## Annex2. Data abstraction tool for the study conducted on “Survival time to Implanon discontinuation and its predictors among a cohort of Implanon users who enrolled in public Hospitals of Southern Ethiopia, 2021: A retrospective cohort study”

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| --- | --- | --- | --- |
| **S No**  | **Questions**  | **Response**  | **Code**  |
| **Part I: Identifications** |  |
| 101  | Hospital Name  | 1. Butajira tertiary hospital
2. Wolkite teaching and referral hospital
3. Bui primary hospital
4. Gunchire Primary Hospital
 |  |
| 102  | Hospital code  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 103  | Date form filled to start  | \_\_\_\_/\_\_\_/\_\_\_\_ |  |
| 104 | Maternity record number/Medical Reg. Number  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  **Part II Socio demographic and economic characteristics of respondents** |  |
| 201 | Place of residence | 1. Urban
2. Rural
 |  |
| 202 | Maternal age in years  | 1. [\_\_\_\_\_\_\_\_\_\_\_]  |  |
| 203  | marital status  | 1. Married
2. Divorced
3. Unmarried/single
4. Widowed
 |  |
| 204 | What is your ethnicity?  | 1. Guraghe
2. Amhara
3. Oromo
4. Hadiya
5. Wolaita
6. Others
 |  |
| **Part III: Obstetric And Maternal Health Service Related Characteristics** |  |
| 301 | Number of children alive |  |  |
| 302 | Ever had abortion | 1. Yes 2. No |  |
| 303 | Previous history of receiving ANC | 1. Yes 2. No  |  |
| 304 | Previous history of receiving skilled delivery | 1. Yes 2. No  |  |
| 305 | Contraceptive history |  NEW REPEAT |  |
| 306 | Types of contraceptives previously used(for Repeat) | 1. Oral contraceptives2. Injectable 3. Implants 4. IUCD5. Condom |  |
| 307 | Provider of FP  | 1. Midwives 2. Public health officers 3. Nurses 4. General practitioners5. Others  |  |
| 308 | Offered with pre-insertion counseling | 1. Yes 2. No  |  |
| 309 | Had Post-insertion follow up | 1. Yes 2. No  |  |
| 310 | Had a diagnosed HTN | 1. Yes 2. No  |  |
| 311 | Heavy prolonged vaginal bleeding | 1. Yes 2. No  |  |
| 312 | Weight gain | 1. Yes 2. No  |  |
| 313 | HIV test offered  | 1. Yes 2. No  |  |
| 314 | HIV test performed | 1. Yes 2. No  |  |
| 315 | HIV test result | 1. Positive 2. Negative  |  |
| 316 | Date of Insertion(DD/MM/YY)  | \_\_\_\_\_/\_\_\_\_/\_\_\_\_ |  |
| 317 | End date (DD/MM/YY) | Removal  | \_\_\_\_\_/\_\_\_\_/\_\_\_\_ |  |
| Currently used | \_\_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Transferred out | \_\_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Loss to follow up | \_\_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Death  | \_\_\_\_\_/\_\_\_\_/\_\_\_\_ |

**THANK YOU!!!!!**