APPENDIX C
Training Handouts

Training Handouts

HANDOUT 1: Sample Training Schedule

NOTE: you can modify this handout to reflect your setting

DAY 1 (Interviewers, Locators, And Supervisors)

08H00 – 10H00: Module 1: Administrative Arrangements

- Introductions
- Address administrative details
- Identify questions to be answered during the training

10H00 – 10H30: Break

10H30 – 12H30: Module 2: Introduction to the Survey

- Introduction to the survey and its purpose
- Issues of reproductive health covered in survey
- Reproductive health terminology

12H30 – 1H30: Lunch

1H30 – 4H30: Module 3: Defining the Roles and Responsibilities of Survey Team

- Responsibilities of each team member
- Rights of participants and confidentiality
- Safety and emergency procedures

NOTE: After completion of Module 3, locators should be split off into a separate group to continue with locator training, beginning with Module 7.

DAY 2 (Interviewers and Supervisors)

08H00 – 10H00: Module 4: Understanding the Survey and Survey Questions

- Questionnaire administration process description
- Question-by-question explanation and discussion

10H00 – 10H30: Break

10H30 – 12H30: Module 4: Understanding the Survey and Survey Questions (continued)

- Question-by-question explanation and discussion

12H30 – 1H30: Lunch

1H30 – 4H30: Module 4: Understanding the Survey and Survey Questions (continued)

- Question-by-question explanation and discussion

DAY 2 (Locators Only)

08H00 – 10H00: Module 7: Locator Training– Overview of Process

- Administrative details
- Review of Locator Form
- Identify questions to be answered during training

10H00 – 10H30: Break

10H30 – 12H30: Module 8: Locator Training–Use of Forms

- Review of Locator Form in detail
- Practice in filling out each section of the form

12H30 – 1H30: Lunch

1H30 – 4H30: Module 8: Locator Training–Use of Forms (continued)

- Review of Locator Form in detail
- Practice in filling out each section of the form

DAY 3 (Interviewers and Supervisors)

08H00 – 10H00: Module 4: Understanding the Survey and Survey Questions (continued)

- Question-by-question explanation and discussion

10H00 – 10H30: Break

10H30 – 12H30: Module 4: Understanding the Survey and Survey Questions (continued)

- Question-by-question explanation and discussion

12H30 – 1H30: Lunch

1H30 – 4H30: Module 4: Understanding the Survey and Survey Questions (continued)

- Question-by-question explanation and discussion

DAY 3 (Locators Only)

08H00 – 10H00: Module 9: Locator Training Role Playing

- Practice in introductions at households
- Practice in random selection of woman

10H00 – 10H30: Break

10H30 – 12H30: Module 9: Locator Training Role Playing (continued)

- Practice in introductions at households
- Practice in random selection of woman

12H30 – 1H30: Lunch

1H30 – 4H30: Module 9: Locator Training–Role Playing (continued)

- Practice in obtaining consent
- Practice in filling out visit record box

NOTE: Once the Locators can reliably administer the locator form, they may be dismissed until it is time for the team to do Module 11 (Practice Interviews in the Community).

DAY 4 (Interviewers and Supervisors)

08H00 – 10H00: Module 4: Understanding the Survey and Survey Questions (continued)

- Question-by-question explanation and discussion

10H00 – 10H30: Break

10H30 – 12H30: Module 4: Understanding the Survey and Survey Questions (continued)

- Question-by-question explanation and discussion

12H30 – 1H30: Lunch

1H30 – 4H30: Module 4: Understanding the Survey and Survey Questions (continued)

- Question-by-question explanation and discussion

DAY 5 (Interviewers and Supervisors)

08H00 – 10H00: Module 5: Interviewing Techniques and Initiating the Interview

- Guiding principles for interviewers
- Tips for good interviewing

10H00 – 10H30: Break

10H30 – 12H30: Module 5: Interviewing Techniques and Initiating the Interview (continued)

- Practice through role-playing

12H30 – 1H30: Lunch

1H30 – 4H30: Module 6: Practice Interview with Role Playing

- Pairs of trainees role-play interviewing in front of the group.

DAY 6 (Interviewers and Supervisors)

08H00 – 10H00: Module 6: Practice Interview with Role Playing (continued)

- Pairs of trainees role-play interviewing in front of the group
- Practice recording responses

10H00 – 10H30: Break

10H30 – 12H30: Module 6: Practice Interview with Role Playing (continued)

- Pairs of trainees role-play interviewing in front of the group
- Practice recording responses

12H30 – 1H30: Lunch

1H30 – 4H30: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of three
- Practice recording responses

DAY 7 (Interviewers Only)

08H00 – 10H00: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of three
- Practice recording responses

10H00 – 10H30: Break

10H30 – 12H30: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of three
- Practice recording responses

12H30 – 1H30: Lunch

1H30 – 4H30: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of two
- Practice recording responses

DAY 7 (Supervisors Only)

08H00 – 10H00: Module 10: Supervisor Training–Household Selection Process

- Familiarization with sampling method to be used (random or cluster)

10H00 – 10H30: Break

10H30 – 12H30: Module 10: Supervisor Training – Household Selection Process (continued)

- Training on how to identify households for survey

12H30 – 1H30: Lunch

1H30 – 4H30: Module 10: Supervisor Training – Household Selection Process (continued)

- Training on how to review questionnaires for logic and completeness

DAY 8 (Interviewers and Supervisors)

08H00 – 10H00: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of two
- Practice recording responses

10H00 – 10H30: Break

10H30 – 12H30: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of two
- Practice recording responses

12H30 – 1H30: Lunch

1H30 – 4H30: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of two
- Practice recording responses

DAY 9 (Interviewers and Supervisors)

08H00 – 10H00: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of two
- Practice recording responses

10H00 – 10H30: Break

10H30 – 12H30: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of two
- Practice recording responses

12H30 – 1H30: Lunch

1H30 – 4H30: Module 6: Practice Interview with Role Playing (continued)

- Trainees practice interviewing independently, in groups of two
- Practice recording responses

DAY 10 (Interviewers, Locators, and Supervisors)

All day: Module 11: Practice Interviews in the Community

- Interviewers, supervisors, and locators obtain real life experience in administering the survey
- Session closes with debriefing to discuss any issues, questions, or concerns that arose during practice interviews

DAY 11 (Interviewers, Locators, and Supervisors)

08H00-11H00: Module 12: Review of Survey Schedule

- Review logistics of how the interview teams will conduct the survey

DAY 12 (Data Entry Staff and Supervisors)

08H00-8H30: Module 13: Data Entry–Administrative Arrangements

- Review administrative and logistical details
- Explain roles and responsibilities of each team member
- Review confidentiality procedures

08H30-10H00: Module 14: Data Entry Instructions

- Overview of survey
- CSPro data entry program and instructions

10H00 – 10H30: Break

10H30-12H00: Module 14: Data Entry Instructions (continued)

- CSPro data entry program and instructions
- Reinforce importance of data quality issues
- Practice entering questionnaires

12H00 – 1H00:
Module 15: Supervisor Training–Data Entry

- Resolving questionnaire errors or data entry errors
- Checking the quality of data being entered
- Combining datasets
- Producing a clean dataset

HANDOUT 2: Sample Logistics Administration

NOTE: You can modify this handout to reflect your setting.

Training logistics

Training will be held at [insert training location] Monday through Friday from 8:30 AM to 4:30 PM and Saturday from 8:30 AM to 12 noon. Interviewers will be in training for approximately 10 days and locators will be in training for approximately 3 days. At the end of the training period, a practice test of the survey will be conducted in a community setting over the course of 1 day. Interviewers will conduct 2-3 practice interviews during the practice test. We will meet for several hours the next day to discuss the practice test and go over the schedule for the survey.

Interview teams

Following the training, there will be [insert number] teams of interviewers assigned to selected sites, Monday through Friday, for a minimum of two weeks. Each team will be supervised on-site by a team supervisor. Each interviewer will submit their completed questionnaires for review by the supervisor at the close of each interview. Locators will recruit eligible women to participate in the survey.

Locators

Each locator will participate in approximately three days of training to review basic privacy concepts and the survey plan, work separately with a supervisor in reviewing their specific responsibilities, and practice identifying eligible participants and obtaining consent. The locators will join the interviewers and the rest of the survey team for a practice test in a community setting. Once the survey gets underway, locators will be assigned a specified area each day where they will seek eligible participants. The locators will go to pre-selected houses to invite the selected women to participate in the survey. The locators will explain the basic components of the survey to the potential participant. If the woman agrees to participate, she will be guided, and when necessary, transported, to the survey site, where interviewers will be waiting to conduct the survey.

Drivers (optional)

[insert number] driver(s) will be responsible for transporting the interview teams from an identified meeting spot to the selected interview sites each day. After dropping off the interviewers at the interview site, each driver will transport the locators to pre-selected houses where the locators will invite women to participate in the survey. At the end of the day, the drivers will be responsible for returning the interview teams back to a central drop-off point. Departure from the interview location should take place no later than 4 PM each day.

Supervisors

Supervisors will be at the interview site(s) every day that interviews are being conducted. Each supervisor will be responsible for overseeing his/her team. Supervisors are also responsible for ensuring that data are collected properly, security and safety precautions are enforced, and all aspects of the survey implementation proceed smoothly. An additional supervisor will work with the locators to assist with house visits and selection of survey participants.

HANDOUT 3: Overview of the Survey

Purpose of Toolkit

The Toolkit has been developed to provide a set of tools to assess the reproductive health needs of conflict-affected women and use the data to promote and enhance programs and services to improve the reproductive health of conflict-affected women and their families.

Topics included in the questionnaire

The questionnaire consists of 10 sections that ask about various aspects of a woman's reproductive health status.

- **Section 1: Background characteristics.** Background information, such as the number of people living in the household, age, education, ethnic group, religion, origin, and length of displacement.
- **Section 2: Safe motherhood.** Number of pregnancies, pregnancy outcomes, antenatal care, antenatal care provider, reasons for not seeking care, and pregnancy complications.
- **Section 3: Family planning.** Knowledge of different ways to prevent a pregnancy, current family planning methods used, where to obtain desired contraceptive methods, and reasons for not using family planning.
- **Section 4: Marriage and live-in partnerships.** Information about former and current partner status.
- **Section 5: Sexual history: numbers and types of partners.** Sexual history and condom use with casual partners.
- **Section 6: Sexually transmitted infections (STIs).** Knowledge about STI symptoms and where to seek treatment, and reasons for not seeking care.
- **Section 7: HIV/AIDS knowledge, opinions, and attitudes.** Knowledge about HIV transmission, history of HIV testing, and future intent to be tested.
- **Section 8: Gender-based violence (GBV).** Violent acts perpetuated by non-family members during and after the conflict, resulting health complications, resulting help-seeking behavior, intimate partner violence (IPV), and family violence.
- **Section 9: Female genital cutting (FGC).** Prevalence of FGC among respondents and their daughters, and attitudes about FGC.
- **Section 10: Emotional health.** Information about various emotions and feelings.

HANDOUT 4: Reproductive Health Terms

NOTE: Trainees and supervisors should discuss and agree upon appropriate local terminology. Additional terms from the questionnaire that you wish to define can be added at the end.

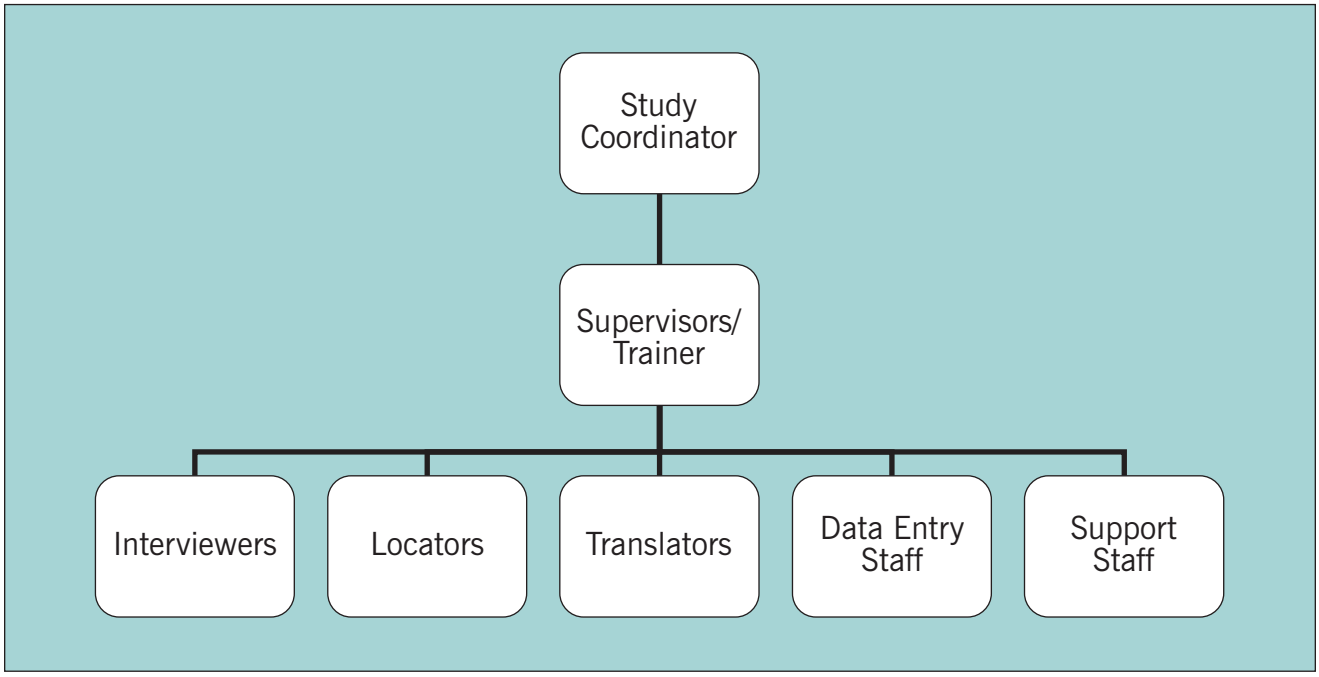
Term	Local term	Definition
Abdominal pain		Pain in the stomach area
Anal sex		Sexual intercourse in which the penis enters the anus
Antenatal care		Contact between pregnant women and trained health care providers to identify and manage current and potential risks and problems during pregnancy and delivery
Burning pain on urination		A burning sensation during peeing
Condom		Barrier method made of latex that helps prevent ejaculate entering the vagina/anal area, protecting against pregnancy and sexually transmitted infections
Ectopic pregnancy		When the fertilized egg is planted outside of the uterus (such as in the fallopian tubes)
Emergency Hormonal Contraception (ECP) (“morning after pill”)		Pills that work (if taken soon after intercourse) by delaying or stopping ovulation, blocking fertilization, or preventing implantation of the ovum. ECPs do not interrupt pregnancy
Foul-smelling discharge		Liquid- or gel-like substance (may be thick) coming out of the vagina or penis that smells bad
Genital ulcers/sores		Painful, itchy blisters or shallow sores in the genital area
HIV/AIDS		HIV is the virus that causes AIDS. It is spread by sexual contact with an infected person, use of needles or blood, and blood products contaminated with the virus. Babies who are born to mothers who are infected with HIV are at risk of infection.
Hysterectomy		Surgical removal of the uterus, the female organ in which a fertilized egg develops into a fetus
Induced abortion		Intentionally ending a pregnancy (either surgically or with medication) to avoid a live birth
Injectables (Depo-Provera)		A drug for preventing pregnancy given via an injection every three months that should be administered by trained health professionals
IUD (intrauterine device)		Small plastic or copper device inserted into a woman’s uterus to prevent pregnancy
Live birth		The delivery or removal of a fetus that breathes or shows other signs of life
Menopause		Permanent ending of menstruation
Menstrual period		The three- to seven-day period that occurs monthly during which blood and cells are shed from the lining of the uterus and exit through the vagina. This process is called menstruation.
Miscarriage		Unintentional ending of a pregnancy before the fetus is capable of independent life
Mistreatment		When someone treats you poorly or hurts you (physically, emotionally, and/or sexually)
Multiple live birth		Birth of two or more live fetuses at one time
Multiple stillbirth		Birth of two or more dead fetuses at one time
NGO		Non-governmental organization

