# PMA Burkina Faso
## Phase 2 Follow-up Survey
### Client Exit Interview Questionnaire

| 001a. Your ID: |  
| 001b. Enter your ID below.  
*Please record your ID* |
| 002b. Record the correct date and time. |  
| ![Today's date](today_formatted) |
| 003a. Region |  
| ![Region options](region_options) |
| 003b. Province |  
| ![Province population](province_population) |
| 003c. Commune |  
| ![Commune population](commune_population) |
| 003d. Village |  
| ![Village population](village_population) |
| 004. Enumeration Area  
*For existing facilities the EA-level is determined from the dataset at a previous phase as a facility may be serving more than one EA.* |  
| ![EA population](ea_population) |
| 005. Name of the facility  
*Please select the name of the facility from the previous phase.* |  
| 006. Choose the name of the client you would like to follow-up today |  

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Page 1
007. Choose the phone number of the client you will be calling to follow-up

008. Tap to call ${phone_number_lab}

009. Call attempt
Enter call attempt number.

010. Did someone answer your call?  
☐ Yes  
☐ No

011. Hello. My name is ..................... calling from the Institut Supérieur des Sciences de la Population (ISSP). May I speak to ${identifier_name}?  
☐ Yes  
☐ No

012. Do you have the right participant on the phone?  
☐ Yes  
☐ No

013. Record the result of the phone call  
☐ Reached correct participant  
☐ No answer  
☐ Wrong number  
☐ Phone switched off  
☐ Phone no longer working  
☐ Participant not available  
☐ Participant incapacitated

INFORMED CONSENT
Read the greeting on the next screen. Administer the consent procedures.

Hello, my name is ..................... and I work for the Institut Supérieur des Sciences de la Population (ISSP) at the Joseph Ki-Zerbo University of Ouagadougou (UJKZ). We are following up on the interview we had on ${base_interview_date}. As a reminder, we conducted a survey with you about the health services you received at ${base_facility_name}. In fact, we had asked for your consent to participate in a follow-up telephone survey and you agreed. You also provided us with your telephone number. Thus, we would be very grateful if you would participate in this short follow-up survey that will take about 20 minutes. To that end, I am calling you to ask you a few more follow-up questions by phone, as we explained last time.

Why are you being asked to participate? Participants in this survey were selected at the end of last year from among clients who visit health facilities in Burkina Faso. We would like to make it clear that participation in this survey is voluntary and there is no direct personal benefit for your participation.
in this study. Nevertheless, we are counting on your participation because your views are very important. If you do not wish to answer a particular question, please let me know and I will move on to the next question or you can stop the interview at any time. All information you provide will be kept strictly confidential and your name and phone number will be kept separate from the data and will not be used to perform any analysis or present any results.

Before continuing, do you have any questions about this survey?

Potential risks, harms, and benefits to participants:

There is no direct benefit to you as a participant, but the data from all participants will be used collectively to inform the delivery of family planning services in the different regions of Burkina Faso. In addition, a phone credit transfer in the amount of 500 FCFA will be sent to you within the next two days as a thank you for your time in completing our questionnaire. There is no risk or perceived harm for participating in this study. However, if you feel embarrassed or uncomfortable answering certain questions, please let me know so I can skip that question.

Person to contact for additional information or concerns:

If you have any questions or concerns about this study, you can reach the national Principal Investigator of the study Dr. Georges GUIELLA whose telephone contact is (+226) 25 30 25 59. If necessary, you can also contact the Comité d’Éthique pour la Recherche en Santé (CERS) of Burkina Faso, which has given its approval for the study, at (+226) 20 97 48 68.

| 014. Read the verbal consent text. Then, ask: May I begin the interview now? | □ Yes □ No |
| 015. May I reschedule the interview for a later time today or another date? | □ Yes □ No |
| 016. Record the date and time for the rescheduled interview. Enter time and date by asking the respondent | Day: Month: Year: |
### SECTION 1 – Background Information

I would like to start by asking a few questions about yourself.

1. Are you currently married or living together with a man as if married? **Probe:** If no, ask whether the respondent is divorced, separated, or widowed.
   - [ ] Yes, currently married
   - [ ] Yes, living with a man
   - [ ] Not currently in union: Divorced / separated
   - [ ] Not currently in union: Widow
   - [ ] No, never in union
   - [ ] No response

2. Are you pregnant now?
   - [ ] Yes
   - [ ] No
   - [ ] Unsure
   - [ ] No response

3. How many months pregnant are you? 
   *Please record the number of completed months. Enter -88 for do not know, -99 for No response.*

### SECTION 2 – Family Planning Follow-up

Now I would like to ask about your experiences with family planning since we last spoke to you.

