

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

001a. Your ID:	
001b. Enter your ID below. <i>Please record your ID</i>	
Is this date and time correct? \${today_formatted}	<input type="radio"/> Yes <input type="radio"/> No
002b. Record the correct date and time.	Day: Month: Year:
003a. Region	<input type="radio"/> centre est <input type="radio"/> centre <input type="radio"/> hauts bassins <input type="radio"/> cascades <input type="radio"/> sahel <input type="radio"/> centre sud <input type="radio"/> nord <input type="radio"/> boucle du mouhoun <input type="radio"/> plateau central <input type="radio"/> centre nord <input type="radio"/> est <input type="radio"/> centre ouest <input type="radio"/> sud ouest
003b. Province	<i>ODK populates a list of appropriate province based on the selected region.</i>
003c. Commune	<i>ODK populates a list of appropriate commune based on the selected province.</i>
003d. Village	<i>ODK populates a list of appropriate village based on the selected commune.</i>
004. Enumeration Area <i>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.</i>	<i>ODK populates a list of appropriate EAs based on the selected village.</i>
005. Name of the facility <i>Please select the name of the facility from the previous phase.</i>	
006. Choose the name of the client you would like to follow-up today	

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 <i>Enter call attempt number.</i>	
010. Did someone answer your call?	<input type="radio"/> Yes <input type="radio"/> No
011. Hello. My name is ..... calling from the Institut Supérieur des Sciences de la Population (ISSP). May I speak to \${identifiant_name} ?	<input type="radio"/> Yes <input type="radio"/> No
012. Do you have the right participant on the phone?	<input type="radio"/> Yes <input type="radio"/> No
013. Record the result of the phone call	<input type="radio"/> Reached correct participant <input type="radio"/> No answer <input type="radio"/> Wrong number <input type="radio"/> Phone switched off <input type="radio"/> Phone no longer working <input type="radio"/> Participant not available <input type="radio"/> Participant incapacitated
<b>INFORMED CONSENT</b> <i>Read the greeting on the next screen. Administer the consent procedures.</i>	
<p>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.</p> <p>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</p>	

<p>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.</p> <p>Before continuing, do you have any questions about this survey?</p> <p>Potential risks, harms, and benefits to participants:</p> <p>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.</p> <p>Person to contact for additional information or concerns:</p> <p>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’Ethique pour la Recherche en Santé (CERS) of Burkina Faso, which has given its approval for the study, at (+226) 20 97 48 68.</p>	
<p>014. Read the verbal consent text. Then, ask: May I begin the interview now?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>015. May I reschedule the interview for a later time today or another date?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>016. Record the date and time for the rescheduled interview. <i>Enter time and date by asking the respondent</i></p>	<p>Day: Month: Year:</p>

## SECTION 1 – Background Information

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

<p>101. 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></p>	<p><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</p>
<p>102. Are you pregnant now?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/> No response</p>
<p>103. How many months pregnant are you? <i>Please record the number of completed months. Enter -88 for do not know, -99 for No response.</i></p>	

## SECTION 2 – Family Planning Follow-up

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

<p>201. 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?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>201a. 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}?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Incorrect baseline method recorded <input type="radio"/> No response</p>
<p>202. Are you still using \${base_method_lab}?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>203. Why did you stop using \${base_method_lab}? Do not read aloud response options. Multiple select.</p>	<p><input type="checkbox"/> Became pregnant while using <input type="checkbox"/> Infrequent sex/husband/partner away <input type="checkbox"/> Wanted to become pregnant <input type="checkbox"/> Problems or side effects you experienced <input type="checkbox"/> Problems or side effects you were worried about, but did not experience <input type="checkbox"/> Husband/partner did not approve <input type="checkbox"/> Other person did not approve <input type="checkbox"/> Wanted more effective method <input type="checkbox"/> No method available</p>

	<input type="checkbox"/> Lack of access / too far <input type="checkbox"/> Costs too much <input type="checkbox"/> Inconvenient to use <input type="checkbox"/> Up to God / Fatalistic <input type="checkbox"/> Difficult to get pregnant/menopausal <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No Response
204. Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
205. Which method or methods are you using? PROBE: Anything else? <i>Select all methods mentioned. SCROLL TO THE BOTTOM to see all choices.</i>	<input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables <input type="checkbox"/> Pill <input type="checkbox"/> Emergency contraception <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> Diaphragm <input type="checkbox"/> Foam / Jelly <input type="checkbox"/> Standard days / cycle beads <input type="checkbox"/> LAM <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other traditional methods <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>
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}? <i>Baseline interview was on \${base_interview_date}. Enter -88 if respondent does not know. Enter -99 if there is no response.</i>	
207. Where did you or your partner get \${current_method_lab}?	<input type="radio"/> Same place as initial interview <input type="radio"/> Health and Social Services Center (public) <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> Regional Hospital Center <input type="radio"/> Medical Center with Surgery Unit (public) <input type="radio"/> Medical Center (public) <input type="radio"/> Fieldworker and community health