Term	Local term	Definition
Oral contraceptives (“the pill”)		A pill that is taken by mouth every day and delivers doses of hormones that change a woman’s reproductive cycle to prevent pregnancy
Oral sex		Sexual activity that involves using the mouth and tongue to stimulate a partner’s genitals
Perpetrator		Person, group, or institution that directly inflicts violence or other abuse on another against her will or otherwise supports such violence or other abuse
Physical assault		When person(s) in positions of power inflict intentional harm through the use of physical force, coercion, or intimidation, often resulting in physical injury to another person
Physical abuse		When person(s) in positions of power, by means of physical force, coercion, or intimidation, undermine another person’s control of their own body, and /or threaten the physical integrity of another person
Postpartum period		Four to six week time period after having a baby
Psychological abuse		When person(s) in positions of power, by means of physical force, coercion, or intimidation, damage another person’s self-esteem, autonomy, identity, and/or development
Rhythm/calendar method		A birth control method where a woman does not have sex during the period of ovulation, when she is most fertile
Sexual assault		When person(s) in positions of power, by means of physical force, coercion, or intimidation, compel another person to engage in sexual interactions against her will that may lead to her physical injury
Sexual relations		Having intercourse with another person (vaginal, anal, and/or oral)
Sexually transmitted infections (STIs)		Infection spread by sexual contact. Some STIs may be acquired through infection of blood products, sharing needles, and mother-to-child transmission.
Stillbirth		The delivery or removal of a fetus that did not show any signs of life
Survivor		Person who has experienced violence or other abuse
Tubal ligation		A surgical procedure in which a woman’s fallopian tubes are blocked, tied or cut to provide permanent and highly effective pregnancy prevention. Also called surgical contraception or “having your tubes tied”.
Unborn child		Baby still in the womb
Unplanned pregnancy		A pregnancy that was not wanted, or not wanted at that particular time
Vaginal sex		Intercourse in which the penis enters the vagina
Vasectomy (male sterilization)		A surgical procedure that prevents the release of sperm when a man ejaculates, which provides permanent and highly effective pregnancy prevention. Also called surgical contraception
Withdrawal (coitus interruptus)		Deliberate removal of the penis from the vagina before ejaculation so that sperm are not deposited in or near the vagina

HANDOUT 5:
Roles and Responsibilities of Team Members

The success of the survey depends on many different people. Figure 1 shows how the survey team should be organized. The roles and responsibilities of each team member are described below.

Figure 1. Organizational chart



Study coordinator

The study coordinator is responsible for overseeing all aspects of the study from start to finish, including logistical preparation, training, data collection, data entry, report writing, dissemination, and utilization of the data. While many people will be contributing towards each of these activities, it is the study coordinator's responsibility to make sure sufficient staff and resources are available. The study coordinator may take a direct role in the training of survey staff.

Supervisors/trainers

Supervisors provide logistical support to the study coordinator, assist in training interviewers and locators, and oversee quality assurance during data collection. Supervisors collect the locator forms and staple them to the corresponding questionnaire. They also ensure that each survey is filled out completely before the participant leaves the interview location. They may also assist in data entry and the interpretation of the data. Each supervisor is responsible for one team, consisting of the supervisor and an assigned number of interviewers and locators.

Trainers modify the manual as needed and are responsible for all aspects of training, including the logistical preparation for the practice test in a community. Trainers may serve as supervisors; if not, supervisors should be selected from the stronger interviewers (towards the end of training) to ensure they will be reliable in reviewing questionnaires.

Interviewers

Due to the sensitive nature of many of the questions in the questionnaire, interviewers must be female. Interviewers administer the questionnaire to the participants and record their answers, provide information on referral services as needed, and ensure the privacy and confidentiality of respondents is protected. Interviewers must attend

approximately ten days of training and participate in several weeks of data collection, depending on the sample size.

Interviewing for this survey is very structured and different from the way one would normally talk to people. In addition, the interviewer must convey very clearly to participants that the information collected is valuable, the participant's answers will be kept private, and judgments will not be made about the participant. The participant must feel secure that confidentiality will be maintained at all times.

Locators

Locators visit the households that have been selected for the survey, explain the general purpose of the survey to the household members, determine which woman to interview (if more than one is eligible), obtain verbal consent from selected respondents, and send respondents to the interview location. Locators participate in about three days of training and work throughout the entire data collection period. Often, people who work in the community, such as community health workers, make effective locators. Locators can be male or female.

Because of the private and sensitive nature of many of the survey questions, we highly recommended that the interviews be conducted outside the home, in a location that will protect the confidentiality of the participants. If this is not possible in your community and interviews will be conducted in the homes of participants, then the locators are not needed. Therefore, interviewers will take on the relevant responsibilities of the locators described above and include determining which woman to interview (if more than one is eligible) and obtaining verbal consent to continue with the interview from the selected participant.

Translators

Translators translate the training materials for the interviewers and locators. They also translate survey materials, including:

- The original questionnaire and locator form to standardized local language versions
- Back-translation of the local language version to the original to check accuracy
- Any changes to the questionnaire and locator form made during training and after the practice test
- Open-ended questionnaire responses from the local language into English (or other common language) for data entry

Some translators may serve as interpreters, facilitating communication between the study coordinator, supervisors, and others during training and data collection if these team members do not speak the local language.

Data entry staff

Data entry staff enter the completed questionnaires into the pre-programmed CSPro data entry program.

Support staff

Additional staff may be needed to support survey activities, including:

- **Data analysis personnel (optional)**, who analyze the data based on the key indicators, analysis tables, and other guidelines provided in the Toolkit, using software such as CSPro, Epi Info, SAS, STATA, or SPSS. The clean dataset may also be sent to the CDC for analysis in SAS.
- **Driver(s) (optional)**, who transport the survey team to the central interview location, bring the selected participants to the interview location, and provide logistical support, as needed.
- **Financial officer (optional)**, who tracks expenses and oversees the budget.

HANDOUT 6: Research Participant's Rights and Confidentiality

Research participant's rights

Although we want as many of the selected individuals to participant in the survey as possible, there are ethical guidelines to protect the rights of the participants. The following rules must be followed by all survey staff including interviewers and locators to insure that respondents are not harmed by their' participation in this survey.

1) Participants have the right to refuse to participate in the survey.
2) Participants have the right to withdraw from the survey at any time.
3) Locators must inform participants of the general purpose of the survey. Each participant will have a consent form read to them explaining the purpose of the survey.
4) Locators must explain the nature of the survey and the kind of information the participants will be asked to share. Specifically, participants must be informed that the survey will ask them about their experiences with pregnancies, violence and trauma, and other potentially sensitive issues.
5) Locators must inform participants of the potential risks associated with participation in the survey. These risks may include psychological discomfort related to discussion of topics that may be painful. Participating in the survey may involve some inconvenience, as the interview may take up several hours of the participant's time.
6) Locators must inform participants of potential benefits associated with participation in the survey, such as the contribution the survey will make to generating awareness about the impact of violence and women's issues in the current setting.
7) Locators must inform participants about confidentiality. All information shared by the participants will be kept confidential. Participants will remain anonymous, which means their names will not be on the questionnaire or locator form, and their names will never be reported as part of the survey results.
8) Locators must provide participants with contact information if they have any questions about the survey. This information is included on the Locator and Consent Form (Appendix F). Locators must sign the consent form on behalf of the participant to document the participant's knowledge and understanding of their rights as survey participants.

Confidentiality

Confidentiality means that information is not shared outside the setting where it was obtained; it is kept private. There are several types of confidentiality involved with this survey.

- **Employee confidentiality** means that personal information that interviewers, locators, supervisors, and other trainees share about themselves during and after the training will not be shared outside the training group or survey staff.
- **Participant confidentiality** means the names of the respondent who participated in the survey will not be revealed. When the results of the survey are shared with others, no individual's responses will ever be identified. For supervisors and interviewers, this means names of participants will not be discussed or revealed to anyone except to other survey staff. It also means that any information revealed during the course of any interview with anyone will not be discussed except with other survey staff.
- **Questionnaire confidentiality** means that the interview materials that will be used are not to be shared with anyone except during the course of an interview. It is important to let participants in the survey know what the survey is about and the nature of the questions that will be asked (see Research participant's rights). However, interview materials will not be shown to people outside of the survey. These interview materials are tools for assessments that are only to be used by people who have been trained to administer them. The completed questionnaires will be kept in a private and secure place, such as a locked cabinet.

- **Exceptions to confidentiality** occur when someone may be dangerous to herself or others. If a participant reveals threats to hurt herself or someone else, the survey team is legally and ethically obligated to protect the participant and anyone she may have threatened by sharing this information with others (see Handout 7, Safety and Emergency Procedures). ALWAYS CONSULT A SUPERVISOR OR THE STUDY COORDINATOR BEFORE BREAKING CONFIDENTIALITY UNLESS THERE IS AN EMERGENCY.

HANDOUT 7: Safety and Emergency Procedures

While the safety and emergency procedures are most relevant to the interviewers, it is important that the supervisors and locators are aware of possible emergency situations and know how to handle such situations. In addition, interviewers, supervisors, and locators should all know how to complete the Incident Report (Handout 8).

The questionnaire asks participants about some potentially painful experiences they may have had. This section of the manual provides some basic information about dealing with participants who become upset and any emergency situations that may arise. As the trainer, you will need to work with the study coordinator and supervisors to develop specific procedures for possible emergency situations, including situations that may occur with locators. Options for handling difficult situations are given at the end of this section. You will need to adapt these suggestions to your current location and context.

It is not the responsibility of the supervisor or the interviewer to provide mental health treatment to participants. However, if the situation arises, supervisors and interviewers should be prepared to make referrals for the participant and her family. A "clinical back-up" or referral system of local resources should be developed before data collection begins. This resource list can be handed out to participants at the time of the interview, if necessary.

Although it is not expected that emergencies will happen often, it is the interviewer's responsibility to use common sense in dangerous situations. She should get out of danger, leave immediately, and get assistance. For each emergency situation, supervisors and interviewers must complete an Incident Report within 24 hours of the incident.

Possible Emergency Situations

- *Medical emergencies:* situations requiring hospitalization or the police. For example, the participant has a heart attack and needs medical treatment.
- *Participant flashbacks:* situations when a participant who has experienced significant trauma, such as a genocidal rape survivor, starts to feel as though she is back in the traumatic setting. In this situation, she may not respond to the interviewer. She could be hearing or seeing a traumatic event from the rape.
- *Suicidal behavior:* situations where a participant describes a previous suicide attempt or a suicide plan. For example, a participant tells the interviewer that she attempted suicide within the last six months or is planning to kill herself in the near future. If the attempt is particularly imminent, the participant may report a suicide plan or describe how she is planning to kill herself.
- *Participant threatens to hurt or kill someone:* This situation is very dangerous. Action is required only if there is intent to harm a specific person. The participant may become dangerous or violent in the interview for example, she may threaten the interviewer with a loaded gun.
- *Suspected child or elder abuse:* Suspicions of current child or elder abuse should be immediately reported to the supervisor.

Options for handling difficult situations

These may be adapted or modified for the local setting.

- If the situation is dangerous, the interviewer should leave immediately.
- Tell the family (with the participant's consent).
- Tell the treating clinician, if the participant is in treatment.
- Call camp security.
- Advise the participant to seek mental health services and give them a copy of the resource list.
- If the interviewer determines it is a true and urgent mental health crisis, she should contact her supervisor to explain the situation. If the supervisor cannot be located, the interviewer should call the staff social worker or other emergency contact person identified during training.
- If the interviewer goes to someone other than her supervisor, she should describe the situation and explain that she is an interviewer conducting interviews, not a clinician, and needs to know how to address the emergency situation.

HANDOUT 8:
Incident Report

(To be completed within 24 hours of incident)

If the interviewer is completing this form, she must make sure that she discusses the situation with her supervisor. If a supervisor is completing this form, s/he must make sure to discuss the situation with the study coordinator.

Interviewer name: _____

Date and time of incident: _____

Unique questionnaire number: _____

Incident

(Check where appropriate)

- ☐ The interviewer stopped interview due to participant being unable to complete the interview.
- ☐ The interviewer left premises because she felt she was in danger
- ☐ The interviewer broke confidentiality procedures due to [circle appropriate response(s)]:
  1. Participant danger to self
  2. Participant danger to others
  3. Mandated report of child abuse
  4. Mandated report of abuse of older or other vulnerable adult
- ☐ Other (describe): _____

Narrative

(Brief description of incident—include times, locations, and dates)

_____

_____

_____

_____

_____

_____

_____

_____

Incident Report (Continued)

Action taken

(Brief description of action taken)

_____

_____

_____

_____

Reported to

(Name, agency, title, phone)

_____

_____

_____

_____

_____

_____

Signature of Interviewer Date

_____

Signature of Supervisor Date

HANDOUT 9:
Filling Out The Questionnaire

There are different types of questions in the questionnaire. This handout reviews examples of questions by a given type and demonstrates how to fill out these questions.

Numeric responses:

For questions like Q101, the interviewer should first write the number of males living in the household. If the response is a one digit number, then she must first write 0 and then write the number. For example, if there are 3 males in the house, the interviewer writes "03." Next, the interviewer should enter the number of females; in this example, there are 9 females. The interviewer should add the number of males and females to get the total number of people, which in this example is 12, and repeat the total number to the respondent. If the numbers do not match, the interviewer should go over the numbers again with the respondent.

