

PMA Uganda Phase 1 Survey Client Exit Interview Questionnaire

001a. Your name: \${your_name} Is this your name?	<input type="radio"/> Yes <input type="radio"/> No
001b. Enter your name below. <i>Please record your name</i>	
002a. Current date and time.	Day: Month: Year:
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
002b. Record the correct date and time.	Day: Month: Year:
003a. Region	<input type="radio"/> ACHOLI <input type="radio"/> ANKOLE <input type="radio"/> BUKEDI <input type="radio"/> BUNYORO <input type="radio"/> BUSOGA <input type="radio"/> ELGON <input type="radio"/> KAMPALA <input type="radio"/> KARAMOJA <input type="radio"/> KIGEZI <input type="radio"/> LANGO <input type="radio"/> NORTH BUGANDA <input type="radio"/> SOUTH BUGANDA <input type="radio"/> TESO <input type="radio"/> TOORO <input type="radio"/> WEST NILE
003b. District	<i>ODK populates a list of appropriate district based on the selected region.</i>
003c. Sub-county	<i>ODK populates a list of appropriate sub-county based on the selected district.</i>
004. Enumeration Area	<i>ODK populates a list of appropriate EAs based on the selected sub-county.</i>
005. Facility number <i>Please record the number of the facility from the listing form.</i>	

<p>006. Type of facility <i>Please select the type of facility.</i></p>	<p><input type="radio"/> Hospital <input type="radio"/> Health center IV <input type="radio"/> Health center III <input type="radio"/> Health center II <input type="radio"/> Health clinic <input type="radio"/> Pharmacy <input type="radio"/> Chemist / Drug Shop <input type="radio"/> Other</p>
<p>007. Managing authority <i>Please select the managing authority for the facility.</i></p>	<p><input type="radio"/> Government <input type="radio"/> NGO <input type="radio"/> Faith-based organization <input type="radio"/> Private <input type="radio"/> Other</p>
<p>008. Is a competent respondent present and available to be interviewed today?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>COVID SCREEN 1) Have you recently developed two or more of these symptoms? <i>- Flue like symptoms (Fever, Cough, Sore Throat) - Shortness of breath - Muscle aches, Headache - Diarrhea - Unexplained loss of taste, - Unexplained loss of smell</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>COVID SCREEN 2) In the past 14 days, have you had unprotected exposure to a person known to have COVID-19?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>009a. Please confirm that you have screened the respondent for COVID-19 before continuing.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>You will Politely end the interview, refer the respondent to the facility/hotline number, and report this to the supervisor. <i>Discuss this with your Supervisor to determine next Steps.</i></p>	
<p>INFORMED CONSENT <i>Find the competent female respondent. Administer the consent procedures.</i></p>	
<p>009a. Provide a paper copy of the Consent Form to the respondent and read it. Then, ask: May I begin the interview now?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>009c. Respondent's name <i>Enter the respondent's full name.</i></p>	
<p>010. Interviewer's name: \${your_name} <i>Mark your name as a witness to the consent process.</i></p>	<p><input type="radio"/></p>
<p>010. Interviewer's name Please record your name as a witness to the consent process. You previously entered "\${name_typed}."</p>	
<p>011. Name of the facility <i>Please select the name of the facility.</i></p>	

011. Name of the facility <i>Please record the name of the facility.</i>	
SECTION 1 – Background Information <i>I would like to start by asking a few questions about yourself.</i>	
101. Did you receive any family planning information or a method during your visit today? <i>If no, thank her for her time and end the interview.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
102. How old were you at your last birthday?	
102a. CHECK: The respondent is not eligible for interview. Please thank her for her time.	
103. Are you currently married or living together with a man as if married? <i>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</i>	<input type="radio"/> Yes, currently married <input type="radio"/> Yes, living with a man <input type="radio"/> Not currently in union: Divorced / separated <input type="radio"/> Not currently in union: Widow <input type="radio"/> No, never in union <input type="radio"/> No response
104. What is the highest level of school you attended? <i>Only record formal schooling. Do not record bible or koranic school or short courses.</i>	<input type="radio"/> Never attended <input type="radio"/> Primary <input type="radio"/> 'O' Level <input type="radio"/> 'A' Level <input type="radio"/> Tertiary <input type="radio"/> University <input type="radio"/> No response
105. How many times have you given birth? <i>Enter 0 if she has never given birth. Enter -99 for no response.</i>	
106. Imagine a 10-step ladder where on the bottom, the first step, stand the poorest people, and on the highest step, the 10th, stand the rich. On which step is your household located today? [stairs-clipart.jpg]	<input type="radio"/> One (poorest) <input type="radio"/> Two <input type="radio"/> Three <input type="radio"/> Four <input type="radio"/> Five <input type="radio"/> Six <input type="radio"/> Seven <input type="radio"/> Eight <input type="radio"/> Nine <input type="radio"/> Ten (richest) <input type="radio"/> No response
107. Is this the closest health facility to your current residence?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
108. What was the main reason you did not go to the facility nearest to your home?	<input type="radio"/> No family planning services <input type="radio"/> Inconvenient operating hours <input type="radio"/> Bad reputation / Bad prior experience <input type="radio"/> Do not like personnel <input type="radio"/> No medicine