	<p>volunteers (public)</p> <p><input type="radio"/> Private hospital or clinic</p> <p><input type="radio"/> Pharmacy</p> <p><input type="radio"/> Private practice</p> <p><input type="radio"/> Mobile clinic (private)</p> <p><input type="radio"/> Maternity</p> <p><input type="radio"/> Health Agent</p> <p><input type="radio"/> Store/market/supermarket/mobile vendors</p> <p><input type="radio"/> Religious organizations</p> <p><input type="radio"/> Community event</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Don't know</p> <p><input type="radio"/> No Response</p>
<p>208. You indicated that you stopped using <math>\\${base\_method\_lab}</math>. How many months ago did you stop using <math>\\${base\_method\_lab}</math>? <i>Enter -88 if respondent does not know. Enter -99 if there is no response.</i></p>	
<p>209. Have you experienced any problems or side effects while using <math>\\${current\_method\_lab}</math>?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
<p>210. What were the problems or side effects?</p>	<p><input type="checkbox"/> No bleeding</p> <p><input type="checkbox"/> Less bleeding</p> <p><input type="checkbox"/> Heavier bleeding</p> <p><input type="checkbox"/> Irregular bleeding</p> <p><input type="checkbox"/> Spotting/bleeding</p> <p><input type="checkbox"/> Uterine cramping/lower abdominal pain</p> <p><input type="checkbox"/> Increased menstrual cramping</p> <p><input type="checkbox"/> Gained weight</p> <p><input type="checkbox"/> Lost weight</p> <p><input type="checkbox"/> Facial spotting/facial pigmentation</p> <p><input type="checkbox"/> Headaches</p> <p><input type="checkbox"/> Got infection</p> <p><input type="checkbox"/> Nausea/vomiting</p> <p><input type="checkbox"/> Lowered sex drive</p> <p><input type="checkbox"/> Vaginal dryness</p> <p><input type="checkbox"/> General weakness</p> <p><input type="checkbox"/> Diarrhea</p> <p><input type="checkbox"/> Mood swings</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Do not know</p> <p><input type="checkbox"/> No response</p>
<p>211. Are you currently experiencing any of these problems or side effects?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>

<p>212. Did you seek help for these problems or side effects?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>212a. From whom did you seek help?</p>	<p><input type="radio"/> Same place as initial interview <input type="radio"/> Health and Social Services Center (public) <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> Regional Hospital Center <input type="radio"/> Medical Center with Surgery Unit (public) <input type="radio"/> Medical Center (public) <input type="radio"/> Fieldworker and community health volunteers (public) <input type="radio"/> Private hospital or clinic <input type="radio"/> Pharmacy <input type="radio"/> Private practice <input type="radio"/> Mobile clinic (private) <input type="radio"/> Maternity <input type="radio"/> Health Agent <input type="radio"/> Store/market/supermarket/mobile vendors <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No Response</p>
<p>213. Did you experience any problems or side effects while using \${base_method_lab}?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>214. What were the problems or side effects?</p>	<p><input type="checkbox"/> No bleeding <input type="checkbox"/> Less bleeding <input type="checkbox"/> Heavier bleeding <input type="checkbox"/> Irregular bleeding <input type="checkbox"/> Spotting/bleeding <input type="checkbox"/> Uterine cramping/lower abdominal pain <input type="checkbox"/> Increased menstrual cramping <input type="checkbox"/> Gained weight <input type="checkbox"/> Lost weight <input type="checkbox"/> Facial spotting/facial pigmentation <input type="checkbox"/> Headaches <input type="checkbox"/> Got infection <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Lowered sex drive <input type="checkbox"/> Vaginal dryness <input type="checkbox"/> General weakness <input type="checkbox"/> Diarrhea <input type="checkbox"/> Mood swings</p>