No.	Questions and Filters	Coding Categories	Skip to
Q101	How many people currently live in your household? Exclude visitors and don't forget to include children and elders.	Males [_0_|_3_] Females [_0_|_9_] Number of people [_1_|_2_] No Response 99	

One response:

For questions like Q102, the interviewer should circle only one option, identified by the respondent.

Q102	Who is currently the head of your household?	Myself 1 Husband/Partner (2) Father 3 Mother 4 Other relative 5 Other (specify)_____6 No Response 9	

Multiple-part responses:

For questions with multiple parts like Q103, the interviewer needs to read each sub-question and wait for the respondent's answer before going on to the next one. For each response, the interviewer has to select the appropriate code from the list of codes at the top right-hand corner of the question box and circle the corresponding number. Here are some examples for Q103:

A. The respondent makes decisions regarding her own health so the interviewer circles 1 for A, "your own health care."

B. Her husband makes decisions regarding the children's health care, so the interviewer circles 2 for B.

C. Her husband makes decisions regarding larger household purchases, so the interviewer circles 2 for C.

D. Both the respondent and her husband makes decisions regarding daily household purchases, so the interviewer circles 3 for D.

E. Her husband makes decisions regarding visits to family and relatives, so the interviewer circles 2 for E.

F. The respondent makes decisions regarding daily meals, so the interviewer circles 1 for F.

Q103	Currently, who in your family usually has the final say on the following decisions? [READ A-F]	Myself 1 Husband/Partner 2 Myself and Husband/Partner jointly 3 Someone else 4 Myself and Someone else jointly 5 Decision not made / Not applicable 6 No Response 9	
	A. Your own health care?	A. (1) 2 3 4 5 6 9	
	B. Your children's health care?	B. 1 (2) 3 4 5 6 9	
	C. Making large household purchases?	C. 1 (2) 3 4 5 6 9	
	D. Making daily household purchases?	D. 1 2 (3) 4 5 6 9	
	E. Visiting family or relatives?	E. 1 (2) 3 4 5 6 9	
	F. Deciding what to prepare for daily meals?	F. (1) 2 3 4 5 6 9	

Other responses:

For questions with choices like Q226, if the respondent gives a choice that is not on the list, the interviewer writes down the response in the blank following the "other" answer choice.

Q226	Where did you deliver your most recent pregnancy?	At home 1 Health clinic/hospital 2 On the way to the hospital/clinic 3 Other(specify) ***When collecting water*** (4) No Response 9	

Recording months:

For questions where months have to be recorded, the following key should be used.

01	January	07	July
02	February	08	August
03	March	09	September
04	April	10	October
05	May	11	November
06	June	12	December

Circle all mentioned:

In questions like Q201, the respondent can mention a number of responses. The interviewer should not read the choices to the respondent. Instead, she should allow the respondent to give her answers and circle "1" next to each response that was mentioned. After the respondent has finished responding, the interviewer must circle 2 for each response that was not mentioned. In this example, the respondent has answered that fever and headaches are danger signs during pregnancy.

Q201	What are the danger signs during pregnancy? *Circle All Mentioned* *1 = mentioned 2 = not mentioned*	Feeling very weak or tired (anemia) 1 ② Severe abdominal pain (pain in the belly) 1 ② Bleeding from the vagina 1 ② Fever ① 2 Swelling of hands and face 1 ② Headache ① 2 Blurred vision 1 ② Other (specify) _____ 1 ② Don't know 1 ② No Response 1 ②	

Skip patterns:

There are some questions that indicate skip patterns, where if the respondent gives a certain answer, the interviewer is directed to skip a question, multiple questions, or the rest of a section. This way, the respondents do not have to answer unnecessary questions and the interview takes less time. For example, in the question below, if the respondent has not heard of HIV or AIDS, the interviewer skips to the next section, Section 8, which begins with Q801.

Q701	Have you ever heard of HIV or a disease called AIDS?	Yes 1 No 2 No Response 9	 **→Q801** **→Q801**

Sometimes, different responses to one question will skip to different questions. For example, in Q205 below, if the respondent responds "Yes," the interviewer continues to the next question. If the response is "No," then the interviewer should skip to Q207. If the respondent does not respond, or does not know the answer, the interviewer should skip to Q208.

Q205	Have you seen anyone for antenatal care for this pregnancy?	
	Yes 1 No 2 No Response 9	 →Q207 →Q208
Q206	Whom did you see? Anyone else?	
	CIRCLE ALL MENTIONED 1=Mentioned 2=Not Mentioned Doctor 1 2 Nurse/Midwife 1 2 Traditional birth attendant/community health worker 1 2 Other (specify) _____ 1 2 No Response 1 2	Circle responses and go to →Q208
Q207	What are the reasons that you did not see someone?	
	CIRCLE ALL MENTIONED 1=Mentioned 2=Not Mentioned **Lack of Access** No health care provider available 1 2 Could not afford 1 2 Distance too far 1 2 Lack of transportation 1 2 Poor road conditions 1 2 **Opposition to Care** Husband/partner would not permit 1 2 **Perceptions of Care** Afraid of Dr, nurse, etc. 1 2 Have never used Dr, nurse before 1 2 Not treated well previously 1 2 Embarrassed or ashamed 1 2 Other (specify)_____ 1 2 No Response 1 2	
Q208	Is this your first pregnancy?	
	Yes 1 No 2 No Response 9	 →Q300 →Q300

Tables:

In the questionnaire, some questions are organized in tables. One such example is given on the following page. After every response, there is an arrow and a question number which indicates where to go next. In this example, the interviewer should start from Q300A and ask the respondent if she has ever heard of the "Pill or oral contraceptives"? The respondent answers "Yes," so the interviewer circles "1" and continues across the row to Q301A (Have you ever been instructed or taught on how it works?"). A "yes" response directs the interviewer to Q302A. A "yes" response to Q302A directs the interviewer to Q303A. For Q303 and Q304 the interviewer will refer to the code list below the table and select the code that most closely matches the respondent's answer; in this case the respondent would go to the health center to get the pill, so the interviewer would enter "1" in the box for Q303A. The respondent answered that she often can't find the pill in her community and so the interviewer marks "1" in Q304A. The interviewer now moves on to line B and asks these same questions about the IUD. Here, however, the respondent has responded "no" to Q300B and so the interviewer follows the arrow and skips down to row C and asks Q300C.

METHOD	Q300 Have you ever heard of it?	Q301 Have you ever been taught or instructed on how it works?	Q302 Have you ever used it?	Q303 Where would you go to get it? *(See Codes Below)*	Q304 In your opinion, what is the main problem, if any, with using (method)? *(See Codes Below)*
A. The Pill (Oral Contraceptives)	Yes (1) →Q301 No 2 →B NR 9 →B	Yes (1) →Q302 No 2 →Q302 NR 9 →Q302	Yes (1) →Q303 No 2 →Q303 NR 9 →Q303	1 →Q304	1 →B
B. IUD (Loop)	Yes 1 →Q301 No (2) →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	____ →Q304	____ →C
C. Condoms (male) (Local name)	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	____ →Q304	____ →D
D. Implants	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	____ →Q304	____ →E
E. Injectables (e.g. Depo-Provera)	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	____ →Q304	____ →F
F. Emergency Hormonal Contraception ("Morning After Pill")	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	____ →Q304	____ →G
G. Tubal Ligation	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	____ →Q304	____ →H
H. Vasectomy (Male Sterilization)	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	____ →Q304	____ →I
I. Rhythm/calendar Method	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	→Q304	____ →J
J. Withdrawal (Coitus Interruptus)	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	→Q304	____ →K
K. Other contraceptive methods (Specify): ____	Yes 1 →Q301 No 2 →C NR 9 →C	Yes 1 →Q302 No 2 →Q302 NR 9 →Q302	Yes 1 →Q303 No 2 →Q303 NR 9 →Q303	____ →Q304	____ →Q305

Codes for Q303 (Do Not Read Out Loud)

1. Health center in camp/community
2. Private health clinic
3. Supermarket/Market
4. Friends/relatives
5. Pharmacy
6. Other (specify)_____
8. Don't know
9. No response

Codes for Q304 (Do Not Read Out Loud)

1. Cannot obtain method
2. Husband/partner will not permit
3. Religious reasons
4. Stops my period
5. Increases/irregular periods
6. Cannot afford
7. Does not work
8. Other (specify)_____
11. No problems
88. Don't know
99. No response

HANDOUT 10: Guiding Principles For Interviewers

The interviewer must attend the entire training and all practice interviews so that she fully understands the specialized nature of an interview and learns proper interviewing techniques and strategies. The interviewer's demeanor toward the survey participants should be friendly, polite, and empathetic, while at the same time maintaining a professional distance.

The interviewer's role is to:

- Establish rapport with the participant
- Explain the purpose of the interview
- Inform the participant of confidentiality and ethics codes
- Answer any questions the participant may have about the questionnaire or project
- Administer the questionnaire
- Ensure completed questionnaire forms are completely filled out and legible
- Submit completed questionnaires to the supervisor

Guiding Principles

- **Mind your speech**
  Speak slowly and clearly. Repeat instructions or questions when needed.
- **Be courteous and attentive**
  Never yawn during the interview, refuse a break when asked, use judgmental language, ask questions that are not in the survey, tell the participant not to cry, tell the participant not to feel the way she feels, be funny or sarcastic, sound irritated, act bored, or try to hurry the participant.
- **Avoid excessive socializing**
  The interview must not become a social visit and the interviewer should avoid getting involved in lengthy conversations before, during, or after the interview. After a few moments of friendly talk with the participant at the beginning of the interview, the interviewer should move into the interview process.
- **Maintain a neutral and accepting attitude**
  Sometimes participants will report behavior that the interviewer may find disturbing; however, the interviewer must not react with shock or disapproval to anything the participant says in the interview. The interviewer's attitude must be matter-of-fact and accepting. It is very important not to show a reaction; otherwise the participant could get upset, feel discouraged, and not give honest answers for the remainder of the interview. If certain questions in the interview make the interviewers uncomfortable, give them extra practice to feel at ease reading them. If the interviewer is relaxed, it will help the participant to relax.
- **Acknowledge participant feelings**
  The interviewer should acknowledge the participant's feelings if she shares a story about a sad event or becomes upset during the interview. The interviewer should be responsive and sympathetic and allow the participant to talk a little about the event before continuing. If the situation seems to be leading to a lengthy discussion, the interviewer may suggest that the discussion continue after the interview is completed. If a participant becomes very upset during the interview and cannot regain control of her emotions within a few minutes, the interviewer may need to stop and help her calm down or suggest a break.
- **Establish and maintain boundaries**
  These interviews may bring up sadness, anxiety, and anger in the participants. The interviewer must try to prevent a situation where feelings are uncontrolled, causing both the interviewer and the participant to feel unsafe and vulnerable. The interviewer needs to let the participant know that she is listening and paying attention, but is also task-oriented. Participants must know that the situation is one with boundaries. The latter message is particularly important, as it enables the participant to feel safe and contained.
- **Know when to stop the interview**
  There may be times when the interviewer may become very uncomfortable with some part of the interview process and is uncertain about the wisdom of proceeding. If the interviewer feels in danger, the participant is in a crisis, or there is any other extreme situation, the interviewer should take time to consider options and decide how to proceed. She must trust her gut reaction in these situations. She should stop, take

a break, and call backup; she should not keep moving on automatically.

- **Stay focused on the participant**
  Without being rude, the interviewer should try to avoid getting into personal discussions about herself. The interviewer may have to answer a few questions to be polite, but should be as general and noncommittal as possible and redirect questions to the participant as soon as possible. A participant may pressure an interviewer for their opinion on how to answer a particular question. In this situation, the interviewer might gently say "I need you to tell me" or "I can only read the question" or "Whatever you say is the right answer."
- **Treat the participant with respect**
  The interviewer should answer participants' questions as completely as possible. Interviewers should try to maintain as neutral a manner as possible, even with participants who are hostile or defensive.
- **Do not give clinical opinions**
  Because the study has some questions about emotional health issues, participants may ask the interviewer's opinion about problems. The interviewer should not give her opinion about any aspect of mental or emotional well-being. She should explain that she is not a trained therapist and is not in a position to give an opinion. If the participant is very concerned, the interviewer may provide her with a referral from the resource list.
- **Respond to a participant's concerns**
  A participant may become concerned if she finds herself saying "yes" to a number of questions about symptoms. She may ask, "Does that mean there is something wrong with me?" In general, it's best for the interviewer to be noncommittal in her response, since there may indeed be something wrong, and it is best not to give false reassurance. The interviewer can also say something like, "Saying 'yes' doesn't always mean there's something wrong; a lot of people say 'yes' to these questions." If the participant is very concerned, the interviewer may provide her with a referral from the resource list.
- **Deal with critical clinical issues**
  The interviewer may discover something truly threatening to the participant during the course of the interview, such as possible suicidal behavior or evidence of possible child abuse. It may be necessary for the interviewer to break confidentiality. The interviewer should explain to the participant that they need to take a break for a few minutes. The interviewer can offer the participant a glass of water. The interviewer should then immediately go to her supervisor to discuss the situation and let the supervisor decide the best way to proceed. It may be necessary to refer the participant to a social worker or other provider and then complete an Incident Report.
- **Take care of yourself**
  It can be stressful to continually talk about and work with emotional personal experiences. To address this issue, the supervisor should arrange support conferences so that interviewers will have a chance to debrief and talk about issues they have relative to their own emotional strains. If there are concerns about an interviewer's stress level, speak with a supervisor or the study coordinator. Here are some basic ways to manage stress:
  - Take care of your Emotional Self. Get support by talking with someone. If you need to talk to someone immediately, seek help via the resource list. As an interviewer, you may want to talk with someone after a particularly troublesome interview.
  - Take care of your Physical Self. Get enough rest and exercise, and eat properly. Pace yourself.
  - Take care of your Intellectual Self. Think about the goals of the survey. Keep this balanced with your Emotional Self so one is not overpowering the other.
  - Take care of your Spiritual Self. Seek spiritual help according to your beliefs.

HANDOUT 11: Keys to Successful Interviewing

To ensure the success of their interviews, interviewers must do the following:

1. Establish rapport

At the beginning of the interview, the interviewer must establish rapport with the participant. Rapport is the trusting relationship formed between the interviewer and participant that helps the participant feel comfortable sharing personal information during the interview. To foster rapport, the interviewer should:

- Introduce herself and identify the organization she represents.
- Ensure the participant is comfortable with the interviewer and the surroundings.
- Be friendly and have a leisurely attitude toward the interview.
- Have a short conversation about a topic of interest to the participant before beginning.

