Shillings  97 Declined  
 98 Don't know

**F544. Did you employ any workers in the last month?**

- 1 Yes
- 2 No → **[SKIP TO F546]**
- 98 Don't know → **[SKIP TO F546]**

F545. How much was paid to all employees in total in the last month?

\_\_\_\_\_ Shillings  98 Don't know

F546. How much paid in all other expenses including rent for premises, cost of materials, and interest on loans in the last month?

\_\_\_\_\_ Shillings  98 Don't know

F547. INTERVIEWER: Calculate the net income.  
[THIS IS NOT A QUESTION FOR THE RESPONDENT.]

\_\_\_\_\_ Shillings

F548. Who mainly decides how the money earned from this business will be used?

- |    |                                |
|----|--------------------------------|
| 1  | Respondent alone               |
| 2  | Respondent and husband/partner |
| 3  | Respondent and other person    |
| 4  | Husband/partner alone          |
| 5  | Father/Mother                  |
| 6  | Someone else in the household  |
| 7  | Other (specify): _____         |
| 98 | Don't know                     |

#### SUB-SECTION 5.6: RESPONDENT'S WAGE WORK

F551. Previously you indicated that you worked as an employee.  
[INTERVIEWER: Refer to respondent's previous answer and mention occupation.]

F552. Since your were interviewed at the hospital/clinic have you worked at this job more or less than previously?

- |   |  |
|---|--|
| 1 | More than previously                                     |
| 2 | Less than previously                                     |
| 3 | About the same as previously → [SKIP TO SUB-SECTION 5.7] |

F552a. By about how much per month has income increased/decreased?

\_\_\_\_\_ Shillings  
→ [IF INCOME INCREASED SKIP TO F553a]

F553. Why have you worked less at this job?

- |   |   |
|---|---|
| 1 | Respondent weak/sick                            |
| 2 | Respondent let go due to absence during illness |
| 3 | Other (specify): _____                          |
- [SKIP TO SUB-SECTION 5.7]

F553a. Why have you worked more at this job?

- |   |  |
|---|--|
| 1 | To make up for lost income during respondent's illness         |
| 2 | To finish backlog of work built up during respondent's illness |
| 3 | Other (specify): _____   |

**SUB-SECTION 5.7: HUSBAND'S/PARTNER'S WAGE WORK**

*FILTER CHECK: If the respondent has no current partner/husband, SKIP this sub-section and proceed to Sub-section 5.8.*

*FILTER CHECK: Refer to previous response about partner/husband's occupation (Q550):*  
 > If none or "don't know, SKIP to Sub-section 5.8.  
 > Otherwise, mention his occupation and proceed with F561.

**F561. You indicated that your husband worked as an employee.**

*[INTERVIEWER: Refer to respondent's previous answer and mention occupation.]*

**F562. Since your were interviewed at the hospital/clinic has your husband/partner worked more hours per week, less hours, or about the same hours?**

**F562a. By about how much per month has his income increased/decreased?**

**F563. Why has your husband/partner worked less at this job?**

**F563a. Why has your husband/partner worked more at this job?**

*[INTERVIEWER: THIS IS NOT A QUESTION, JUST AN INTRODUCTION.]*

- 1 More than previously
- 2 Less than previously
- 3 About the same as previously → **[SKIP TO SUB-SECTION 5.8]**

\_\_\_\_\_ Shillings  
 → **[IF INCOME INCREASED SKIP TO F563a]**

- 1 Husband/partner cared for respondent during illness
- 2 Husband/partner cared for children during respondent's illness
- 3 Husband/partner has left/abandoned respondent
- 4 Other (specify): \_\_\_\_\_

**[SKIP TO SUB-SECTION 5.8]**

- 1 To make up for lost income during respondent's illness
- 2 To finish backlog of work built up during respondent's illness
- 3 Other (specify): \_\_\_\_\_

**SUB-SECTION 5.8: CHILDREN'S AND OTHER'S WAGE WORK**

*FILTER CHECK: If the respondent has no children, SKIP to F574.*

*FILTER CHECK: Refer to previous response about children's earnings (Q560):*  
 > If none or "don't know, SKIP to F574.  
 > Otherwise, proceed with F571.

