

Client Number

- 3. HOMEMAKER
- 4. TECHNICAL

7. OTHER: _____

CYCLE HEALTH AND PREGNANCY HISTORY

- 9. HOW MANY PREGNANCIES HAVE YOU EXPERIENCED?
- 10. LIVING CHILDREN?
- 11. MISCARRIAGES?
- 12. ABORTIONS?
- 13. ARE YOU CURRENTLY TAKING ANY MEDICATIONS OR VITAMINS? YES NO

IF YES PLEASE LIST: _____

14. PLEASE LIST ANY GYNECOLOGICAL SURGERY YOU HAVE HAD AND THE DATE: _____

- 15. ARE YOU BREAST-FEEDING NOW?
- 1. No
- 2. Partial (Baby gets food and breast-feeding)
- 3. Total (Baby gets only breast milk)
- 4. N/A

FAMILY PLANNING PRACTICE

- 16. A. AMONG THE FOLLOWING METHODS, WHICH METHOD ARE YOU USING NOW?
- B. IF YOU ARE NOT USING ANY METHOD, NAME WHICH WAS THE MOST RECENT METHOD YOU USED.

- 0. None
- 1. Pill
- 2. IUD
- 3. Injection
- 4. Barrier
- 5. Norplant
- 6. Breastfeeding
- 7. Withdrawal
- 8. Abstinence
- 9. NFP: Specify _____
- 10. Other: Specify _____

17. WHEN DID YOU STOP USING THE MOST RECENT METHOD? MONTH YEAR

FAMILY PLANNING INTENTION

- 18. WHY DO YOU WANT TO CHART YOUR FERTILITY?
- 1. To have a child
- 2. To space
- 3. To limit
- 4. For self knowledge
- 5. N/A
- 6. Other – specify _____

- 19. WHEN DO YOU WANT YOUR NEXT PREGNANCY TO BEGIN?
- 0. No more pregnancies desired
- 1. Trying to become pregnant now
- 2. Within a year from now
- 3. After one year but before two yrs
- 4. After two years but before three years
- 5. After three years
- 6. It doesn't matter
- 7. Don't know

20. DOES YOUR SPOUSE SHARE THIS INTENTION? 1. YES 2. NO 3. DON'T KNOW

21. IF YOU ARE TRYING TO BECOME PREGNANT NOW, HOW MANY MONTHS HAVE YOU BEEN TRYING?

19. IF YOU ARE TRYING TO BECOME PREGNANT NOW, HOW MANY MONTHS HAVE YOU BEEN TRYING?