2. Explain the purpose of the interview

Once rapport is established, the interviewer explains the purpose of the interview and her role as interviewer. She should specify that:

- The interviewer is there to ask questions only, not to provide humanitarian assistance.
- There will be no direct benefit to the participant for responding to the questions.
- The questions are about the participant's life experiences before and during the conflict, while in transition to her current location, and during her life at her current location.
- Some of the questions ask about experiences of mistreatment that the participant may have had, and they may be upsetting for her to talk about. Explain to the participant that answers to these questions will help determine the kinds of medical services needed by residents and may help raise funds for such services.
- The sensitive nature of some of the questions requires privacy. If the interview is interrupted by anyone, the interviewer will immediately switch to a less sensitive line of questioning.
- The participant is free to stop the interview at any time for an explanation if she does not understand a question.
- The participant is free to discontinue the interview at any time, for any reason.
- If a question makes the participant uncomfortable, the interviewer will skip the question and go on to the next question.

3. Reinforce that participant confidentiality will be protected

During training, it is important to emphasize to trainees that confidentiality is a crucial part of data gathering. If a participant feels that her responses will be shared with others at a later date, her answers may not be totally accurate. More importantly, this is a violation of the participant's privacy. The interviewer should explain that neither the participant's identity nor any abuses she reports will be disclosed to anyone, and her name will not be used in any interview summaries. However, if the participant tells an interviewer that she may hurt herself or others, or abuse a child, the interviewer will have to report the incident. Interviewers must explain this to each participant.

4. Administer the questionnaire

In addition to the guiding principles listed above, every interviewer must:

- Be completely familiar with the questionnaire so that she can administer it efficiently and with self-confidence.
- Ensure privacy during the interview. If there is someone else present at the time of the interview, the interviewer should ask whether there is a more private place in which to conduct the interview.
- Conduct the interviews in the same way with every participant.
- Avoid introducing your personal experiences and feelings into the interview.
- Read the questions slowly, in order, and word for word.

- Read questions with a flat voice. Emphasis on certain words or certain intonations can change the meaning of the question. The wrong intonation can give the impression that the interviewer is surprised or approves or disapproves of the answers.
- Try to get as much information as possible without forcing the participant to answer questions that make her uncomfortable.
- Complete the questionnaire carefully and neatly:
  - Record the answer correctly. It is all too easy to get into a routine of the participant answering in one way, such as "no," such that the interviewer may fail to catch the first "yes" that comes up.
  - Follow skip patterns carefully.
  - Neatly print responses for other (specify) responses.
  - Neatly and completely cross out any mistakes or errors and mark the correct box or write in the correct entry. For extensive corrections, carefully transcribe the corrected information onto a new blank questionnaire page.
  - Never use ditto marks (") to record answers, as they can be misread as the number eleven (11).
  - Never change questionnaire numbers.
  - Never write any confidential information concerning the participant (e.g., the person's name).
  - Request answers for missing data or clarify ambiguous responses. Never guess at the answer to a question.
- Probe a participant for a recall if she answers "I don't know" to any question or does not respond to any question. For example, the interviewer could say "Could you give me your best guess?"
- Ask the participant every applicable question and allow the participant to answer the question on her own. The interviewer must never assume she knows how a participant will answer a question or avoid a sensitive question because she believes it will offend a participant.
- Offer a break if a participant is clearly upset or the interview has gone on for more than one hour. For example, "Would you like to take a break?" or "Can I get you some water?"

5. Review questionnaires for completeness

The interviewer must:

- Review the questionnaire for edits, missing data, and errors before the participant leaves the interview site, so that corrections can be made immediately.

6. Provide referrals as necessary

The interviewer must:

Provide referrals to services as appropriate at the end of the interview.

- Ask the participant what alternatives she has considered or tried in the past before suggesting any services on the resource list.
- Discuss alternatives by starting with general ideas, such as "Do you want to talk to someone about the problem?"
- Ask the participant if she has spoken with anyone previously about her problem(s). If a family member is mentioned, the interviewer can ask the participant if she wants to get that family member involved.
- Give the participant the resource list and answer any questions she may have about the available resources in her area.
- Consider referrals to spiritual leaders, traditional medicine persons, pastors, or ministers.
- Don't start talking about the problem! You are not a clinician and should avoid getting into a situation that you have not been trained to handle.

7. End the interview

When ending the interview, the interviewer must:

- Thank the participant for taking part in the survey.
- Reassure the participant that all information she has provided will be held in the strictest confidence.
- Inform the participant that when all surveys are finished, the information will be included in a report that will be used to help improve existing health problems including safety and violence, in conflict settings and plan for future needs, thus making her environment a healthier place to live.

8. Perform all follow-up steps after the interview

After the interview has been concluded, the interviewer must:

- Review the questionnaire for edits and completion before turning it in to the supervisor: ensure all write-in responses are legible; ensure all stray marks are removed from the areas designated for response categories; ensure lines provided for "other" have legible responses; transcribe messy or hard to read pages onto blank questionnaire pages.
- Notify the supervisor verbally and in writing through the Incident Report of any difficulties that were encountered during or as a result of the interview.
- Follow standard procedures (described in Handout 7) for dealing with participants upset by the interview.
- Never duplicate responses from a completed questionnaire to another questionnaire.
- Make every effort to keep participant information confidential.

The supervisor must:

- Review the completed questionnaire for completeness and logic. If something is unclear or a skip pattern was not followed correctly, the supervisor must have the interviewer return to the participant to correct the information.
- Check that each questionnaire has a unique questionnaire identification number and corresponds to the Locator Form.
- Follow standard procedures for dealing with participants upset by the interview.
- Make every effort to keep participant information confidential.

HANDOUT 12: Data Entry Staff Guidelines

Roles and responsibilities of the data entry staff

The data entry staff must attend data entry training so that they become familiar with the data entry program and learn proper techniques to ensure quality of entered data.

The data entry staff's role is to:

- Key the completed questionnaires into the CSPro data entry system
- Ensure accuracy of entered data
- Seek guidance from supervisor as necessary
- File questionnaires in a secure location
- Maintain confidentiality of study materials

Roles and responsibilities of the data entry supervisor

Data entry supervisors must attend training so that they can provide data entry instructions, resolve questionnaire or data entry errors, and ensure the quality of data being entered.

The supervisor's role is to:

- Resolve questionnaire or data entry errors
- Ensure the quality of the data is maintained by monitoring the data entry staff
- Maintain confidentiality of the questionnaire and locator form

Table 1: Title, qualifications, and responsibilities of data entry staff

Title	Qualifications	Responsibilities
Data entry staff	• Good typing skills • Familiar with computers • Detail-oriented	• Entering data from questionnaire into data entry program • Asking supervisor questions as necessary • Maintaining data quality by entering data carefully and accurately
Supervisor	• Familiar with computers • Detail-oriented	• Resolving errors • Making modifications to data file when errors are found • Developing guidelines for backing up data

Confidentiality

As the trainer, explain to the data entry staff that confidentiality means that information is not shared outside the setting where it was obtained; it is kept private. There are several types of confidentiality involved with this study.

- **Employee confidentiality** means that personal information which interviewers, locators, supervisors, and other trainees in the training share about themselves during the training and afterwards will not be shared outside the training group or survey staff.
- **Participant confidentiality** means the names of the respondents who participated in the study will not be revealed. When the results of the study are shared with others, no individual's responses will be identified. For supervisors and interviewers, this means names of participants will not be discussed or revealed to anyone except other survey staff. It also means that any information revealed during the course of an interview will not be discussed except for with other survey staff.
- **Questionnaire confidentiality** means that the interview materials that will be used are not to be shared with anyone except during the course of an interview. It is important to let participants in the study know what the study is about and the nature of the questions that will be asked (see Handout 6: Research Participants Rights and Confidentiality). However, interview materials will not be shown to people outside of the study. These interview materials are tools for assessment that are only to be used by people who have been trained to administer them. The completed interviews will be kept in a private and secure place, such as a locked cabinet.

Guiding principles for the data entry staff

- **Do not interpret data**
  Enter data exactly as it has been completed on the form. The questionnaires will be thoroughly reviewed in the field, so you should not encounter many errors. If there is a discrepancy, see the supervisor to resolve the problem.
- **Be detail-oriented**
  It is important that responses are keyed correctly. You may want to key surveys quickly, but accuracy is more important than speed.
- **Back up data on a regular basis**
  Follow the guidelines specified by the supervisor for backing up data files. The data files should be saved on an external drive or backup device. (The data files could be password protected and saved to a directory on the local or network drive, but an external backup is more effective in guarding against data corruption and loss.)
- **Be systematic**
  Develop a checklist for identifying the questionnaires that have been entered. Mark off questionnaires that have been entered and file the questionnaires in order by the unique Questionnaire Identification Number so they can be easily found in case they need to be referenced for data cleaning.
- **File questionnaires in a secure location**
  To protect sensitive and confidential information, it is important to store the questionnaires in a secure location when taking a break or leaving for the day. The questionnaires should be locked in a cabinet. The questionnaires should be stored for at least five years after the survey is completed before being discarded.

HANDOUT 13: Data Entry Instructions

Introduction

These instructions provide an overview of the CSPro data entry program used for the Toolkit. The following topics are covered:

- About CSPro
- Data entry concepts
- Getting started
- Adding cases
- Modifying cases
- Stopping work
- Getting help
- Verifying cases (optional)
- Concatenating files (for supervisors only)

I. About CSPro

Census and Survey Processing System (CSPro) is a software package for data entry, editing, cross-tabulation, and dissemination of survey data. CSPro lets you create, modify, and run data entry, batch editing, and cross-tabulation applications from a single, integrated development environment. The data are stored in ASCII text files with accompanying data dictionaries.

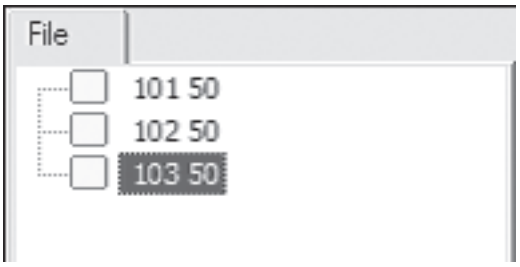
CSPro was developed jointly by the United States Census Bureau, Macro International, and Serpro, SA, with major funding from the United States Agency for International Development (USAID). CSPro is in the public domain. It is available at no cost and may be freely distributed. It is available for download at www.census.gov/ipc/www/cspro

CSPro requires the following hardware and software:

- Pentium processor
- 256 MB of memory
- SVGA monitor
- Mouse
- 70 MB free disk space
- Windows 98SE, ME, NT 4.0, 2000 or XP

A general user's guide is available on the CSPro website. The following sections provide data entry instructions for the Reproductive Health Assessment Toolkit for Conflict-Affected Women.

II. Data entry concepts

Concept	Definition
Mode of operation	There are five different modes or operations within the Data Entry function. They are as follows: **Add:** Entering new cases. **Modify:** Modifying previously entered cases. **Verify:** Verifying previously entered cases. **Pause:** Temporarily stop adding, modifying, or verifying cases. During pause mode, the timer that runs during data entry and automatically tracks the length of time to complete entry of each questionnaire, is suspended. Use pause when you plan to continue from where you left off, after a short delay. **Stop:** During stop mode, no adding, modifying, or verifying cases in the data file are allowed and no form is visible.
Case	A case is the primary unit of data in the data file. A case corresponds to a questionnaire.
File tree	The file tree on the left hand side of the screen shows all cases in the data file. Cases are listed in the tree by their complete ID numbers. The ID consists of the questionnaire number and the county code. For example, the tree might look like the following: 
Fields	A field is the basic element on a data entry form into which individual response data are entered. During data entry, the cursor moves from one field to the next, according to the order and rules defined by the data entry application. Fields are shown on the form as boxes which indicate how many digits or characters may be keyed.
Page	As much as possible, each screen shot corresponds to a page of the locator form and questionnaire. Each page may be larger than the actual screen area. The page will scroll automatically to insure that the field you are entering is visible on the screen. As you complete one page the next page is presented. If you move backward from the first field on a page, the previous page is presented. As you move through sections of the questionnaire, the sections will change color.

III. Getting started

A. Set up data entry program

1. Download CSPro on your computer.
2. Create a folder on your desktop to save the Toolkit data entry program files. Name the folder 'Conflict_Affected_Women' and copy the files into the folder. There are 7 files total.
3. Within the "Conflict_Affected_Women" folder, create a folder to store your data entry files. Name this folder "Data Entry".

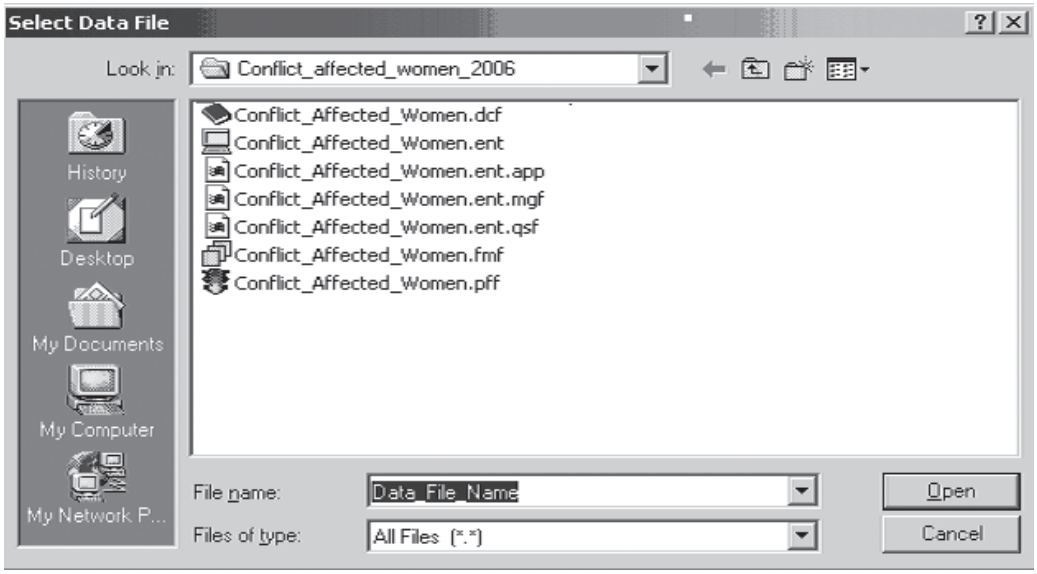
B. Open the data entry program

1. Open the Conflict_Affected_Women folder.
2. Open the data entry program named 'Conflict_Affected_Women.ent' by double-clicking on the following computer icon:

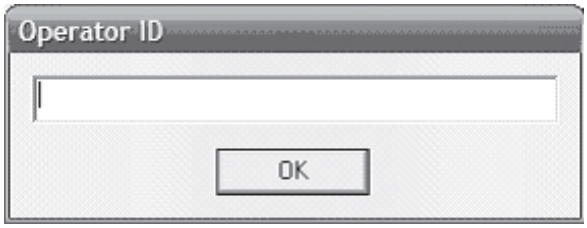
3. Run the data entry program by clicking on the fifth icon from the left:
4. The computer will ask you to select a data file.

   a. When creating a new data entry file, type in the file name. Each data entry staff member will create a separate data entry file. Name the folder with your name (Example: "LastName_FirstName") and save it within the Data Entry folder. A message will prompt, "This file does not exist. Create the file?" Click on YES.

   b. If a file has been created previously, then use the cursor to select the file, and click on OPEN.