	<input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
215. Are you currently experiencing any of these problems or side effects?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
216. Did you seek help for these problems or side effects?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
216a. From whom did you seek help?	<input type="radio"/> Same place as initial interview <input type="radio"/> Health and Social Services Center (public) <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> Regional Hospital Center <input type="radio"/> Medical Center with Surgery Unit (public) <input type="radio"/> Medical Center (public) <input type="radio"/> Fieldworker and community health volunteers (public) <input type="radio"/> Private hospital or clinic <input type="radio"/> Pharmacy <input type="radio"/> Private practice <input type="radio"/> Mobile clinic (private) <input type="radio"/> Maternity <input type="radio"/> Health Agent <input type="radio"/> Store/market/supermarket/mobile vendors <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> 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?	<input type="radio"/> Too much <input type="radio"/> Just enough <input type="radio"/> Too little <input type="radio"/> 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?	<input type="radio"/> Too much <input type="radio"/> Just enough <input type="radio"/> Too little <input type="radio"/> 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?	<input type="radio"/> Too much <input type="radio"/> Just enough <input type="radio"/> Too little <input type="radio"/> No response
217d. At your initial family planning visit, do you feel you received too much, too little, or	<input type="radio"/> Too much <input type="radio"/> Just enough



<p>just enough information about how to stop using your method?</p>	<p><input type="radio"/> Too little <input type="radio"/> No response</p>
<p><b>SECTION 3: Future Use</b></p> <p><i>Now I would like to ask about your future use of family planning.</i></p>	
<p>301. Do you think you will use a contraceptive method to delay or avoid getting pregnant in the next 12 months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>302. When do you think you will start using a method?</p>	<p><input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> After the birth of this child <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>Enter \${fp_start_lab}:</p>	
<p>303. What method do you think you will use?</p>	<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</p>
<p>304. Where will you or your partner get \${fp_start_which_lab}?</p>	<p><input type="radio"/> Same place as initial interview <input type="radio"/> Health and Social Services Center (public) <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> Regional Hospital Center <input type="radio"/> Medical Center with Surgery Unit (public) <input type="radio"/> Medical Center (public) <input type="radio"/> Fieldworker and community health volunteers (public) <input type="radio"/> Private hospital or clinic <input type="radio"/> Pharmacy</p>

	<ul style="list-style-type: none"> <li><input type="radio"/> Private practice</li> <li><input type="radio"/> Mobile clinic (private)</li> <li><input type="radio"/> Maternity</li> <li><input type="radio"/> Health Agent</li> <li><input type="radio"/> Store/market/supermarket/mobile vendors</li> <li><input type="radio"/> Religious organizations</li> <li><input type="radio"/> Community event</li> <li><input type="radio"/> Other</li> <li><input type="radio"/> Don't know</li> <li><input type="radio"/> No Response</li> </ul>
<p>305. Can you tell me why you do not intend to use a method in the next 12 months?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Wants a/another child</li> <li><input type="checkbox"/> Infrequent sex / Not having sex</li> <li><input type="checkbox"/> Menopausal / Hysterectomy</li> <li><input type="checkbox"/> Subfecund / Infecund</li> <li><input type="checkbox"/> Not menstruated since last birth</li> <li><input type="checkbox"/> Breastfeeding</li> <li><input type="checkbox"/> Husband/partner away for multiple days</li> <li><input type="checkbox"/> Up to God / fatalistic</li> <li><input type="checkbox"/> Respondent opposed</li> <li><input type="checkbox"/> Husband / partner opposed</li> <li><input type="checkbox"/> Others opposed</li> <li><input type="checkbox"/> Religious prohibition</li> <li><input type="checkbox"/> Knows no source</li> <li><input type="checkbox"/> Fear of problems or side effects</li> <li><input type="checkbox"/> Health concerns</li> <li><input type="checkbox"/> Lack of access / too far</li> <li><input type="checkbox"/> Costs too much</li> <li><input type="checkbox"/> Preferred method not available</li> <li><input type="checkbox"/> No method available</li> <li><input type="checkbox"/> Inconvenient to use</li> <li><input type="checkbox"/> Interferes with body's processes</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Do not know</li> <li><input type="checkbox"/> No response</li> </ul>
<p>Thank the respondent for her time. <i>The respondent is finished, but there are still more questions for you to complete.</i></p>	
<p><b>QUESTIONNAIRE RESULT</b></p>	
<p>098. In what language was this interview conducted?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> English</li> <li><input type="radio"/> French</li> <li><input type="radio"/> Moore</li> <li><input type="radio"/> Goumantchema</li> <li><input type="radio"/> Fulfulde</li> </ul>

	<input type="radio"/> Dioula <input type="radio"/> Autre
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