	<input type="radio"/> Prefers to remain anonymous <input type="radio"/> It is more expensive than other options <input type="radio"/> Was referred <input type="radio"/> Less convenient location <input type="radio"/> Absence of provider <input type="radio"/> Does not accept insurance <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
109. How much time did it take you to travel here today? <i>Enter -88 for do not know in both, -99 for no response in both.</i>	
Minutes	
Hours	
110. What means of transportation did you use to travel here? <i>If multiple means used PROBE: What was the primary mode of transportation?</i>	<input type="radio"/> Motor vehicle (car, motorcycle, bus) <input type="radio"/> Bicycle / pedicab <input type="radio"/> Animal drawn cart <input type="radio"/> Walking <input type="radio"/> Boat <input type="radio"/> Other <input type="radio"/> No response
SECTION 2 – Family Planning Services <i>Now I would like to ask about family planning services you received today.</i>	
201. Was family planning the main reason you came here today?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
202. What was the main reason for your visit today?	<input type="radio"/> STI <input type="radio"/> HIV/AIDS <input type="radio"/> Maternal health <input type="radio"/> Child health <input type="radio"/> General health <input type="radio"/> Other <input type="radio"/> No response
203. During your visit today, were you given a family planning method, a prescription for a method, or neither?	<input type="radio"/> A contraceptive method <input type="radio"/> A prescription for a method <input type="radio"/> Neither <input type="radio"/> No response
204. Did your provider discuss family planning with you today?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
205. Which method were you prescribed or given?	<input type="radio"/> Female sterilization <input type="radio"/> Male sterilization <input type="radio"/> Implant

	<input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Diaphragm <input type="radio"/> Foam / Jelly <input type="radio"/> Standard days / cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> No response
<p>LCL_201. PROBE: Was the injection administered via syringe or small needle? <i>Show the image to the respondent.</i> [sayana_depo_150x300.jpg]</p>	<input type="radio"/> Syringe <input type="radio"/> Small needle (Sayana Press) <input type="radio"/> No Response
<p>206. Just before this visit, were you using the same method, did you switch from another method or were you using no method?</p>	<input type="radio"/> Same method <input type="radio"/> Another method <input type="radio"/> No method <input type="radio"/> No response
<p>207. How long have you been using this method without stopping?</p>	<input type="radio"/> X days <input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> No response
<p>207. Enter a value for \${method_duration_lab}:</p>	
<p>208. Have you ever used this method before?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>209. Have you used it in the past 12 months?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>210. During your visit today, did you obtain the method of family planning you wanted?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Neither, follow-up visit only <input type="radio"/> No response
<p>211. Which method did you initially want to use?</p>	<input type="radio"/> Female sterilization <input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables <input type="radio"/> Pill <input type="radio"/> Emergency contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Diaphragm

	<input type="radio"/> Foam / Jelly <input type="radio"/> Standard days / cycle beads <input type="radio"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> No response		
212. Why didn't you obtain the method you wanted?	<input type="radio"/> Method out of stock <input type="radio"/> Method not available at all <input type="radio"/> Provider not trained to provide the method <input type="radio"/> Provider recommended a different method <input type="radio"/> Not eligible for method <input type="radio"/> Decided not to adopt a method <input type="radio"/> Too costly <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response		
213. Who made the final decision about what method you got today?	<input type="radio"/> Respondent alone <input type="radio"/> Provider <input type="radio"/> Partner <input type="radio"/> Respondent and provider <input type="radio"/> Respondent and partner <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response		
214. Did you pay any money for any of the family planning services you received or were provided today?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
215. Did the provider tell you that if you do not take the pill every day, your chances of becoming pregnant are higher?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
216. Did the provider tell you that if you are more than one month late for your shot, your chances of becoming pregnant are higher?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
217. During your visit today, for the method you were prescribed or given, did the provider:			
	Yes	No	No response
a. Explain how to use the method?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Talk about possible side effects?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Tell you what to do if you have problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Tell you when to return for follow-up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
218. During your visit today, did the provider:			