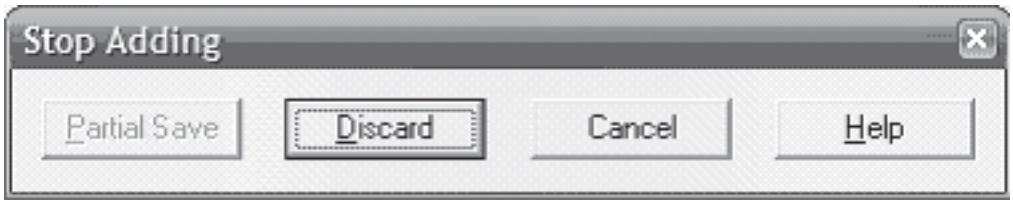
5. Enter an Operator ID (you can use your initials, for example 'ABC').



IV. Add cases (questionnaires)

A. Begin adding cases

1. From the Mode menu, select Add or click on the toolbar to begin adding cases to the END of the data file. This will begin a new Add mode session. You may add as many cases as you like.
2. To end the session, press the Esc key. What happens next will depend on where you are in the case:
   - If you have not yet begun keying a new case, pressing Esc will exit the add mode.
   - If you have begun keying a new case and must exit before finishing the case, you will have to discard the case, and none of the information entered for the case will be saved. Partial saves are not allowed in this program. It is suggested you finish entering the case before ending the session.



B. Enter data

1. The first step of entering a questionnaire is to complete Q009 of the completed questionnaire form with your data entry code and name. Only the code will be entered in the program.

009	DATA ENTERED BY: Code [____ | ____]	Name_____

2. There are three types of questions on the questionnaire:

   a. Questions that require only one answer, such as Q102:

Q102	Who is currently the head of your household?	Myself 1 Husband/Partner 2 Father 3 Mother 4 Other relative 5 Other (specify)_____ 6 No Response 9

In this case, the interviewer will circle the response and you will type in the number circled into the corresponding blank on the screen (see below).

Q102. Who is currently the head of your household? 2

Other:

b. Questions prompting the interviewer to record all responses, such as Q202:

Q201	What are the danger signs during pregnancy? CIRCLE ALL MENTIONED 1=Mentioned 2=Not Mentioned	Feeling very weak or tired (anemia) 1 2 Severe abdominal pain (pain in the belly) 1 2 Bleeding from the vagina 1 2 Fever 1 2 Swelling of hands and face 1 2 Headache 1 2 Blurred vision 1 2 Other (specify) _____ 1 2 Don't know 1 2 No Response 1 2

In this case, the interviewer will circle all the numbers that correspond to the answers given by the respondent. If this question was answered, you MUST type in a response (where 1 = mentioned and 2 = not mentioned) for each one of the items on the list.

201. What are the danger signs during pregnancy?

Feeling weak or tired (Anemia)	2
Severe abdominal pain (pain in the belly)	1
Bleeding from the vagina	1
Fever	2
Swelling of hands and face	2
Headache	2
Blurred vision	2
Other	2
Do not know	2
No Response	2

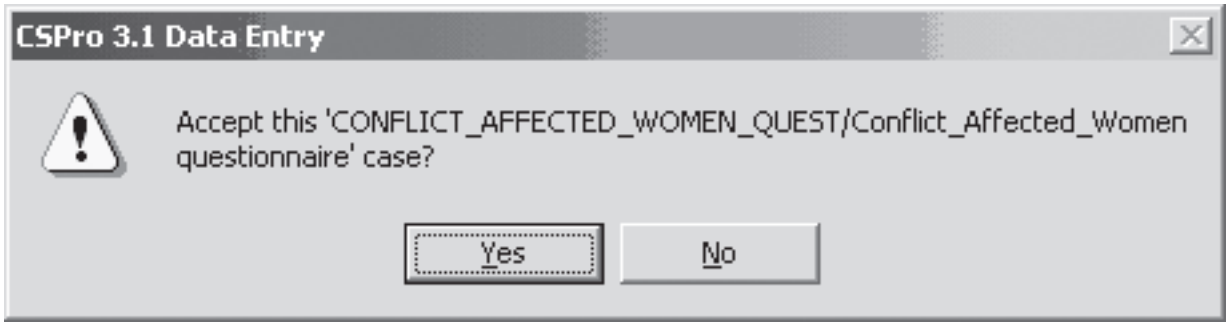
On the data entry screen each one of the items will have its own blank. Do not leave blanks empty unless the respondent did not answer this question because of the skip pattern. If there is a question that should have a response, but the response is missing, see the supervisor. If one of the answers is marked as 'Other,' simply type in "1" in the blank next to 'Other' and then fill out the text response in the space provided.

c. The last kind of question involves a response that the interviewer records exactly as the respondent answers the question (such as person's age or number of people), such as Q101:

Q101	How many people currently live in your household? *Exclude visitors and don't forget to include children and elders.*	Males [0 I 2] Females [0 I 4] Number of people [0 I 6] Don't Know/No Response 99

Q101. How many people currently live in your household? Males 2
Females 4
Number of people 6

3. Note that you are not required to press the Enter key after entering data for each field. The cursor will automatically move to the next field once the current field is completely filled. If for a given data field two digits can be entered, and the data enterer enters "02," the system will automatically advance to the next field. If, however, the data enterer only enters "2" for this field, the staff member would have to press the Enter key to advance to the next field. In any case, you can press Enter to move to the next field if the current field is not filled up.
4. This application is designed with skip logic. This means the system will move you automatically to the next appropriate question depending on the values you key. You can continue to key data and move forward until the end of the case, or you can use other keys to move around a case before you finish it.
5. As you move from field to field, the status bar at the bottom of the screen shows you the name and occurrence number of the current field.
6. Finish the case: Normally you finish a case when you have completed entering all the forms in the case. The program will ask you whether you want to accept the case or not. If you accept the case, the case is immediately written to the data file.



C. Things to remember

1. As you move through sections of the data entry program, the screen background color will change. This will help you keep track of what sections you are entering.

2. When there is space to enter two digits, [|] you have two options:

   a. Enter both digits: [0 | 1]

   OR

   b. Enter a single digit [1 |] and press "Enter"

The program will continue to the next question.

3. You can navigate the screens and move from question to question by using the arrow keys: ↓↑
4. Edit checks: Throughout the data entry program, edit checks are programmed to pop up when inconsistencies appear, particularly those around ages. A message will pop up describing the inconsistency. You must press F8 to clear and correct the error if necessary or continue with data entry.

   c. For example, for Q105 (a question about age), if the interviewer or respondent calculated age incorrectly using the year of birth, an error message will appear. If there is a mistake, press F8 to clear and ↑ to return to the question and change accordingly. During data entry, if the mistake is a math calculation, you may correct the age according to the year of birth given. If there is no mistake, press F8 to clear and continue with data entry.

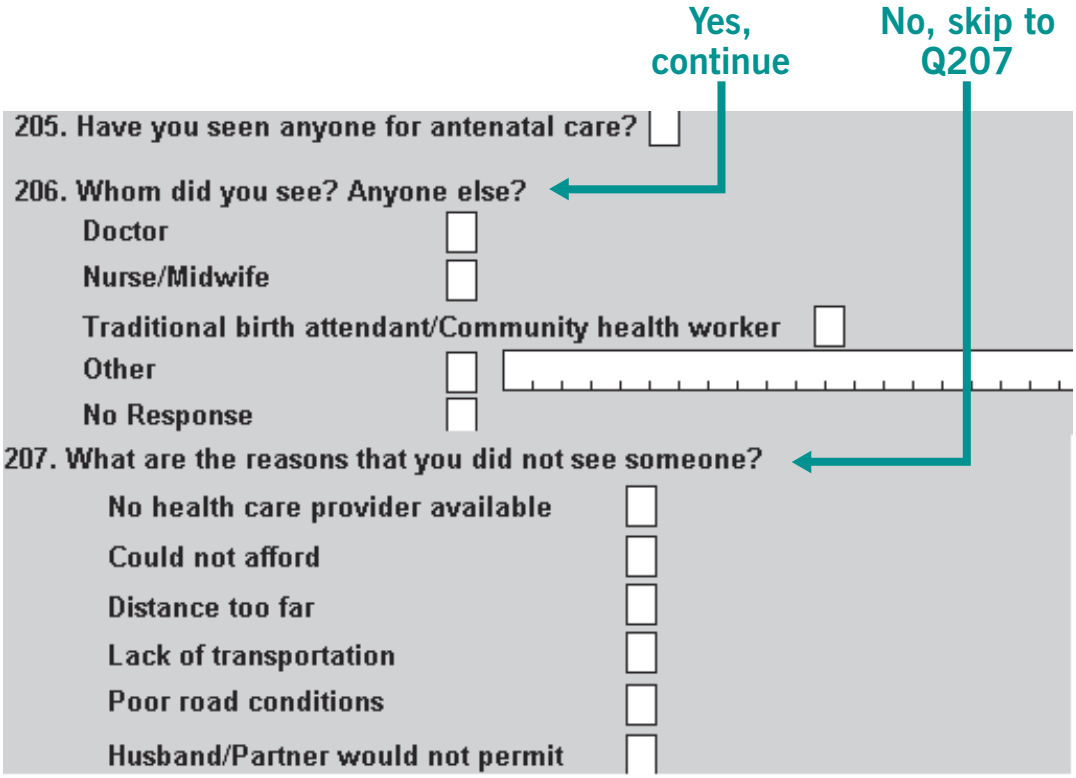
Respondent age inconsistent with DOB - please check Q104 and Q105
Press F8 to clear.

   d. Another example is an "Out of range" error message: You may accidentally enter a number that does not fit in with a given question. For example, Q201 will only accept 1 for "yes" and 2 for "no." If you enter "8," an error message will pop up. Press ↑ and correct accordingly; then continue with data entry.

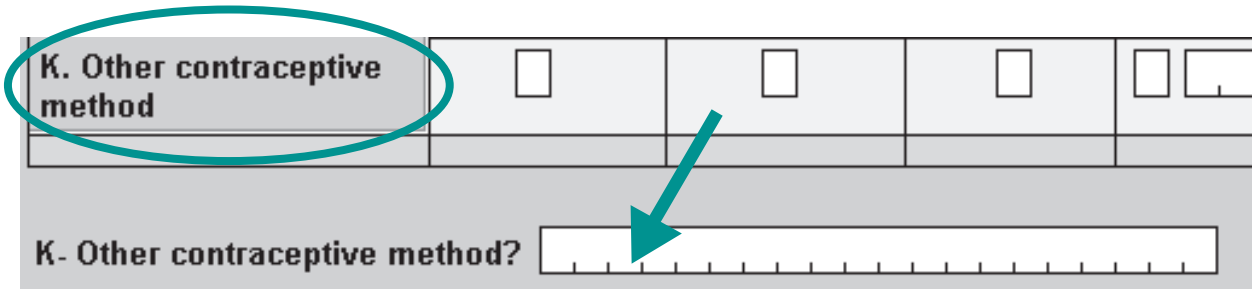
OUT OF RANGE
Enter valid value

5. Skip patterns are programmed based on how the respondent answers a question. The program will automatically skip a series of questions. Pay attention to where the cursor goes next, and enter the next question in the pattern.

   For example, with question Q205 (Have you seen anyone for antenatal care for this pregnancy?), if the respondent answers "yes" and you enter 1, then the data entry program will go to Q206. After responses are entered into Q206, the program will skip to Q208. If the respondent answers "no" to Q205 and you enter "2," the program skips to Q207, and after responses are entered, continues to Q208.



6. In another example, Q300K, if the respondent specified she uses an "Other contraceptive method," the program will take you to the bottom of the table to specify the method.



7. Q806 and 807 ask for details regarding violence after the conflict–again, "who did this?" and "where did this happen?" If the respondent reports "other," the program will take you to the bottom of the table to specify the "other." After you specify and press Enter, it will continue to the next question.

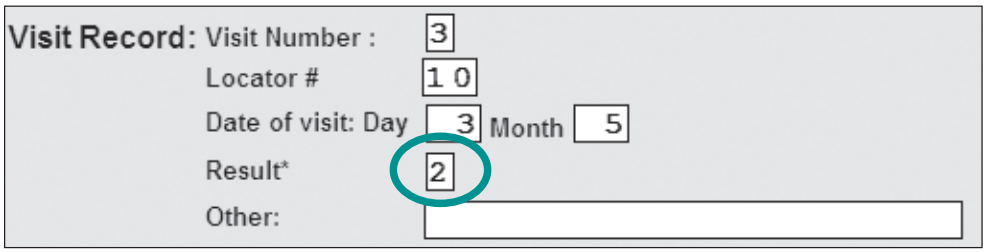
Q806. How often?	Q807. Who did this?		Q808. Where?
Times:	Military	Neighbor	Current location
	Paramilitary	Refugee	Previous camp
	Police	Other	Home village/town
	Jail guard	DK/NR	Road/boat
	Doctor		Other
	Religious worker		DK/NR
	Relief worker		
	A:		A:
	B:		B:
	C:		C:

8. For question Q815, if response E, "Anything else," is selected, the program will take you to the bottom of the table to specify the type of violence inflicted.

	Q815. Did any of your partners or ex-partners in the past 12 months do the following?	Q816. During the last year, how many time did these things happen to you?	
A. Forbid you from participating in activities (seeing friends, education, employment)?			
B. Threatened to hurt you with a weapon or himself?			
C. Slapped, twisted your arm, hit with a fist, pushed you down, kicked or choked you?			
D. Threatened to hurt you, make you have sex when you did not want to?			
E. Anything else?			
Specify type of violence inflicted (E.)			Page 29. GBV

9. Some locator forms will pertain to women who were invited to participate in the study but refused to do so. These forms must still be entered into the data entry program. In such cases, the result code filled in on the Locator Form will be a number from 2 to 7 (result code "1" means that the woman agreed to participate). When you enter any code from 2 to 7, the data entry program will allow you to enter the start time and then skip to the end of the case and allow you to enter the finish time.

From the Locator Form:



When you accept this case, a series of messages will pop up indicating that 'Section occurrences generated' for all of the sections. Press F8 to clear all the messages.

