

## PMA India (Rajasthan) Phase 2 Survey Client Exit Interview Questionnaire

001a. Your ID:	
001b. Enter your ID below. <i>Please record your ID</i>	
002a. 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. District	<input type="radio"/> Ajmer <input type="radio"/> Alwar <input type="radio"/> Banswara <input type="radio"/> Baran <input type="radio"/> Barmer <input type="radio"/> Bharatpur <input type="radio"/> Bhilwara <input type="radio"/> Bikaner <input type="radio"/> Bundi <input type="radio"/> Chittaurgarh <input type="radio"/> Churu <input type="radio"/> Dausa <input type="radio"/> Dhaulpur <input type="radio"/> Dungarpur <input type="radio"/> Ganganagar <input type="radio"/> Hanumangarh <input type="radio"/> Jaipur <input type="radio"/> Jaisalmer <input type="radio"/> Jalore <input type="radio"/> Jhalawar <input type="radio"/> Jhunjhunu <input type="radio"/> Jodhpur <input type="radio"/> Karauli <input type="radio"/> Kota <input type="radio"/> Nagaur <input type="radio"/> Pali <input type="radio"/> Pratapgarh <input type="radio"/> Rajsamand

	<input type="radio"/> Sawai Madhopur <input type="radio"/> Sikar <input type="radio"/> Sirohi <input type="radio"/> Tonk <input type="radio"/> Udaipur
003b. Tehsil / Taluk	
003c. City / Town / Village	
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>	
005a. Is this a facility from the previous phase or is this a new facility added this phase?	<input type="radio"/> Follow up facility <input type="radio"/> New facility
006. Name of the facility <i>Please select the name of the facility from the previous phase.</i>	
006. Name of the facility	
007. Facility number <i>Please record the number of the facility from the listing form.</i>	
008. Is a competent respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
Please confirm that you have screened the respondent for COVID-19 before continuing.	<input type="radio"/> Yes <input type="radio"/> No
<b>INFORMED CONSENT</b> <i>Find the competent female respondent. Administer the consent procedures.</i>	
<p>INFORMED CONSENT Hello! My name is _____, and I am representing Indian Institute of Health Management Research (IIHMR), Jaipur. We are conducting a survey on health care services with focus on family planning to assist the government and communities. You have been randomly selected to participate in this survey. Your participation is voluntary, and if you accept to participate, you will be asked to share your views and experience about family planning and other reproductive health services you have received at this facility. Your decision to participate is not binding, and you can withdraw from the interview at any time and your decision will not affect services you receive during any future visit. You may choose not to answer some or all the questions and can ask us to stop at any time, without any consequence. We will take all measures to protect the privacy of your information. If you agree to participate, it will take about 15-25 minutes. Questions will be asked about this health establishment, its staff and the services you received. The in-charge/owner of this facility was also interviewed. There are no direct benefits to you for taking part in this study, but we will be able to bring improvement in the delivery of health services based on your honest responses. There is almost no risk from your participation in this study, however, you may feel mild discomfort in sharing</p>	

some information about yourself including fear of loss of confidentiality. You do not have to respond to the questions which cause inconvenience. All information shared by you will be kept confidential. Only the study team will access it. We will ensure that nobody ever come to know your personal particulars, including your identity. Information from this interview may be used by health organizations to plan service improvements or further studies. Researchers may also use the data collected from the facility for analyses. However, your name will not be linked to your responses so that your identity remains completely confidential. You are invited to participate in this study. If you have any questions about the survey, you may ask them now or if you wish to ask questions later, you may contact to the principal investigator of the study: Dr. Anoop Khanna at IIMR University Jaipur Contact No.: +91-141-3924738

009a. Provide a paper copy of the Consent Form to the respondent and read it.  
Then, ask: May I begin the interview now?

- Yes  
 No

009b. Respondent's signature  
*Please ask the respondent to sign or check the box in agreement of their participation.*

Checkbox

**WARNING:** The respondent has not signed or checked the box, despite agreeing to be interviewed in the previous question. To conduct the survey, the respondent must sign or touch the checkbox.

*You may go back to obtain a signature or check the box or you should go back to the previous question to indicate the respondent does not want to be interviewed.*

009c. Respondent's name  
*Enter the respondent's full name.*

010. Interviewer's ID: \${your\_name}  
*Mark your ID as a witness to the consent process.*

010. Interviewer's ID  
Please record your ID as a witness to the consent process. You previously entered "\${your\_name\_text}."

**SECTION 1 – Background Information**  
*I would like to start by asking a few questions about yourself.*

101. Did you receive any family planning information or a method during your visit today?  
*If no, thank her for her time and end the interview.*

- Yes  
 No  
 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.