**F571. You indicated that one or more of your children worked as an employee.**

*[INTERVIEWER: This is not a question, just an introduction.]*

**F572. Since your were interviewed at the hospital/clinic have your children worked more hours per week, less hours, or about the same hours?**

**F572a. By about how much per month has their income increased/decreased?**

**F573. Why have your children worked less at this job?**

**F573a. Why have your children worked more at this job?**

**F574. Since your were interviewed at the hospital/clinic has any other member of the household more hours per week, less hours, or about the same hours?**

**F574a. By about how much per month has their income increased/decreased?**

**F575. Why have these household members worked less at their jobs?**

**F575a. Why have these household members worked more at their jobs?**

- 1 More than previously
- 2 Less than previously
- 3 About the same as previously → **[SKIP TO F574]**

\_\_\_\_\_ Shillings (increase) → **[SKIP TO F573a]**  
\_\_\_\_\_ Shillings (decrease)

- 1 Children cared for respondent during illness
  - 2 Children cared for younger siblings during respondent's illness
  - 3 Children have left respondent
  - 4 Other (specify): \_\_\_\_\_
- [SKIP TO F574]**

- 1 To make up for lost income during respondent's illness
- 2 To finish backlog of work built up during respondent's illness
- 3 Other (specify): \_\_\_\_\_

- 1 More than previously
- 2 Less than previously
- 3 About the same as previously → **[SKIP TO SECTION 6]**

\_\_\_\_\_ Shillings (increase) → **[SKIP TO F575a]**  
\_\_\_\_\_ Shillings (decrease)

- 1 Household members cared for respondent during illness
  - 2 Household members cared for younger siblings during respondent's illness
  - 3 Household members have left respondent
  - 4 Other (specify): \_\_\_\_\_
- [SKIP TO SECTION 6]**

- 1 To make up for lost income during respondent's illness
- 2 To finish backlog of work built up during respondent's illness
- 3 Other (specify): \_\_\_\_\_

**SECTION 6. HOUSEHOLD CONSUMPTION, EXPENDITURES AND DEBT**

**Now, Please tell me how much of the following items have been consumed by your household in the past 7 days (last week)**

**F601. What is the total value in Shillings that the household spent on:**

*[HOME PRODUCED ITEMS SHOULD BE INCLUDED IN TOTALS]*

a. Rice	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
b. Matoke (bunches, clusters)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
c. Tubers (sweet potatoes, cassava, Irish potatoes, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
c. Cereals (maize, millet, sorghum, etc. -- whole or in flour)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
d. Sugar and other sweeteners (including candy, honey, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
e. Processed wheat products (bread, noodles, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
f. Soyabeans, beans, peas	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
g. Meat, chicken, and fish	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
h. Edible Oil (ghee, margarine, butter, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
i. Milk and milk products (ice cream, milk powder, etc.)	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
j. Eggs	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
k. Vegetables	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know
l. Fruit and ground nuts	Total value	<input type="text"/>	Shillings	<input type="text" value="98"/>	Don't know

**F602. Over the past 30 days, what was the total value in Shillings of each of the following items that the household consumed?**

a. Salt and spices

Total value       Shillings  Don't know

b. Drinks (coffee, tea, soda, beer)

Total value       Shillings  Don't know

c. Food at restaurants, eating out

Total value       Shillings  Don't know

d. Fuel and cooking gas, firewood, charcoal, paraffin (Kerosene).

Total value       Shillings  Don't know

e. Entertainment (includes cinema, picnic, sports, club fees, video cassettes)

Total value       Shillings  Don't know

f. Telephone, mobile phones, paid channels and internet

Total value       Shillings  Don't know

g. Toilet articles (includes toothpaste, shaving blades, shaving cream, etc.)

Total value       Shillings  Don't know

h. Household items (includes electric bulb, tubelight, washing soap, insecticides, etc.)

Total value       Shillings  Don't know

i. Transport (includes, bus, taxi, boda boda, diesel, petrol, etc.)

Total value       Shillings  Don't know

j. House rent, rent for rented appliances, furniture, implements

Total value       Shillings  Don't know

k. Utility fees

Total value       Shillings  Don't know

l. Services (domestic servants, other)

Total value       Shillings  Don't know

m. All out-patient medical expenses

Total value       Shillings  Don't know

**F602a. Thinking about all the items just mentioned, would you say that your household has spent less, the same, or more than usual since the interview at the hospital/clinic?**

Spent less  
 Spent about the same → [SKIP TO F603]  
 Spent more

**F602b. In percent, how much less/more did the household spend?**

Percent less  
  Percent more

Now, we would like to ask you about loans your household may have requested since your health complication.