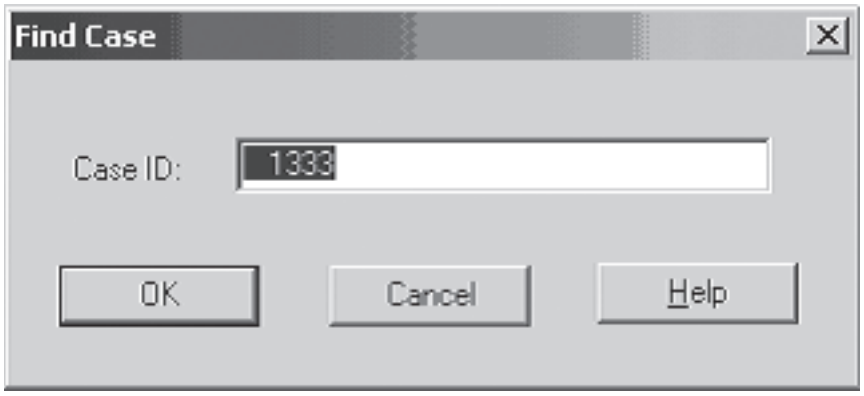
10. If a question is left blank that should have been answered, please see a supervisor to determine how the field should be entered.
11. If you have additional questions, please see the supervisor.

V. Modifying cases

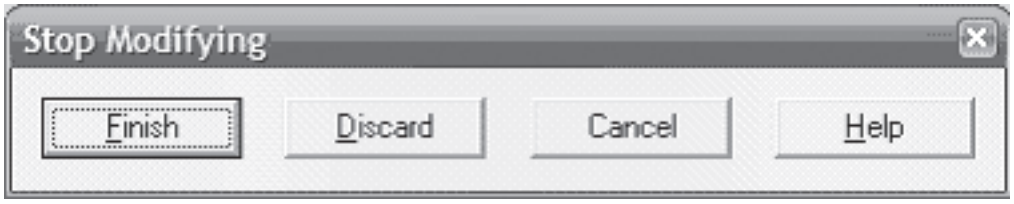
If you realize after saving the data that you made a mistake or did not enter all the data you should have, use the Modify mode to correct your mistakes.

A. Begin modifying cases

1. From the Mode menu, select Modify; or click on the toolbar to begin modifying. This will begin a new Modify mode session. You can move through cases, viewing as many as you like, but once you begin modifying a case, you must finish the modify session before you can begin viewing another case.
2. Select a case: Use either of the following methods to select a case to view and/or modify.
   - From the File Tree, move the highlight bar to or click on the case ID.
   - From the Edit menu, select Find Case. Then enter the case ID. The case ID must be entered exactly as it appears in the file.



3. When you have completed modifying the case, press STOP, and the program will prompt you to verify whether you are ready to stop.
   - If you want to save changes, click on Finish. It will ask you whether you want to accept the case. Select "yes."
   - If you do not want to save changes, click on Discard.
   - If you have not completed modifying the case, click on Cancel.



B. Move between cases

1. Once you have finished modifying (or simply viewing) a case, you can move to a different case in one of the following ways:
   - From the File Tree, move the highlight bar to or click on a different case ID.
   - Use the toolbar to select first, previous, next or last case in the data file.
   - From the Navigation menu, select First Case, Previous Case, Next Case, or Last Case.

C. Delete a case

1. Make sure you are not in Add, Modify, or Verify mode. You may need to stop (Ctrl+S) data entry first.
2. From the File Tree, move the highlight bar to or click on the case ID you want to delete.
3. Press Ctrl+Del or from the Edit menu, select Delete Case.

D. Change case IDs

Note: CSPro will ensure that no two cases in the same data file have the same IDs.

1. Select the case whose ID you wish to change.
2. Switch to Modify mode.
3. Key in the new ID.
4. Save the case.

VI. Stop work

A. Stop data entry

1. To stop data entry press **Esc** or **Ctrl+S**; click on the toolbar; or from the Mode menu, select Stop. If you are already stopped, this function will have no effect.
2. If you are at the beginning of a case or have not made any changes, the session will end immediately.
3. If you have started, but not completed entry/modification/verification of a case, two or more of the following choices will appear depending on the mode of data entry:
   - **Finish** allows you to finish the case and save the modifications you have made. Available only in modify mode.
   - **Discard** allows you to discard all the changes you have made since you opened this case. Always available.
   - **Cancel** allows you to cancel this operation and return to entering the case. Always available.

VII. Verify cases (optional)

A. Begin verifying cases

1. From the Mode menu, select Verify; or click on the toolbar to begin verifying cases from the beginning of the data file or where you left off verifying. This will begin a new Verify mode session. CSPro keeps track of the last case that was verified and positions you automatically to the next case to verify.
2. You may verify as many cases as you like until you reach the end of the data file.

B. Verify data

1. When you verify a case, you key the case a second time as if you were in Add mode. Even though there is already data in the data file, CSPro does not show it to you. All fields on the current form start out blank.

2. Each time you verify a field, the system compares the value you keyed (value B) with the value in the data file (value A). If these two values match, you move to the next field. If the values do not match, you get a message telling you so. When this happens, simply re-key the field (value C), in which case one of the following situations will occur:

   - If value C matches A, the system assumes value B is in error and moves to the next field. There will be no change to the data file for this field.

   - If value C matches B, the system assumes the value A in the data file is in error and moves to the next field. The new value, which you keyed twice, will replace the original value in the data file.

   - The value C matches neither A or B, the system will throw away the value B, show you the mismatch message and wait for you to re-key the field again.

C. Show fields while verifying

1. Sometimes you need to see the values in the data file on the screen. This is particularly useful if you are unsure which case you are verifying or exactly where in the case you are. You can use the **Ctrl+F2** key to do this. When you press the **Ctrl+F2** key you will see the values for all the fields on the current form. You must press **Ctrl+F2** again to resume verifying.

VIII. Getting help

1. If you have questions about the data entry program, please contact DRH/CDC. You can find contact information in Chapter 1, Introduction.
2. If you have a general question about CSPro, you can do two things:

   - Press F1; from the Help menu, select Help Topics; or click on the toolbar. Most dialog boxes have a **Help** button.

   - Contact CSPro about problems:
     Technical Assistance Staff
     International Programs Center
     U.S. Census Bureau
     Washington, DC 20233-8860 USA
     Phone: +1(301) 763-1451
     Fax: +1(301) 457-3033
     E-Mail: cspro@lists.census.gov
     Visit: www.census.gov/ipc/www/cspro

When you contact CSPro, please indicate the **version number** of the software, which should be version 3.1. You can obtain the version number from the top of the "about" box. From the **Help** menu, select **About**.

HANDOUT 14: Concatenating Data (For Supervisors Only)

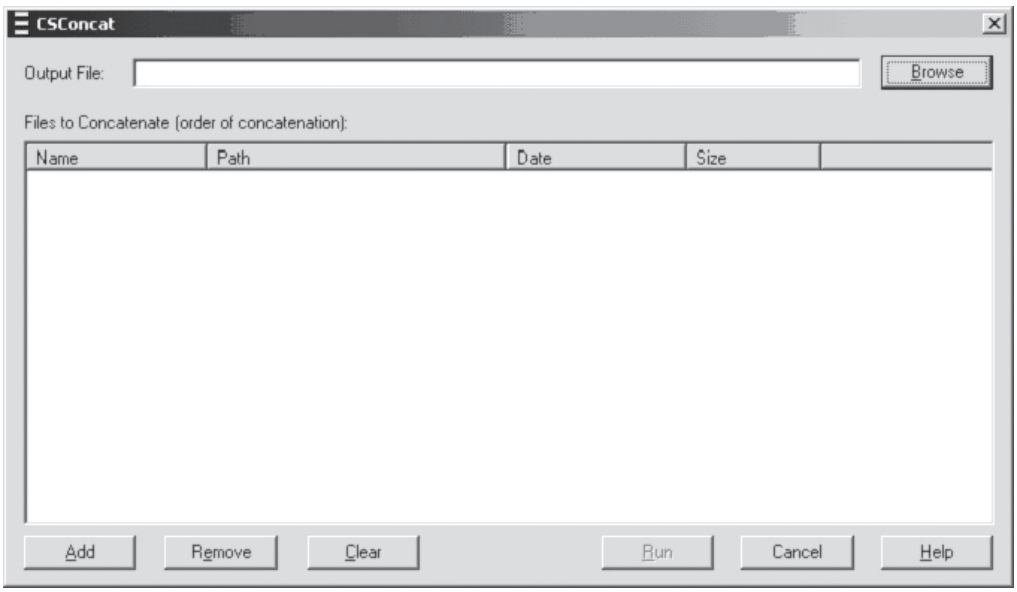
The Concatenate Data function allows you to combine multiple data files into a single data file. This should be done prior to data cleaning and analysis.

The following are instances when you do **not** need to concatenate data:

- If only **one** data entry staff member is entering the data into **one** file.
- If your program is conducting data collection in different sites and you want to analyze the data separately.

If you have two or more data entry staff, you will need to concatenate the files before data cleaning and analysis. For example if there are two data entry staff, each will have saved his or her files in his or her own folder. It will be necessary to concatenate the two data files to create one data file. The final data file should be called "Final_uncleaned." (Note: If the data files are saved on different computers that are not networked together, you will have to copy and save all the data files onto one computer before you can concatenate them.)

1. Locate the files you need to concatenate. If necessary, copy data files from other computers to the computer where you will be performing the concatenation.
2. On the Start/Program menu, select CSPro 3.1 Tools ➔ Concatenate Data. This will open 'CSConcat' (as shown below).



3. Name the output file 'Final_uncleaned'. Select BROWSE and indicate where the final dataset should be saved.
4. Select Add, and select all the data files that need to be combined.
5. Select Run.
6. The concatenated data file is now in its designated location.

HANDOUT 15: Data Cleaning (For Supervisors Only)

The data cleaning process is necessary to reduce errors that occur during the interview or data entry process. Data cleaning produces a dataset for analysis that best represents the responses from the survey. Data cleaning is needed to identify outlying responses due to data entry error or to recode responses due to interviewer or data entry error. The first step to locating errors is to tabulate frequencies of responses to spot outliers. An outlier is a value that is far from most others in a set of data, such as a response that reports a respondent had 15 pregnancies in the last 2 years. The second step is to review the data to see whether "Other" specified responses need to be recoded. The dataset in CSPro must be exported into SPSS or Excel to identify the corresponding questionnaire that has the error; however, changes to the dataset must be made in CSPro.

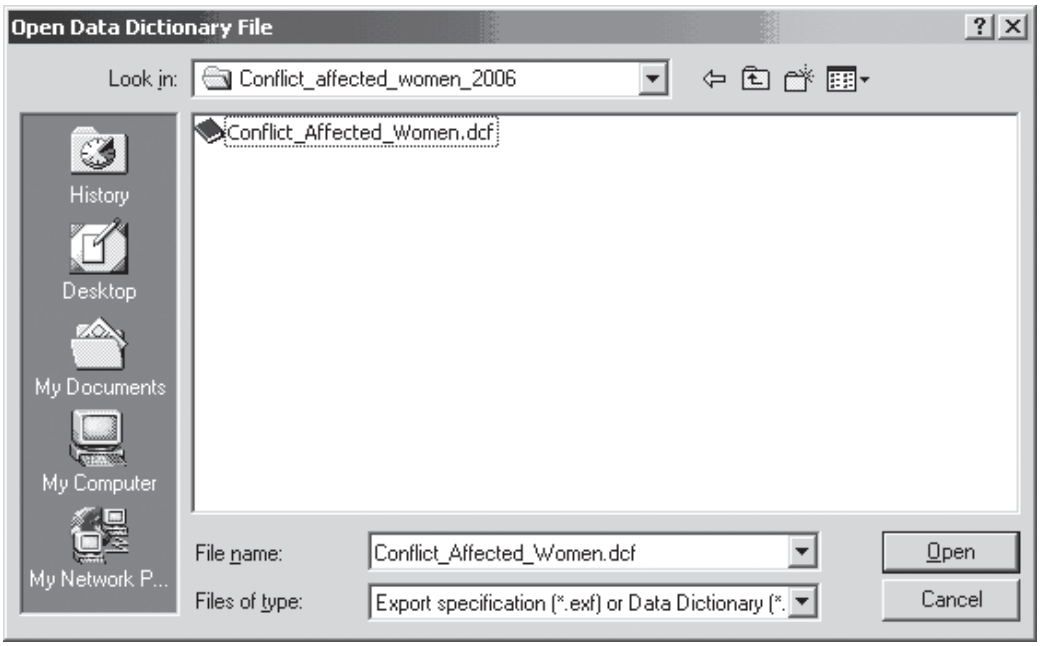
The following directions will walk you through two ways of cleaning the data. The method that is most appropriate for you will depend on whether you have access to SPSS and are familiar with it.

- The first option is to use SPSS to tabulate frequencies and view the responses and questionnaire numbers. This option is recommended because SPSS guides you through the tabulation process and it can be done in fewer steps.
- The second option is to use CSPro to tabulate frequencies and then view the data in Excel. The downside of this option is that you have to tabulate frequencies and view the questionnaire by section. This option will take more time to review and export the data.

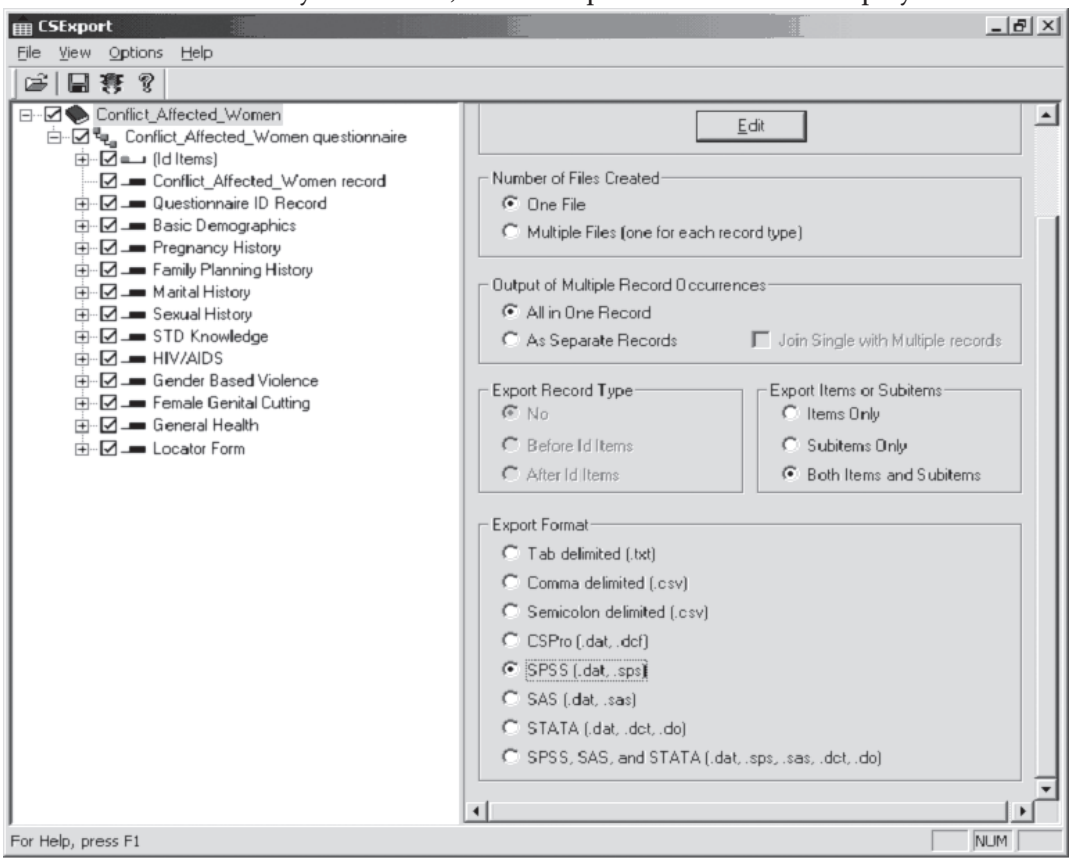
Regardless of the program used to tabulate frequencies or review the data, all corrections to the dataset must be made in CSPro. The final clean dataset, as a CSPro file, can be sent to the Division of Reproductive Health at CDC for weighting and data analysis.

