

PMA CÔTE D'IVOIRE

Phase 1 Follow up Survey

Client Exit Interview Questionnaire

001a. Your ID: \${your_name} Is this your ID?	<input type="radio"/> Yes <input type="radio"/> No
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"/> AGNEBY-TIASSA <input type="radio"/> AUTONOME D'ABIDJAN <input type="radio"/> BAGOUE <input type="radio"/> BELIER <input type="radio"/> BERE <input type="radio"/> BOUNKANI <input type="radio"/> CAVALLY <input type="radio"/> GBEKE <input type="radio"/> GBÔKLE <input type="radio"/> GÔH <input type="radio"/> GONTOUGO <input type="radio"/> GRANDS-PONTS <input type="radio"/> GUEMON <input type="radio"/> HAMBOL <input type="radio"/> HAUT-SASSANDRA <input type="radio"/> IFFOU <input type="radio"/> INDENIE-DJUABLIN <input type="radio"/> LA ME <input type="radio"/> LÔH-DJIBOUA <input type="radio"/> MARAHOUE <input type="radio"/> MORONOU <input type="radio"/> NAWA <input type="radio"/> N'ZI <input type="radio"/> PORO <input type="radio"/> SAN-PEDRO <input type="radio"/> SUD-COMOE <input type="radio"/> TCHOLOGO

	<input type="radio"/> TONKPI <input type="radio"/> WORODOUGOU <input type="radio"/> YAMOOUSSOUKRO
003b. Department	<i>ODK populates a list of appropriate Department based on the selected Region.</i>
003c. Sub-prefecture	<i>ODK populates a list of appropriate Sub-prefecture based on the selected Department.</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 Sub-prefecture.</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 [PARTNER ORGANIZATION]. May I speak to \${identifier_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
INFORMED CONSENT <i>Find the competent female respondent. Administer the consent procedures.</i>	
Bonjour, je me nomme _____ et je travaille pour l'Ecole Nationale Supérieure de Statistique et d'Economie Appliquée (ENSEA) d'Abidjan. Nous faisons suite à l'entretien que nous avons eu le [date de l'interview]. Pour rappel, nous	

avons mené une enquête auprès de vous sur les services de santé que vous avez reçus à [Nom du SPS]. En effet, nous vous avons demandé votre consentement pour participer à une enquête téléphonique de suivi et vous avez accepté. Par ailleurs, vous nous avez également fourni votre numéro de téléphone. Ainsi, nous vous serions très reconnaissants de participer à cette courte enquête de suivi qui prendra environ 30 minutes. A cet effet, je vous appelle pour vous poser quelques questions supplémentaires de suivi par téléphone, comme nous avons expliqué la fois passée.

Pourquoi est-ce qu'on vous demande de participer ?

Les participantes à cette enquête ont été sélectionnés à la fin de l'année dernière parmi les clientes qui se rendent dans les établissements de santé de toute la Côte d'Ivoire. Nous tenons à préciser que la participation à cette enquête est volontaire et il n'y a aucun avantage personnel direct pour votre participation dans cette étude. Néanmoins nous comptons vivement sur votre participation car votre point de vue est très important. Si vous ne souhaitez pas répondre à une question en particulier, faites-le moi savoir et je passerai à la question suivante ou vous pouvez arrêter l'entretien à tout moment. Toutes les informations que vous fournirez resteront strictement confidentielles et votre nom et votre numéro de téléphone seront séparés des données et ne seront pas utilisés pour effectuer des analyses ou présenter des résultats.

Avant de continuer, avez-vous des questions sur cette enquête ? Risques, préjudices et avantages potentiels pour les participantes Il n'y a aucun avantage direct pour vous en tant que participante, mais les données de toutes les participantes seront utilisées collectivement pour informer la prestation de services de planification familiale dans les différentes régions de la Côte d'Ivoire. Par ailleurs, un transfert de crédit téléphonique d'un montant de 1000 FCFA vous sera affecté en guise de remerciement comme compensation du temps que vous avez consacré à répondre à notre questionnaire dans les deux prochains jours. Il n'y a pas de risques ou de préjudices perçus pour la participation à cette étude. Toutefois, si vous vous sentez gêné ou mal à l'aise pour répondre à certaines questions, veuillez me le faire savoir afin que je puisse passer cette question.

<p>Personne à contacter pour des compléments d'informations ou inquiétudes Si vous avez des questions ou des inquiétudes par rapport à cette étude, vous pouvez joindre l'Investigatrice Principale nationale de l'étude Dr. Rosine Mosso-BOMISSO à Abidjan dont le contact téléphonique est (225) 27 22 44 08 42 / (225) 05 06 57 38 96. Si cela s'avère nécessaire, vous pouvez aussi joindre le Comité National d'Ethique des Sciences de la Vie et de la Santé (CNESVS) à Abidjan qui a donné son approbation pour l'étude au numéro de téléphone (225) 27 22005829</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>
<p>SECTION 1 – Background Information</p> <p><i>I would like to start by asking a few questions about yourself.</i></p>	
<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 <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"/> Do not know </p>
<p>204. Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>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></p>	<p> <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 </p>