**F603. Did you or your household borrow or take any financial loan since the interview at the hospital/clinic?**

- 1 Yes
- 2 No → [SKIP TO SECTION 7]

**F604. How much did you borrow altogether?**

\_\_\_\_\_ Shillings

**F605. Was this loan [these loans] taken to pay for expenses related to your treatment at the hospital/facility?**

- 1 Yes
- 2 No

**F606. From where did you obtain this loan [these loans]?**

- 1 Employer
- 2 Local money lender
- 3 Friend
- 4 Relative
- 5 Bank
- 6 NGO
- 7 Community Credit Group
- 8 Government program
- 9 Other credit Org/ co-op

**F606a. What is the total monthly payment(s) on this loan [these loans]?**

Shillings/month

**F606b. How many monthly installments must be paid in total?**

\_\_\_\_\_ Number of monthly installments

**F606c. How do you plan to pay back this loan [these loans]?**

- 1 Work extra hours
- 2 Get a gift from family or friends
- 3 Sell assets
- 4 Get another loan
- 5 Other (specify): \_\_\_\_\_

**In your previous interview you said that you had one or more loans.**

**F607. Are you paying back that [those] loans on time?**

- 1 Yes → [SKIP TO SECTION 7]
- 2 No

**F608. Why not?**

- 1 Health cost payment precludes this
- 2 Household income declined
- 3 Other (specify): \_\_\_\_\_



Now I would like to talk about costs related to the complications you were treated for since you left [NAME OF FACILITY].

**F609. After your treatment at the hospital/clinic until now, please tell if you had any further medical expenses you have paid related to that problem:**

- a. Transport to and from clinics.
- b. Medicine, drugs, medical supplies purchased.
- c. Fees paid to doctors, nurses, other health workers
- d. Other fees paid at health facilities.
- e. Other medical expenses.
- f. Other non-medical expenses.
- g. Fees paid to doctors, nurses, other health workers
- h. Other fees paid at health facilities.

**F610. Did you receive help in the form of money, goods or services from outside the household (other than parents, siblings, children) or from other parties (i.e. foundation/organization, friends/relatives) since you left the health facility?**

**F611. What type of help did you receive from these people [... outside the household or from other parties] since your health complication?**

[TICK ALL THAT APPLY]

**Note:**

> For expenses paid in kind, ask respondent to estimate their value in Shillings.

> If an item has no expense, enter "000000"

Total value       Shillings

Total value       Shillings

Total value       Shillings

Total value       Shillings

Total value       Shillings

Total value       Shillings

Total value       Shillings

Total value       Shillings

1 Yes

2 No → [SKIP TO SECTION 7]

1 Money or loan → Amount \_\_\_\_\_ Shillings

2 Health care costs (including treatment) → Amount \_\_\_\_\_ Shillings

3 Food stuff or other goods → Amount \_\_\_\_\_ Shillings

4 Doing household chores or providing child care or assisting during physical recovery →   Days   Weeks

5 Other (specify) \_\_\_\_\_ → Amount \_\_\_\_\_ Shillings

**SECTION 7. CONSEQUENCES OF RECENT PREGNANCY**

Now I would like to talk about your recent pregnancy, that is, the one that resulted in the complications you were treated for.

**F701. Do you worry that you may have difficulties in becoming pregnant again due to your health complication?**

- 1 Yes
- 2 No

**F702. Do you have any lingering health problem due to your health complication? Please describe the problem.**

- 1 Persistent abdominal pain
- 2 Periodic abdominal pain
- 3 Dizziness
- 4 Faintness
- 5 Headaches
- 6 Pain during urination
- 7 Intestinal discomfort
- 8 General weakness
- 9 Burning pain in genital area
- 10 Vaginal discharge
- 11 Fever
- 12 Vaginal bleeding
- 13 Other (specify): \_\_\_\_\_

**F703. Have you gone to a health facility or seen a doctor or nurse since you were interviewed at the health facility?**

- 1 Yes
- 2 No → [SKIP TO F705]

**F703a. How many times?**

Times

**F704. Has a doctor told you that you have a health problem as a result of the pregnancy loss that you had?**

- 1 Yes
- 2 No → [SKIP TO F705]

**F704a. What did he/she call this problem?**

\_\_\_\_\_

**F705. RECORD THE TIME INTERVIEW ENDS.**

Hour        Minutes

**F706. Interviewer's notes after the interview is completed:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_