Option A. SPSS

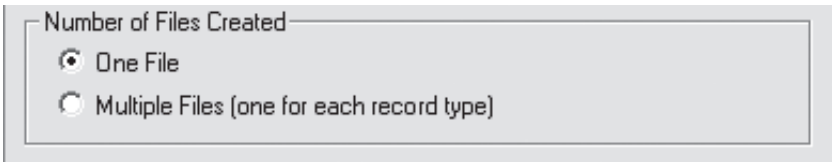
1. In CSPro - from the menu bar at the top, select Tools then Export Data.
2. Select the data dictionary: Conflict_Affected_Women.dcf



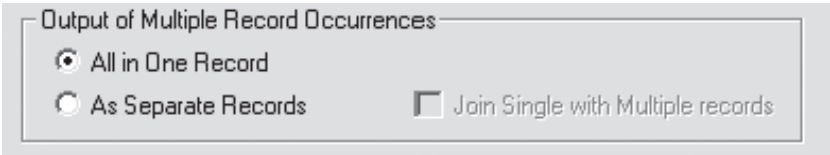
3. Once the data dictionary is selected, the CSExport screen will be displayed.



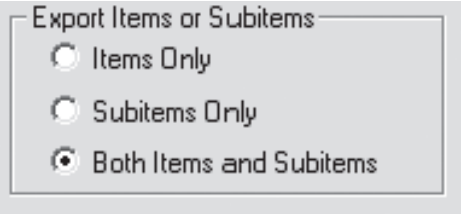
4. Select the items to be exported from the file tree in the panel on the left. Checking any item automatically selects its sub-items. For SPSS, all items should be checked.
5. "Number of Files Created"– select "One File."



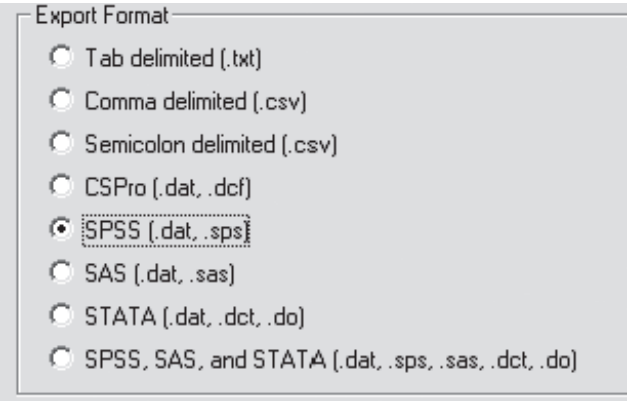
6. "Output of Multiple Record Occurrences"–select "All in One Record."



7. "Export Items or Subitems"– select "Both items and Subitems."



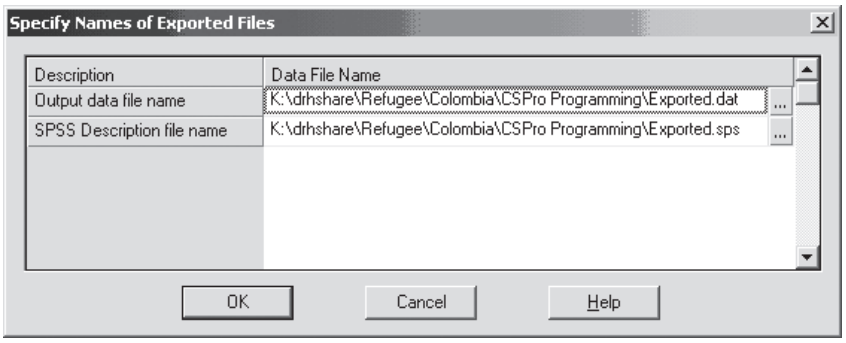
8. "Export Format"– select SPSS (.dat, .sps)



9. Select Run (traffic light icon):

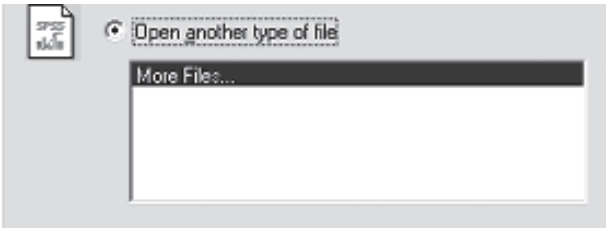
10. Select the dataset or concatenated dataset, if applicable, you want to export to SPSS. A concatenated dataset is a combination of multiple data files into a single data file.

11. "Specify Names of Exported Files" – CSPro has already entered the path and name for the output. You can change the names and paths or use the defaults. We recommended using the defaults.

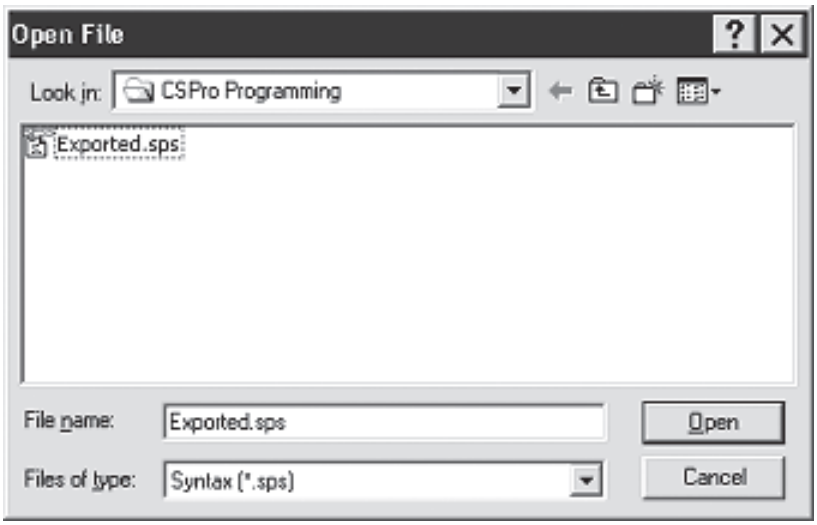


12. The dataset has now been exported to SPSS. Close CSPro and open SPSS.

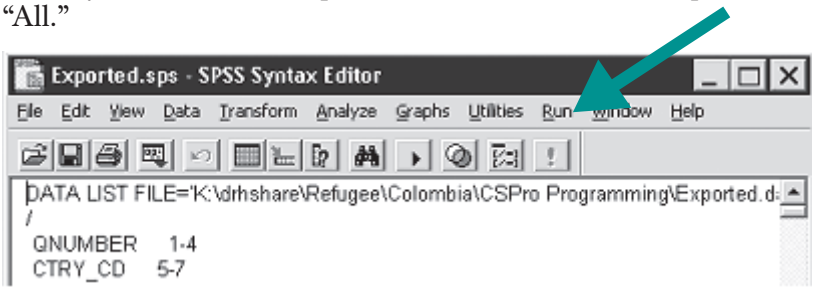
13. In SPSS, click on "Open another type of file."



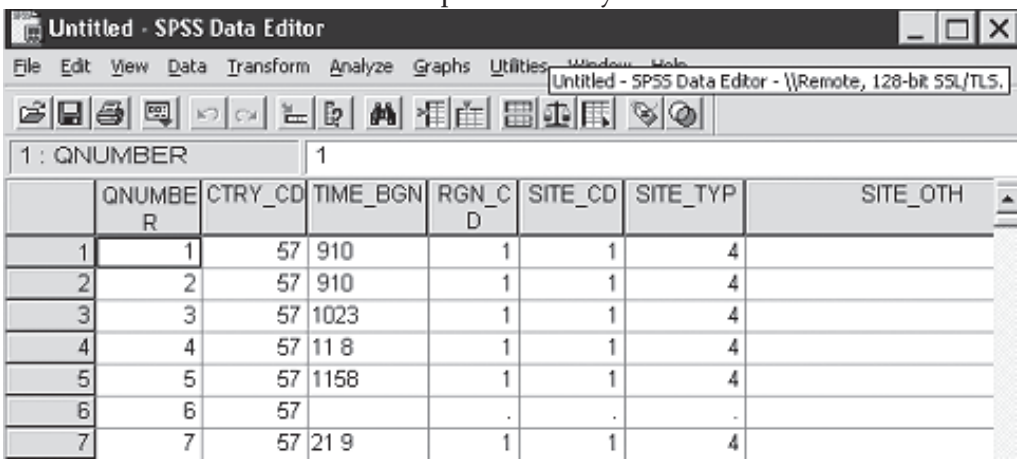
14. In the drop-down menu at the bottom of the dialog box labeled “Files of Type”, click on the arrow beside the box and select “Syntax (*.sps).”
15. Navigate to the exported SPSS program. If you use the default name, it will be “Exported.sps”. Select the exported program and click on “Open.”



16. The Syntax Editor will open. Select “Run” from the top of the menu of this window and then select “All.”

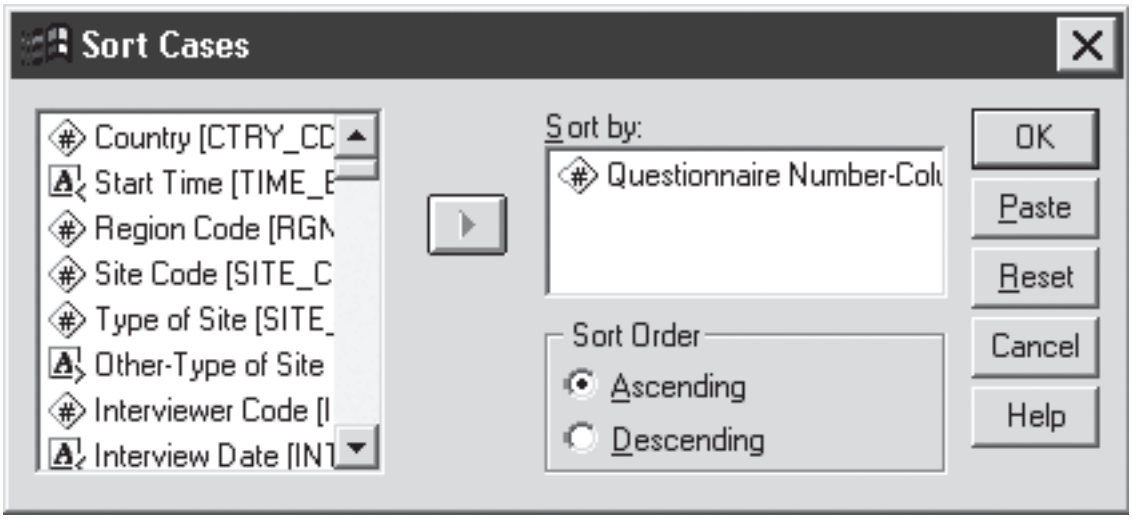


17. The SPSS viewer will open a log window. You can look for errors here or save the contents to another file.
18. The SPSS data editor will now be present with your data. Save the data to the location of your choice.

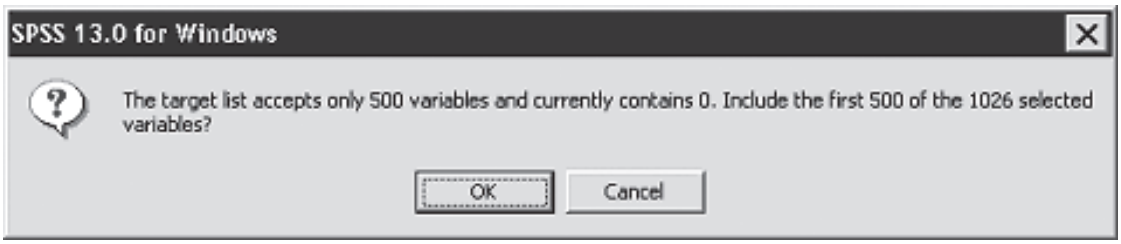


	QNUMBER	CTRY_CD	TIME_BGN	RGN_CD	SITE_CD	SITE_TYP	SITE_OTH
1	1	57	910	1	1	4	
2	2	57	910	1	1	4	
3	3	57	1023	1	1	4	
4	4	57	11 8	1	1	4	
5	5	57	1158	1	1	4	
6	6	57		.	.	.	
7	7	57	21 9	1	1	4	

19. Sort the data by Questionnaire Number:



20. To tabulate frequencies, select Analyze Descriptive Statistics Frequencies from the menu at the top of the screen. SPSS will tabulate frequencies of 500 variables at one time. However, if you select all of the variables, SPSS will ask if you want to tabulate the frequencies for the first 500 variables. Select OK and continue with the tabulation.



