

Questions and Filters for Unmet Need Definition

Note that question text has been modified slightly from the DHS questionnaire to reflect the information needed for the definition of unmet need and avoid extraneous questions. Skip patterns have been modified to reflect the flow of questions in this set of questions. For the original questions and skip patterns, please see the DHS Model Questionnaire (Phase 6) (<http://www.measuredhs.com/publications/publication-DHSQ6-DHS-Questionnaires-and-Manuals.cfm>)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 238								
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	<input type="checkbox"/> → 238								
229	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2									
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	<table border="1" style="width: 40px; height: 40px; margin-left: auto; margin-right: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
302	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		<input type="checkbox"/> → 313								
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2									
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2									
212	What name was given to your (last) baby? RECORD NAME	NAME _____									
215	In what month and year was (NAME) born? PROBE: When is his/her birthday?	MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; width: 80px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
706	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>	_____ →	END
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>	_____ →	END
708	CHECK 705: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>	_____ →	END
709	CHECK 704: WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> WANTS NO MORE/NONE <input type="checkbox"/> You have said that you do not want (a/another) child soon. You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy? Can you tell me why you are not using a method to prevent pregnancy? Any other reason? Any other reason? RECORD ALL REASONS MENTIONED.	NOT MARRIED A FERTILITY-RELATED REASONS NOT HAVING SEX B INFREQUENT SEX C MENOPAUSAL/HYSTERECTOMY D CAN'T GET PREGNANT E NOT MENSTRUATED SINCE LAST BIRTH F BREASTFEEDING G UP TO GOD/FATALISTIC H OPPOSITION TO USE RESPONDENT OPPOSED I HUSBAND/PARTNER OPPOSED ... J OTHERS OPPOSED K RELIGIOUS PROHIBITION L LACK OF KNOWLEDGE KNOWS NO METHOD M KNOWS NO SOURCE N METHOD-RELATED REASONS SIDE EFFECTS/HEALTH CONCERNS O LACK OF ACCESS/TOO FAR P COSTS TOO MUCH Q PREFERRED METHOD NOT AVAILABLE R NO METHOD AVAILABLE S INCONVENIENT TO USE T INTERFERES WITH BODY'S NORMAL PROCESSES U OTHER _____ X (SPECIFY) DON'T KNOW Z	