1. We interviewed you at [base_facility_name] on [base_interview_date]. At that time were you given a family planning method or a prescription for a method?
   - [ ] Yes
   - [ ] No
   - [ ] No response

2. The last time we spoke, you said you received [base_method_lab] to prevent pregnancy. Since that visit did you start using [base_method_lab]?
   - [ ] Yes
   - [ ] No
   - [ ] Incorrect baseline method recorded
   - [ ] No response

3. Are you still using [base_method_lab]? 
   - [ ] Yes
   - [ ] No
   - [ ] No response

   - [ ] Became pregnant while using
   - [ ] Infrequent sex/husband/partner away
   - [ ] Wanted to become pregnant
   - [ ] Problems or side effects you experienced
   - [ ] Problems or side effects you were worried about, but did not experience
   - [ ] Husband/partner did not approve
   - [ ] Other person did not approve
   - [ ] Wanted more effective method
   - [ ] No method available
204. Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?

- Yes
- No
- No response

205. Which method or methods are you using?

- Female sterilization
- Male sterilization
- Implant
- IUD
- Injectable
- Pill
- Emergency contraception
- Male condom
- Female condom
- Diaphragm
- Foam / Jelly
- Standard days / cycle beads
- LAM
- Rhythm method
- Withdrawal
- Other traditional methods
- No response

Check here to acknowledge you considered all options.

206. You indicated that you stopped using ${base_method_lab} and starting using ${current_method_lab}. How many months ago did you stop using ${base_method_lab}?

Baseline interview was on ${base_interview_date}. Enter -88 if respondent does not know. Enter -99 if there is no response.

- Same place as initial interview
- Health and Social Services Center (public)
- Family planning clinic
- Mobile clinic (public)
- Regional Hospital Center
- Medical Center with Surgery Unit (public)
- Medical Center (public)
- Fieldworker and community health

207. Where did you or your partner get ${current_method_lab}?

- Same place as initial interview
- Health and Social Services Center (public)
- Family planning clinic
- Mobile clinic (public)
- Regional Hospital Center
- Medical Center with Surgery Unit (public)
- Medical Center (public)
- Fieldworker and community health
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 208. You indicated that you stopped using ${base_method_lab}. How many months ago did you stop using ${base_method_lab}? Enter -88 if respondent does not know. Enter -99 if there is no response. | ○ Yes  
○ No  
○ No response |
| 209. Have you experienced any problems or side effects while using ${current_method_lab}? | ☐ No bleeding  
☐ Less bleeding  
☐ Heavier bleeding  
☐ Irregular bleeding  
☐ Spotting/bleeding  
☐ Uterine cramping/lower abdominal pain  
☐ Increased menstrual cramping  
☐ Gained weight  
☐ Lost weight  
☐ Facial spotting/facial pigmentation  
☐ Headaches  
☐ Got infection  
☐ Nausea/vomiting  
☐ Lowered sex drive  
☐ Vaginal dryness  
☐ General weakness  
☐ Diarrhea  
☐ Mood swings  
☐ Other  
☐ Do not know  
☐ No response |
| 210. What were the problems or side effects? | ○ Yes  
○ No  
○ No response |
| 211. Are you currently experiencing any of these problems or side effects? | ○ Yes  
○ No  
○ No response |
212. Did you seek help for these problems or side effects?  
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>No response</th>
</tr>
</thead>
</table>

212a. From whom did you seek help?  
| | Same place as initial interview | Health and Social Services Center (public) | Family planning clinic | Mobile clinic (public) | Regional Hospital Center | Medical Center with Surgery Unit (public) | Medical Center (public) | Fieldworker and community health volunteers (public) | Private hospital or clinic | Pharmacy | Private practice | Mobile clinic (private) | Maternity | Health Agent | Store/market/supermarket/mobile vendors | Religious organizations | Community event | Other | Don't know | No Response |

213. Did you experience any problems or side effects while using ${base_method_lab}?  
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>No response</th>
</tr>
</thead>
</table>