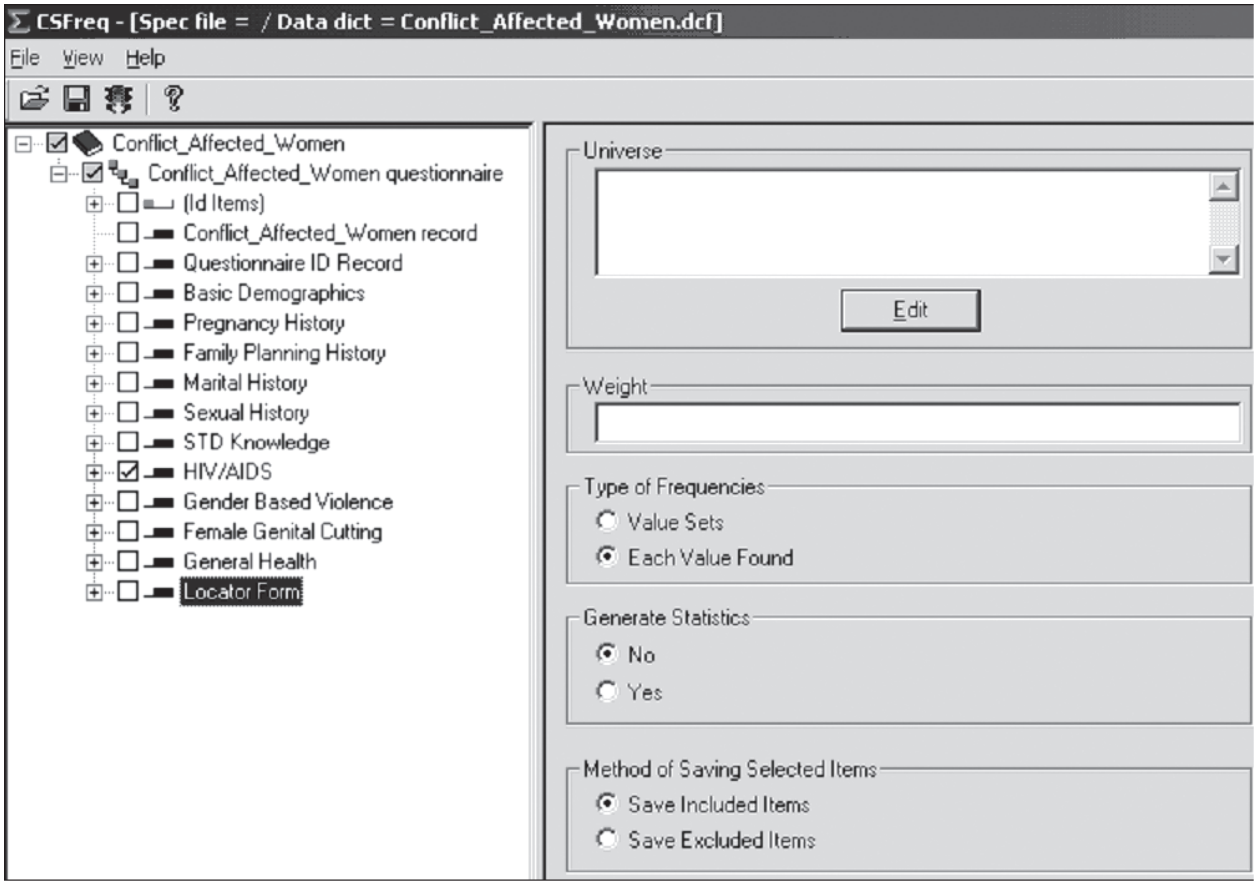
21. If there is an error, identify the questionnaire number. Look at the hard copy of the questionnaire to determine if a change needs to be made. If the error needs to be corrected, open the dataset in CSPro and modify the selected questionnaire accordingly.
22. All changes made to the dataset during cleaning must be done in CSPro. Once cleaning is completed, send the clean CSPro dataset to the DRH/CDC where analysis can be run.

Option B. CSPro and Excel

a. Tabulate Frequencies in CSPro

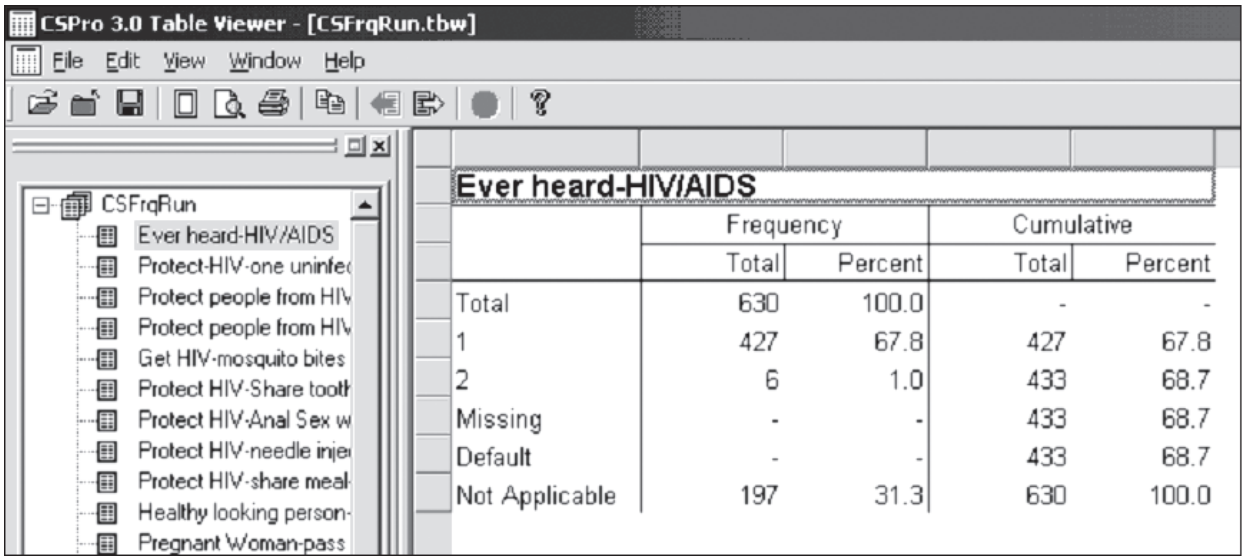
CSPro will tabulate frequencies at a maximum of 100 variables at one time. Therefore, frequencies must be tabulated by sections, such as basic demographics, pregnancy history, and family planning history. This will be discussed in more detail later in this section. The steps to tabulate frequencies in CSPro are as follows:

1. Open up your CSPro program using: Conflict_Affected_Women.ent
2. From the menu bar at the top select Tools, then select Tabulate Frequencies.
3. Select the data dictionary: Conflict_Affected_Women.dcf
4. Select the section you want to tabulate. In this example, we are going to tabulate frequencies for the HIV/AIDS section. You can use the default settings, which will leave Universe and Weight blank. The default for the Type of Frequency is "Each Value Found" and for the Method for Saving Selected Items is "Save Included Items." For Generate Statistics, "No" can be selected.



5. Select **Run** (traffic light icon):
6. Select the data file to tabulate and select "Open."

7. The tables will open in the Table Viewer.



Ever heard-HIV/AIDS

	Frequency		Cumulative	
	Total	Percent	Total	Percent
Total	630	100.0	-	-
1	427	67.8	427	67.8
2	6	1.0	433	68.7
Missing	-	-	433	68.7
Default	-	-	433	68.7
Not Applicable	197	31.3	630	100.0

8. To save the tables, select File ➔Save As, then select the table(s) you want to save, then select ➔ Name the file ➔Designate the location to save the file ➔Save.
9. Scroll through the tables and look for any responses that appear unusual or out of the ordinary.
10. CSPro does not tabulate frequencies for alphanumeric items. These are items that have letters in them, such as the "Other" responses that are specified. Therefore, it will be necessary to export the data to Excel (instructions follow) and look at the "Other" categories to see if any of the responses can be re-coded into one of the categories that was included in the questionnaire or if there are enough responses to make a new category.

    a. For example, if in Q106 (Religion), the interviewer circles "other" and specifies the religion as "Protestant," then during data cleaning this response can be re-coded to "Protestant=3." The case for the relevant questionnaire will have to be modified in CSPro to make this change.

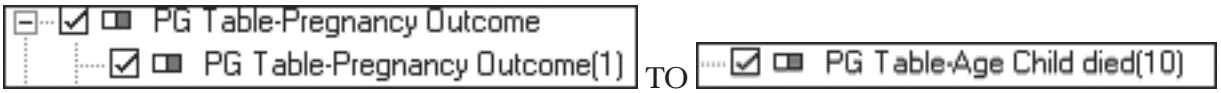
Pregnancy history, family planning, and gender-based violence

Because of the large number of variables in the pregnancy history, family planning, and gender-based violence (GBV) sections, these sections must each be divided into groups in order to tabulate frequencies. When dividing the sections into groups, each variable will have to be individually selected. The sections can be divided in the following ways:

Pregnancy history section

1. Group 1: Ever been pregnant through Total Pregnancies in the last 2 years

2. Group 2: Pregnancy Outcome (1) through Age Child died (10)



3. Group 3: Have Antenatal Care – Recent Pregnancy through Seek help-problems-after delivery-6 wks

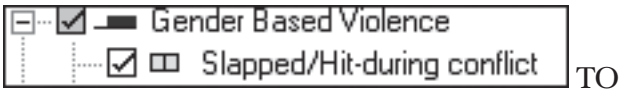
Family planning

1. Group 1: Contraceptive Table
   Ever head of method (1) through Reason not use method (11)

2. Group 2: Want another baby in the future through Don't Know-Prefer use method

Gender-based violence (GBV)

1. Group 1: Slapped/Hit during conflict through No Response – place where Sexual comments-during conflict



2. Group 2: Stripped of clothing during conflict through No response –place-where something else-during conflict

Stripped of clothing-during conflict TO

No response-place-where-something else-during conflict

3. Group 3:Slapped/Hit – after conflict through No response-place where improper sexual comments-after conflict

Slapped/Hit-after conflict TO

No response-place-where-Improper sexual comments-after conflict

4. Group 4: Stripped of clothing-after conflict through No response-place where something else after conflict

Stripped of clothing-after conflict TO

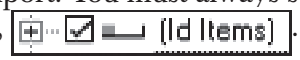
No response-place-where-something else-after conflict

5. Group 5: Ever injured from incidents through No response – cope with GBV

Ever injured from incidents TO No response - cope with GBV

b. Excel

Excel can only accommodate a limited number of columns; therefore, it is necessary to export one section at a time, such as basic demographics, family planning, etc. Divide the Gender-based Violence (GBV) section into subsections, as follows: during the conflict, after the conflict, and intimate partner violence. Follow the same steps as above for SPSS except as follows:

1. When exporting to Excel, the section must be specified for export. You must always select the ID item, which allows the questionnaires to be linked to the data, 

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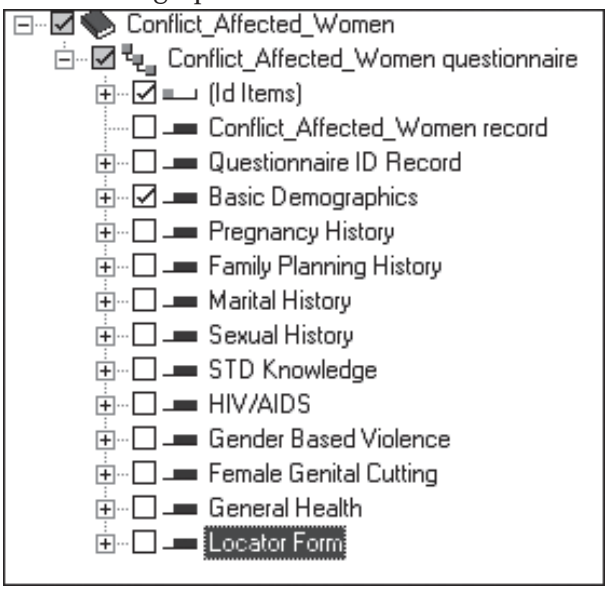
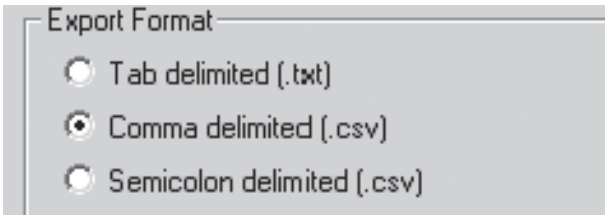
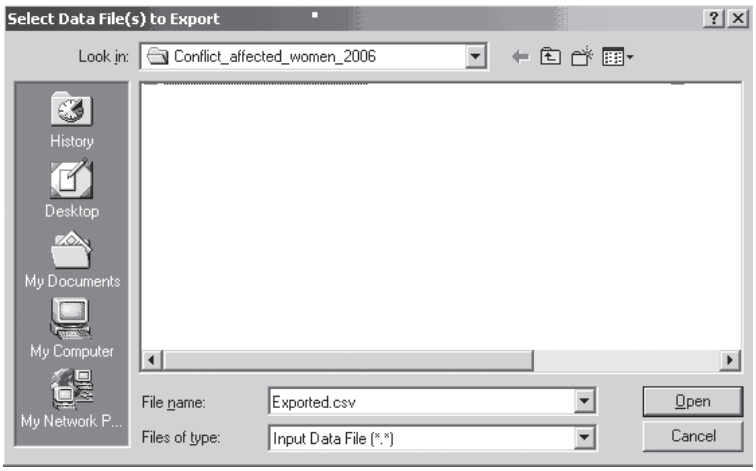
   For example, if you want to export the background charicteristics section to Excel, select ID items and Basic Demographics.



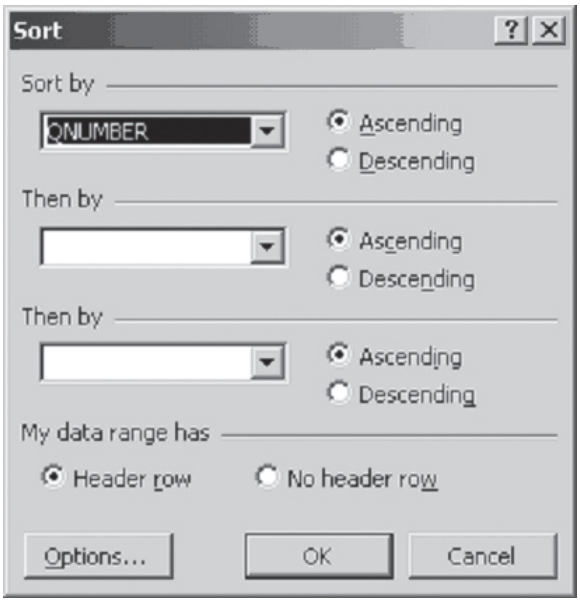
2. For the Export Format, select Comma delimited (.csv).



3. Specify the dataset you want to export and designate the location to export the file.



4. Once the export is complete, open Excel and then open the exported file.
5. Sort the data by questionnaire number.



6. Immediately identify the questionnaire that has the error(s) or scroll through the spreadsheet and look for responses that look unusual or out of the ordinary. For example, if you know that most of the population has lived at the survey location for 5 years or less, a response of "20 years" is likely to be an error. You will want to look at the hard copy of the questionnaire to verify the response.
7. All changes made to the dataset during cleaning must be done in CSPro. Once cleaning is completed, you can send the clean CSPro dataset to DRH/CDC, where analyses can be run.

Technical assistance

Please contact the Division of Reproductive Health at the CDC for technical assistance if you have questions or problems. (Contact information is available in Chapter 1, Introduction.)