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| NOWIW | ا∸ OULD LIKE TO ASK YOU SOME QUESTIONS A/ | BOUT ANYTHING THAT YOU DID TO END THE P | ■ REGNANCY BEFORE COMING TO THIS F | ACILITY. | 5 |
| | 3.00 Before you came to this facility, did you do anything to try to end the pregnancy? | | YES: GO TO 3.01 | NO: GO TO 4.01 | |
| | Question | Probes | ACTION # | ACTION # | ACTION # |
| 3.01 | Describe what you did | Tell me everything you did to try to end the pregnancy | | | |
| 3.02 | | Show flipchart with examples and ask to identify. Give picture # | | | |
| 3.03 | If involves pharmaceuticals / tablets | How did you take the tablet(s)? | Oral / vaginal / both / other | Oral / vaginal / both / other | Oral / vaginal / both / other |
| 3.04 | If involves pharmaceuticals / tablets | How many tablets did you take? | | | |
| 3.05 | How did you know about this? | | | | |
| 3.06 | Why did you do this? | Did you consider not doing this? | | | |
| 3.07 | Why do you think this method did not work? | Why or why not? | | | |
| 3.08 | What happened as a result of doing this? | eg: health (pain / bleeding / fever / side effects), being found out, forced to tell | | | |
| 3.09 | Do you worry that you might have any consequences/problems after doing this? | What and why? | | | |
| 3.10 | After doing this, did you think about seeking care/help from a health facility? | | YES / NO | YES / NO | YES / NO |
| 3.11 | Why did you (not) seek care from a health facility? | Fear of disclosure? Being found out? Fear of legality? Could not afford? | | | |
| 3.12 | Anyone else involved in this action? | | YES / NO | YES / NO | YES / NO |
| 3.13 | If someone else involved, who? | eg: family, friend, any medical connections? | | | |
| 3.14 | If someone else involved, why? | | | | |
| 3.15 | If someone else involved, how? | What did this person do? get info? provide resources etc? | | | |
| 3.16 | Fees for consultation or service | How much did you have to pay? | | | |
| 3.17 | Costs for medicines or supplies | How much did you have to pay? | | | |
| 3.18 | Fees for tests | How much did you have to pay? | | | |
| 3.19 | Any additional money paid to the provider | How much did you have to pay? Why did you have to pay this? | | | |
| 3.20 | Did you have to spend anything else? | | | | |
| 3.21 | Did you miss school? | | Yes / No / Not applicable | Yes / No / Not applicable | Yes / No / Not applicable |
| 3.22 | Able to do normal job? | | Yes / No / Not applicable | Yes / No / Not applicable | Yes / No / Not applicable |
| 3.23 | Able to do normal housework? | | Yes / No / Not applicable | Yes / No / Not applicable | Yes / No / Not applicable |
| 3.24 | Lost income because could not work? | | Yes / No / Not applicable | Yes / No / Not applicable | Yes / No / Not applicable |
| 3.25 | Have you had to do anything to cope with losing income / get money? | | YES / NO | YES / NO | YES / NO |
| 3.26 | What have you done to cope with losing income / get money? Describe | For example: borrow (who from?), sell things (what?) | | | |
| 3.27 | Did anyone help with money/childcare/etc? | | YES / NO | YES / NO | YES / NO |
| 3.28 | If yes, who helped? | eg: friend / family / neighbour | | | |
| 3.29 | If yes, what kind of help did you receive from them? Describe | | | | |
| 3.30 | At any point, did anyone refuse to help you or provide you with what you wanted? | Can you explain to me what happened? | | | |