



**Project Lifecycle**  
my body. my time.

## Sexual Health Survey

1. When were you born? \_\_\_\_\_
2. How many children do you have? \_\_\_\_\_ ( \_\_\_ girls, \_\_\_ boys)
3. How many children were you planning to have? \_\_\_\_\_ children
4. How many more children would you like? \_\_\_\_\_ children

5. Please list the birthdays of all your children.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. a) Have any of your children passed away?  
 no  
 yes (if you answered 'yes', please answer question 4b)  
b) Please list when each child passed away. (Please include the name and date)

_____	_____	_____
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7. Are you pregnant now?  
 yes  
 no  
 don't know

8. Do you do family planning?  
 yes  
 no

If no, why not? \_\_\_\_\_

9. Are you currently using any form of contraception?  
 yes  
 no

If no, why not? \_\_\_\_\_

10. What is your level of education?  
 no schooling  
 finished elementary school  
 finished high school  
 university degree  
 vocational course
11. In your relationship, who initiates sexual intercourse? (Circle)  
male 100% <-----75-----50-----25-----> 0%
12. Who decides on the method of contraception? (Circle)  
male 100% <-----75-----50-----25-----> 0%
13. How often do you and your partner have sexual intercourse?  
\_\_\_ a week  
\_\_\_ a month  
\_\_\_ a year  
\_\_\_ no comment

*Please answer the following questions about each contraceptive method*

14. The Pill
- a) Are you aware of this method?  yes  no  
b) Have you ever used this method?  yes  no  
c) How confident are you in this method?  
 very confident  confident  not at all confident  don't know  
d) What do you think of this method?  
 strongly oppose  oppose  neutral  agree  strongly agree  
 don't know  
e) In the last 12 months, how often have you been on this method? \_\_\_ months
15. Condoms
- a) Are you aware of this method?  yes  no  
b) Have you ever used this method?  yes  no  
c) How confident are you in this method?  
 very confident  confident  not at all confident  don't know  
d) What do you think of this method?  
 strongly oppose  oppose  neutral  agree  strongly agree  
 don't know

e) In the last 12 months, how often have you used this method? \_\_\_\_ per month

16. Contraceptive injection

- a) Are you aware of this method?  yes  no  
b) Have you ever used this method?  yes  no  
c) How confident are you in this method?  
 very confident  confident  not at all confident  don't know  
d) What do you think of this method?  
 strongly oppose  oppose  neutral  agree  strongly agree  
 don't know  
e) In the last 12 months, how many times have you had the injection? \_\_\_\_ times

17. Female sterilisation

- a) Are you aware of this method?  yes  no  
b) Have you ever used this method?  yes  no  
c) How confident are you in this method?  
 very confident  confident  not at all confident  don't know  
d) What do you think of this method?  
 strongly oppose  oppose  neutral  agree  strongly agree  
 don't know  
e) Have you had this procedure?  yes  no

18. Male sterilisation

- a) Are you aware of this method?  yes  no  
b) Have you ever used this method?  yes  no  
c) How confident are you in this method?  
 very confident  confident  not at all confident  don't know  
d) What do you think of this method?  
 strongly oppose  oppose  neutral  agree  strongly agree  
 don't know  
e) Has your partner had this procedure?  yes  no

19. Cycle Beads (Standard Days Method)

- a) Are you aware of this method?  yes  no  
b) Have you ever used this method?  yes  no  
c) How confident are you in this method?  
 very confident  confident  not at all confident  don't know  
d) What do you think of this method?  
 strongly oppose  oppose  neutral  agree  strongly agree  
 don't know  
e) For how many months in the past year have you used this method? \_\_\_\_ months

20. Rhythm method

- a) Are you aware of this method?  yes  no  
b) Have you ever used this method?  yes  no  
c) How confident are you in this method?

- very confident     confident     not at all confident     don't know
- d) What do you think of this method?
- strongly oppose     oppose     neutral     agree     strongly agree
- don't know
- e) For how many months in the past year have you used this method? \_\_\_\_ months

21. Withdrawal Method

- a) Are you aware of this method?     yes     no
- b) Have you ever used this method?     yes     no
- c) How confident are you in this method?
- very confident     confident     not at all confident     don't know
- d) What do you think of this method?
- strongly oppose     oppose     neutral     agree     strongly agree
- don't know
- e) How often do you use this method? \_\_\_\_ per month

22. Breastfeeding

- a) Are you aware of this method?     yes     no
- b) Have you ever used this method?     yes     no
- c) How confident are you in this method?
- very confident     confident     not at all confident     don't know
- d) What do you think of this method?
- strongly oppose     oppose     neutral     agree     strongly agree
- don't know
- e) When you were last pregnant, did you use this method?     yes     no