

STERILIZATION EXPERIENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
315	CHECK 311: FEMALE STERILIZATION <input type="checkbox"/> ? MALE STERILIZATION <input type="checkbox"/> _____		←315F
315A	Before you had the sterilization operation, did you discuss the idea with your husband? IF YES: Who initiated the discussion?	YES, WIFE INITIATED1 YES, HUSBAND INITIATED.....2 NO3	←315C
315B	How supportive was your husband about your decision on the sterilization operation?	SUPPORTIVE FROM THE BEGINNING 01 HESITANT AT THE BEGINNING BUT SUPPORTIVE02 NEUTRAL03 OPPOSED04 OTHER _____ 96 (SPECIFY) DOES NOT KNOW98	
315C	Did you have the sterilization operation at the same time as you had your last baby? IF YES: Was this during a caesarian operation?	YES, CAESAREAN.....1 YES, NORMAL.....2 NO3	
315D	Do you believe that the sterilization operation has ended your ability have more children?	YES1 NO2 DON=T KNOW8	←315F
315E	Why do you believe you might be able to have more children?	IT CAN BE REVERSED01 IT MAY FAIL.....02 HEARD RUMORS THAT STERILIZED WOMEN CAN GET PREGNANT03 KNOWS A WOMAN WHO BECAME PREGNANT AFTER STERILIZATION.....04 OTHER _____ 96 (SPECIFY) DOES NOT KNOW98	
315F	What is the most important reason why (you/your husband) decided to have the operation instead of using another method? CIRCLE ONLY ONE CODE.	RECOMMENDED BY MEDICAL STAFF .01 HEALTHIER/LESS SIDE EFFECTS02 EASIER TO USE03 PERMANENT METHOD.....04 WANT NO MORE CHILDREN05 RECOMMENDED BY OTHER STERILIZED WOMAN/MAN.....06 LESS EXPENSIVE07 TEMPORARY METHODS NOT EASILY AVAILABLE08 OTHER _____ 96 (SPECIFY)	←315H
315G	Why did the doctor/nurse recommend that (you/your husband) have the operation?	RESPONDENT'S AGE01 RESPONDENT HAS ENOUGH CHILDREN.....02 PROBLEMS WITH PRIOR PREGNANCY03 OTHER _____ 96 (SPECIFY) DOES NOT KNOW98	
315H	Do you regret that (you/your husband) had the operation?	YES1 NO2	←315J

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
315I	Why do you regret the operation?	RESPONDENT WANTS ANOTHER CHILD01 HUSBAND WANTS ANOTHER CHILD ...02 SIDE EFFECTS03 HEALTH REASONS ASSOCIATED WITH THE OPERATION04 MARITAL STATUS HAS CHANGED05 OPERATION FAILED06 CHILD DIED.....07 OTHER _____ 96 (SPECIFY)	
315J	As things stand now, are you satisfied with your/your husband's decision to have the operation?	YES1 NO2	-<315L
315K	Why are you not satisfied?	RESPONDENT WANTS ANOTHER CHILD01 HUSBAND WANTS ANOTHER CHILD ...02 SIDE EFFECTS03 HEALTH REASONS ASSOCIATED WITH THE OPERATION04 MARITAL STATUS HAS CHANGED05 OPERATION FAILED06 CHILD DIED.....07 OTHER _____ 96 (SPECIFY)	
315L	Given your present circumstances, if (you/your husband) had to do it over again, do you think (you/your husband) would make the same decision to have the operation?	YES1 NO2	
315M	Would you recommend the operation to a friend or relative?	YES1 NO2	-<316
315N	Why wouldn't you recommend the operation?	HEALTH REASONS ASSOCIATED WITH THE OPERATION01 OPERATION MAY FAIL02 OPERATION IS IRREVERSIBLE03 MARITAL STATUS CAN CHANGE04 IT IS A PRIVATE MATTER.....05 OTHER _____ 96 (SPECIFY)	