	Yes	No	No response
<p>a. Tell you about contraceptive methods other than the method you were given or prescribed?</p> <p>b. Talk about the methods that protect against HIV/AIDs and STIs?</p> <p>c. Ask about your family planning method preference?</p> <p>d. Tell you that you could switch to a different method in the future?</p>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
219. How clear was the family planning information you received today?	<input type="radio"/> Very clear <input type="radio"/> Clear <input type="radio"/> Somewhat clear <input type="radio"/> Not clear <input type="radio"/> Not at all clear <input type="radio"/> Do not know <input type="radio"/> No response		
220. Did the provider allow you to ask questions?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
221. Did the provider answer all your questions in a way you understood?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
222. During your visit today, were you told by the provider about advantages and disadvantages with a method to delay or avoid pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
223. What advantages did the provider tell you about your \${method_prescribed_lab}?	<input type="checkbox"/> Efficacy <input type="checkbox"/> Less bleeding <input type="checkbox"/> More regular bleeding <input type="checkbox"/> Protects for a long time <input type="checkbox"/> No hormones <input type="checkbox"/> Ease of use <input type="checkbox"/> Return to fertility <input type="checkbox"/> Discrete <input type="checkbox"/> Few side effects <input type="checkbox"/> Other <input type="checkbox"/> No response		
224. What disadvantages did the provider tell you about your \${method_prescribed_lab}?	<input type="checkbox"/> Irregular bleeding <input type="checkbox"/> More bleeding <input type="checkbox"/> Few or no periods <input type="checkbox"/> Weight gain <input type="checkbox"/> Nausea <input type="checkbox"/> Cramping <input type="checkbox"/> Not easy to use <input type="checkbox"/> Not very effective <input type="checkbox"/> Headache		

	<input type="checkbox"/> Other <input type="checkbox"/> No response
SECTION 3: Client Satisfaction <i>Now I would like to ask about the services you received today.</i>	
301. How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation? <i>Enter -88 for do not know in both, -99 for no response in both.</i>	
Minutes	
Hours	
302. During this visit did the provider and other staff treat you very politely, politely, neither politely nor impolitely, impolitely, or very impolitely?	<input type="radio"/> Very politely <input type="radio"/> Politely <input type="radio"/> Neither politely nor impolitely <input type="radio"/> Impolitely <input type="radio"/> Very impolitely <input type="radio"/> No response
303. Overall, how satisfied are you with the family planning services you received at this establishment today? Would you say very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied?	<input type="radio"/> Very satisfied <input type="radio"/> Satisfied <input type="radio"/> Neither satisfied nor dissatisfied <input type="radio"/> Dissatisfied <input type="radio"/> Very dissatisfied <input type="radio"/> No response
304. Would you refer your relative or friend to this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
305. Would you return to this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
Follow-up Consent	
FLW_801. Thank you for the time you have kindly granted us. Could we contact you via phone to ask you questions to update this information in the next four months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FLW_802. Do you own a phone?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FLW_802a. Can I have your primary phone number in case we would like to follow up with you in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

FLW_802b: Enter a 10-digit number without the country code. Do not include spaces or dashes. <i>Number MUST start with 07, 04 or 03. Eg. 0700121212 or 0414232323 or 0392141414</i>	
FLW_803. To confirm, here is the number you gave me: $\{flw_number_typed_prim\}$. Is that correct? <i>If not, return to 802b and correct it.</i>	<input type="radio"/> Yes <input type="radio"/> No
FLW_804a. Can I have your secondary phone number in case we would like to follow up with you in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FLW_804b: Enter a 10-digit number without the country code. Do not include spaces or dashes. <i>Number MUST start with 07, 04 or 03. Eg. 0700121212 or 0414232323 or 0392141414</i>	
FLW_805. To confirm, here is the number you gave me: $\{flw_number_typed_sec\}$. Is that correct? <i>If not, return to 804b and correct it.</i>	<input type="radio"/> Yes <input type="radio"/> No
Thank the respondent for her time. <i>The respondent is finished, but there are still more questions for you to complete.</i>	
Thank you. <i>There are still more questions for you to complete.</i>	
QUESTIONNAIRE RESULT	
098. In what language was this interview conducted?	<input type="radio"/> English <input type="radio"/> Ateso <input type="radio"/> Luganda <input type="radio"/> Lugbara <input type="radio"/> Luo <input type="radio"/> Lusoga <input type="radio"/> Ngakarimojong <input type="radio"/> Runyankole-Rukiga <input type="radio"/> Runyoro-Rutoro <input type="radio"/> Other
099. Record the result of the Client Exit Interview Questionnaire.	<input type="radio"/> Completed <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Other <input type="radio"/> Potential COVID Exposed respondent.