

PILL TAKING BEHAVIOR MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
311B	At the time you first started using the pill, did you consult a doctor or a nurse ¹ ?	YES 1 NO 2 DON=T KNOW 8																			
311C	May I see the package of pills you are now using ² ? RECORD NAME OF BRAND IF PACKAGE IS SEEN.	PACKAGE SEEN..... 1 BRAND NAME _____ <input type="text"/> PACKAGE NOT SEEN 2	←311F																		
311D	OBSERVE ORDER IN WHICH PILLS TAKEN FROM PACKET AND CIRCLE CORRECT CODE.	PILLS MISSING IN ORDER 1 PILLS MISSING OUT OF ORDER 2 NO PILL MISSING 3	←311H																		
311E	Why is it that you have not taken the pill (in order)?	DOESN'T KNOW WHAT TO DO 01 HEALTH REASONS 02 FOLLOWING INSTRUCTIONS ON PACKET/GIVEN BY SOURCE 03 NEW PACKET 04 MENSTRUATING 05 OTHER _____ 96 (SPECIFY)	←311H																		
311F	Why don't you have a package of pills in the house?	RAN OUT 01 COST TOO MUCH 02 HUSBAND AWAY 03 MENSTRUATING 04 OTHER _____ 96 (SPECIFY)																			
311G	Do you know the brand name of the pills you are now using? ^{**} RECORD NAME OF BRAND.	BRAND NAME _____ DOES NOT KNOW 98																			
311H	At any time in the past month, have you: Had spotting or bleeding more than once? Had any other illness? Missed having a menstrual period when expected? Run out of pills? Had any other problem? READ EACH PROBLEM AND CIRCLE 'YES' OR 'NO'.	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>SPOTTING/BLEEDING</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>OTHER ILLNESS.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>PERIOD DID NOT COME</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>RAN OUT OF PILLS.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>OTHER _____</td> <td align="center">1</td> <td align="center">2</td> </tr> </table> <p align="center">(SPECIFY)</p>		YES	NO	SPOTTING/BLEEDING	1	2	OTHER ILLNESS.....	1	2	PERIOD DID NOT COME	1	2	RAN OUT OF PILLS.....	1	2	OTHER _____	1	2	
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OTHER _____	1	2																			
311I	At any time in the past month, did you fail to take a pill for even one day for any reason? IF YES: What was the main reason you failed to take the pill?	SPOTTING/BLEEDING 01 OTHER ILLNESS..... 02 PERIOD DID NOT COME 03 RAN OUT OF PILLS..... 04 FORGOT/MISPLACED..... 05 NOT SEXUALLY ACTIVE..... 06 OTHER _____ 96 (SPECIFY) NEVER STOPPED TAKING THE PILL... 97																			

¹ Person consulted should be modified according to local practices.

² If there is a brand chart, replace with "SHOW BRAND CHART FOR PILLS. Please tell me which of these is the brand of pills that you are using." Question should be maintained only in countries that have an active social marketing program.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311J	Just about everybody misses taking the pill some time. What did you do the last time you forgot to take the pill?	NEVER FORGOT 01 TOOK ONE PILL THE NEXT DAY 02 TOOK TWO PILLS THE NEXT DAY 03 USED ANOTHER METHOD 04 OTHER _____ 96 (SPECIFY)	
311K	When was the last time you took a pill? IF LESS THAN 24 HOURS, WRITE '00'.	DAYS AGO..... <input type="text"/> <input type="text"/> MORE THAN ONE MONTH AGO 95	
311L	CHECK 311K: MORE THAN TWO DAYS AGO <input type="checkbox"/> ? TWO DAYS AGO OR LESS <input type="checkbox"/>		-<311N
311M	Why aren't you taking the pill these days?	HUSBAND AWAY 01 FORGOT 02 HEALTH REASONS 03 COST TOO MUCH 04 NO NEED TO TAKE DAILY 05 RAN OUT 06 MENSTRUATING 07 OTHER _____ 96 (SPECIFY)	
311N	How much does one (packet/cycle) of pills cost you?	COST (UNIT) <input type="text"/> <input type="text"/> <input type="text"/> FREE 996 DOES NOT KNOW 998	} <318