<p>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></p>	<p><input type="radio"/> Yes, currently married  <input type="radio"/> Yes, married, gauna not performed  <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>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></p>	<p><input type="radio"/> Never attended  <input type="radio"/> Primary  <input type="radio"/> Secondary  <input type="radio"/> Higher secondary  <input type="radio"/> Graduate and above  <input type="radio"/> No response</p>
<p>105. How many times have you given birth? <i>Enter 0 if she has never given birth. Enter -99 for no response.</i></p>	
<p>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]</p>	<p><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</p>
<p>107. Is this the closest health facility to your current residence?</p>	<p><input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Do not know  <input type="radio"/> No response</p>
<p>108. What was the main reason you did not go to the facility nearest to your home?</p>	<p><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</p>

	<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"/> Other <input type="radio"/> No response
<b>SECTION 2 – Family Planning Services</b> <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"/> PPIUD <input type="radio"/> PAIUD <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"/> 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
206. Just before this visit, were you using the same method, did you switch from another method or were you using no method?	<input type="radio"/> Same method <input type="radio"/> Another method <input type="radio"/> No method <input type="radio"/> No response
207. How long have you been using this method without stopping?	<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
207. Enter a value for \${method_duration_lab}:	
208. Have you ever used this method before?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
209. Have you used it in the past 12 months?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
210. During your visit today, did you obtain the method of family planning you wanted?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Neither, follow-up visit only <input type="radio"/> No response
211. Which method did you initially want to use?	<input type="radio"/> Female sterilization <input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> PPIUD <input type="radio"/> PAIUD <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"/> 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>212. Why didn't you obtain the method you wanted?</p>	<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
<p>213. Who made the final decision about what method you got today?</p>	<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
<p>214. Did you pay any money for any of the family planning services you received or were provided today?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>215. Did the provider tell you that if you do not take the pill every day, your chances of becoming pregnant are higher?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>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?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>Now I am going to ask you some questions about the family planning consultation you had with your provider today. Would you completely agree, agree, disagree, completely disagree with the following statements?</p>	
<p>217. I felt encouraged to ask questions and express my concerns.</p>	<input type="radio"/> Completely agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Completely disagree <input type="radio"/> Do not know <input type="radio"/> No response

<p>218. The provider made efforts to ensure there were no interruptions during our session.</p>	<p> <input type="radio"/> Completely agree  <input type="radio"/> Agree  <input type="radio"/> Disagree  <input type="radio"/> Completely disagree  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>219. The provider asked me questions in order to provide counseling that fit me personally.</p>	<p> <input type="radio"/> Completely agree  <input type="radio"/> Agree  <input type="radio"/> Disagree  <input type="radio"/> Completely disagree  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>220. I received all of the information I wanted to know about my options for contraceptive methods.</p>	<p> <input type="radio"/> Completely agree  <input type="radio"/> Agree  <input type="radio"/> Disagree  <input type="radio"/> Completely disagree  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>221. The provider gave me the time I needed to consider the contraceptive options we discussed.</p>	<p> <input type="radio"/> Completely agree  <input type="radio"/> Agree  <input type="radio"/> Disagree  <input type="radio"/> Completely disagree  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>222. After this consultation, I could understand how my body might react to using contraception.</p>	<p> <input type="radio"/> Completely agree  <input type="radio"/> Agree  <input type="radio"/> Disagree  <input type="radio"/> Completely disagree  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>223. I could understand how to use the method(s) we talked about during the consultation.</p>	<p> <input type="radio"/> Completely agree  <input type="radio"/> Agree  <input type="radio"/> Disagree  <input type="radio"/> Completely disagree  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>224. I was able to give my opinion about what I needed.</p>	<p> <input type="radio"/> Completely agree  <input type="radio"/> Agree  <input type="radio"/> Disagree  <input type="radio"/> Completely disagree  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>



<p>225. I felt pressured by the healthcare provider to use the method they wanted me to use.</p>	<p> <input type="radio"/> Completely agree  <input type="radio"/> Agree  <input type="radio"/> Disagree  <input type="radio"/> Completely disagree  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>226. I felt scolded because of my marital status.</p>	<p> <input type="radio"/> Completely agree  <input type="radio"/> Agree  <input type="radio"/> Disagree  <input type="radio"/> Completely disagree  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>227. Did the provider discuss the role of your husband/partner in using contraception?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response         </p>
<p>228. During your visit today, were you told by the provider about advantages and disadvantages with a method to delay or avoid pregnancy?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response         </p>
<p>229. What advantages did the provider tell you about your \${method_prescribed_lab}?</p>	<p> <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         </p>
<p>230. What disadvantages did the provider tell you about your \${method_prescribed_lab}?</p>	<p> <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         </p>
<p><b>SECTION 3: Client Satisfaction</b> <i>Now I would like to ask about the services you received today.</i></p>	

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 responses in minutes and hours. 0 is a possible answer. Enter -88 for do not know in both, -99 for no response in both.</i>	
Minutes	
Hours	

302. 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
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303. 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
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304. 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
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305. People have different opinions about family planning services. In your community, would you say most people, some people or few people have the following opinions about family planning services: 1 = Most 2 = Some 3 = Few -99 = No Response				
	1	2	3	-99
a. Women are treated respectfully when they go to this facility for family planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Women will be able to receive family planning method of their choice at this facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Women have access to affordable family planning services at this facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for the time you have kindly granted us.

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

Thank you.  
*There are still more questions for you to complete.*

## Questionnaire Result

098. In what language was this interview conducted?

- English
- Hindi
- Other

099. Record the result of the Client Exit Interview Questionnaire.

- Completed
- Postponed
- Refused
- Partly completed
- Other