	<input type="checkbox"/> Female condom <input type="checkbox"/> Diaphragm <input type="checkbox"/> Foam / Jelly <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"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> Other public <input type="radio"/> Private hospital / clinic <input type="radio"/> Pharmacy <input type="radio"/> Private doctor <input type="radio"/> Mobile clinic (private) <input type="radio"/> Health agent <input type="radio"/> Other private <input type="radio"/> Store <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Friend / parent <input type="radio"/> Community health agent <input type="radio"/> Street vendor <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
208. You indicated that you stopped using $\${base_method_lab}$. How many months ago did you stop using $\${base_method_lab}$? <i>Enter -88 if respondent does not know. Enter -99 if there is no response.</i>	
209. Have you experienced any problems or side effects while using $\${current_method_lab}$?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

<p>210. What were the problems or side effects?</p>	<ul style="list-style-type: none"> <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 <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
<p>211. Are you currently experiencing any of these problems or side effects?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>212. Did you seek help for these problems or side effects?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>212a. From whom did you seek help?</p>	<ul style="list-style-type: none"> <input type="radio"/> Same place as initial interview <input type="radio"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> Other public <input type="radio"/> Private hospital / clinic <input type="radio"/> Pharmacy <input type="radio"/> Private doctor <input type="radio"/> Mobile clinic (private) <input type="radio"/> Health agent <input type="radio"/> Other private <input type="radio"/> Store <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Friend / parent <input type="radio"/> Community health agent <input type="radio"/> Street vendor

	<input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
213. Did you experience any problems or side effects while using \${base_method_lab}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
214. What were the problems or side effects?	<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 <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"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> Other public <input type="radio"/> Private hospital / clinic <input type="radio"/> Pharmacy <input type="radio"/> Private doctor <input type="radio"/> Mobile clinic (private) <input type="radio"/> Health agent

	<input type="radio"/> Other private <input type="radio"/> Store <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Friend / parent <input type="radio"/> Community health agent <input type="radio"/> Street vendor <input type="radio"/> Other <input type="radio"/> Do not 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 just enough information about how to stop using your method?	<input type="radio"/> Too much <input type="radio"/> Just enough <input type="radio"/> Too little <input type="radio"/> No response
<h3>SECTION 3: Future Use</h3> <p><i>Now I would like to ask about your future use of family planning.</i></p>	
301. Do you think you will use a contraceptive method to delay or avoid getting pregnant in the next 12 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
302. When do you think you will start using a method?	<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
Enter \${fp_start_lab}:	

<p>303. What method do you think you will use?</p>	<ul style="list-style-type: none"> <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"/> LAM <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Other traditional methods <input type="radio"/> No response
<p>304. Where will you or your partner get \${fp_start_which_lab}?</p>	<ul style="list-style-type: none"> <input type="radio"/> Same place as initial interview <input type="radio"/> Government hospital <input type="radio"/> Government health center <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic (public) <input type="radio"/> Other public <input type="radio"/> Private hospital / clinic <input type="radio"/> Pharmacy <input type="radio"/> Private doctor <input type="radio"/> Mobile clinic (private) <input type="radio"/> Health agent <input type="radio"/> Other private <input type="radio"/> Store <input type="radio"/> Religious organizations <input type="radio"/> Community event <input type="radio"/> Friend / parent <input type="radio"/> Community health agent <input type="radio"/> Street vendor <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<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"> <input type="checkbox"/> Wants a/another child <input type="checkbox"/> Infrequent sex / Not having sex <input type="checkbox"/> Menopausal / Hysterectomy <input type="checkbox"/> Subfecund / Infecund <input type="checkbox"/> Not menstruated since last birth <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Husband/partner away for multiple days <input type="checkbox"/> Up to God / fatalistic <input type="checkbox"/> Respondent opposed

	<input type="checkbox"/> Husband / partner opposed <input type="checkbox"/> Others opposed <input type="checkbox"/> Religious prohibition <input type="checkbox"/> Knows no source <input type="checkbox"/> Fear of problems or side effects <input type="checkbox"/> Health concerns <input type="checkbox"/> Lack of access / too far <input type="checkbox"/> Costs too much <input type="checkbox"/> Preferred method not available <input type="checkbox"/> No method available <input type="checkbox"/> Inconvenient to use <input type="checkbox"/> Interferes with body's processes <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response
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Thank the respondent for her time. <i>The respondent is finished, but there are still more questions for you to complete.</i>	
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QUESTIONNAIRE RESULT

098. In what language was this interview conducted?	<input type="radio"/> English <input type="radio"/> French <input type="radio"/> Abbey <input type="radio"/> Abron <input type="radio"/> Adjoukrou <input type="radio"/> Agni <input type="radio"/> Arabic <input type="radio"/> Attie <input type="radio"/> Avikam <input type="radio"/> Bakoué <input type="radio"/> Baoule <input type="radio"/> Bete <input type="radio"/> Dida <input type="radio"/> Dioula <input type="radio"/> Djimini <input type="radio"/> Ebrié <input type="radio"/> Eholié <input type="radio"/> Elomoin <input type="radio"/> Fantin <input type="radio"/> Gnaboua <input type="radio"/> Godié <input type="radio"/> Gouro <input type="radio"/> Guere <input type="radio"/> Koulango <input type="radio"/> Kouzié
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	<ul style="list-style-type: none"> <input type="radio"/> Kôyaka <input type="radio"/> Kroumen <input type="radio"/> Lobi <input type="radio"/> Mahou <input type="radio"/> Moré <input type="radio"/> N'zima <input type="radio"/> Senoufo <input type="radio"/> Suamlin <input type="radio"/> Wobe <input type="radio"/> Yacouba <input type="radio"/> Other
<p>099. Record the result of the Client Exit Interview Questionnaire.</p>	<ul style="list-style-type: none"> <input type="radio"/> Completed <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Other