214. What were the problems or side effects?  
<p>| | No bleeding | Less bleeding | Heavier bleeding | Irregular bleeding | Spotting/bleeding | Uterine cramping/lower abdominal pain | Increased menstrual cramping | Gained weight | Lost weight | Facial spotting/facial pigmentation | Headaches | Got infection | Nausea/vomiting | Lowered sex drive | Vaginal dryness | General weakness | Diarrhea | Mood swings |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 215. Are you currently experiencing any of these problems or side effects? | ☐ Other  
☐ Do not know  
☐ No response |
| 216. Did you seek help for these problems or side effects?              | ☐ Yes  
☐ No  
☐ No response |
| 216a. From whom did you seek help?                                      | ☐ Same place as initial interview  
☐ Health and Social Services Center (public)  
☐ Family planning clinic  
☐ Mobile clinic (public)  
☐ Regional Hospital Center  
☐ Medical Center with Surgery Unit (public)  
☐ Medical Center (public)  
☐ Fieldworker and community health volunteers (public)  
☐ Private hospital or clinic  
☐ Pharmacy  
☐ Private practice  
☐ Mobile clinic (private)  
☐ Maternity  
☐ Health Agent  
☐ Store/market/supermarket/mobile vendors  
☐ Religious organizations  
☐ Community event  
☐ Other  
☐ Don’t know  
☐ No Response |
| 217a. At your initial family planning visit, do you feel you received too much, too little, or just enough information about problems or side effects you might experience? | ☐ Too much  
☐ Just enough  
☐ Too little  
☐ No response |
| 217b. At your initial family planning visit, do you feel you received too much, too little, or just enough information about what to do if you experience problems? | ☐ Too much  
☐ Just enough  
☐ Too little  
☐ No response |
| 217c. At your initial family planning visit, do you feel you received too much, too little, or just enough information about how to switch methods? | ☐ Too much  
☐ Just enough  
☐ Too little  
☐ No response |
| 217d. At your initial family planning visit, do you feel you received too much, too little, or | ☐ Too much  
☐ Just enough |
### SECTION 3: Future Use

*Now I would like to ask about your future use of family planning.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>301. Do you think you will use a contraceptive method to delay or avoid getting pregnant in the next 12 months?</td>
<td>Yes, No, No response</td>
</tr>
<tr>
<td>302. When do you think you will start using a method?</td>
<td>X months, X years, Soon/now, After the birth of this child, Do not know, No response</td>
</tr>
<tr>
<td>303. What method do you think you will use?</td>
<td>Female sterilization, Male sterilization, Implant, IUD, Injectables, Pill, Emergency contraception, Male condom, Female condom, Diaphragm, Foam / Jelly, Standard days / cycle beads, LAM, Rhythm method, Withdrawal, Other traditional methods, No response</td>
</tr>
<tr>
<td>304. Where will you or your partner get $fp_start_which_lab?</td>
<td>Same place as initial interview, Health and Social Services Center (public), Family planning clinic, Mobile clinic (public), Regional Hospital Center, Medical Center with Surgery Unit (public), Medical Center (public), Fieldworker and community health volunteers (public), Private hospital or clinic, Pharmacy</td>
</tr>
</tbody>
</table>
305. Can you tell me why you do not intend to use a method in the next 12 months?

☐ Wants a/another child
☐ Infrequent sex / Not having sex
☐ Menopausal / Hysterectomy
☐ Subfecund / Infecund
☐ Not menstruated since last birth
☐ Breastfeeding
☐ Husband/partner away for multiple days
☐ Up to God / fatalistic
☐ Respondent opposed
☐ Husband / partner opposed
☐ Others opposed
☐ Religious prohibition
☐ Knows no source
☐ Fear of problems or side effects
☐ Health concerns
☐ Lack of access / too far
☐ Costs too much
☐ Preferred method not available
☐ No method available
☐ Inconvenient to use
☐ Interferes with body’s processes
☐ Other
☐ Do not know
☐ No response

Thank the respondent for her time.
The respondent is finished, but there are still more questions for you to complete.

QUESTIONNAIRE RESULT

098. In what language was this interview conducted?

☐ English
☐ French
☐ Moore
☐ Gourmantchema
☐ Fulfulde
099. Record the result of the Client Exit Interview Questionnaire.

- [ ] Completed
- [ ] Postponed
- [ ] Refused
- [ ] Partly completed
- [ ] Other

- [ ] Dioula
- [ ] Autre