

PMA Nigeria Phase 2 Follow up Survey Client Exit Interview Questionnaire

003a. State	<input type="radio"/> KANO <input type="radio"/> LAGOS
001a. Your name:	
001b. Enter staff name below: <i>Please record your name</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:
003b. LGA	<i>ODK will populate a list of appropriate LGA based on the selected state.</i>
003c. Locality	<i>ODK will populate a list of appropriate locality based on the selected LGA.</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 will populate a list of appropriate EAs based on the selected locality.</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>	
<p>Hello. My name is _____ and I am working for Center for Research, Evaluation Resources, and Development. We are conducting a local survey that asks women about various reproductive health issues including knowledge, attitudes, and use of contraception services that they received at this facility. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. Whatever information you provide will be kept strictly confidential. Participation in this survey is entirely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question. You can choose not to participate at all or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. If you have any questions about the study and your right as a research participant, you may ask me now or you may also contact Dr. Musa Sani Zakirai at Center for Research, Evaluation Resources and Development in Ile-ife, Nigeria at +2348094749830. At this time, do you want to ask me anything about the survey?</p>	
<p>There are a few things you should know about this survey: 1. You get to decide if you want to be in the survey and whatever you decide is OK. 2. It is also OK to say 'Yes' and change your mind later. You can stop being in the survey at any time. If you want to stop, please tell me and I will not be upset. 3. You can say 'Yes' to the study and as I ask you questions, you can say 'No' to any question that you do not want to answer. 4. Your answers will be kept strictly confidential. That means that your answers will just be between you and me and will never be connected to your name or any other personal information. 5. Sometimes you might not know the answer to a question or might not want to answer a question. I would rather you say you don't know or that you don't want to answer a question than tell me a story that isn't true.</p>	

<p>I wanted to give you some additional information on the type of questions I will ask you in this survey.</p> <p>I want to tell you that some of the questions I will ask you are sensitive. I will ask you about your family, marital status and educational attainment. In addition, I will be asking about your sexual activity, pregnancy, fertility preferences and contraception. I know that these are sensitive and sometimes difficult things to talk about, but your answers will help us learn more about women in Nigeria. The interview will take about 20 minutes to answer the questions.</p> <p>There is little or no possibility that bad things will happen as a result of answering these questions. As I told you, some of the questions are sensitive and answering questions like this can be difficult, but you can choose not to answer questions that are difficult or end your participation at any time.</p> <p>There are no direct benefits for being in the survey. However, we will give you a small gift in appreciation of your time.</p> <p>For any further concerns about your rights in this survey or the procedures you may contact Dr. Funmilola OlaOlorun at 08131733297 who is prepared to address your concerns. Please feel free to write down this information for future reference.</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</p>

	<input type="radio"/> Unsure <input type="radio"/> No response
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>	
<h2>SECTION 2 – Family Planning Follow-up</h2> <p><i>Now I would like to ask about your experiences with family planning since we last spoke to you.</i></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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Incorrect baseline method recorded <input type="radio"/> No response
202. Are you still using \${base_method_lab}?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
203. Why did you stop using \${base_method_lab}? Do not read aloud response options. Multiple select.	<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"/> No response

<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 <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</p>
<p>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>
<p>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></p>	
<p>207. Where did you or your partner get $\\${current_method_lab}$?</p>	<p><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"/> TBA/Fieldworker (public) <input type="radio"/> Private hospital/clinic <input type="radio"/> Pharmacy <input type="radio"/> Chemist/PMS Store <input type="radio"/> Private doctor or nurse <input type="radio"/> Mobile clinic (private) <input type="radio"/> TBA/Fieldworker (private) <input type="radio"/> Shop <input type="radio"/> FBO/Church <input type="radio"/> Friend / relative <input type="radio"/> NGO <input type="radio"/> Market / hawking <input type="radio"/> Community event</p>

	<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
210. 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
211. Are you currently experiencing any of these problems or side effects?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
212. Did you seek help for these problems or side effects?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
212a. 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"/> TBA/Fieldworker (public)

	<ul style="list-style-type: none"> <input type="radio"/> Private hospital/clinic <input type="radio"/> Pharmacy <input type="radio"/> Chemist/PMS Store <input type="radio"/> Private doctor or nurse <input type="radio"/> Mobile clinic (private) <input type="radio"/> TBA/Fieldworker (private) <input type="radio"/> Shop <input type="radio"/> FBO/Church <input type="radio"/> Friend / relative <input type="radio"/> NGO <input type="radio"/> Market / hawking <input type="radio"/> Community event <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>213. Did you experience any problems or side effects while using \${base_method_lab}?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>214. 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>215. 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

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"/> TBA/Fieldworker (public) <input type="radio"/> Private hospital/clinic <input type="radio"/> Pharmacy <input type="radio"/> Chemist/PMS Store <input type="radio"/> Private doctor or nurse <input type="radio"/> Mobile clinic (private) <input type="radio"/> TBA/Fieldworker (private) <input type="radio"/> Shop <input type="radio"/> FBO/Church <input type="radio"/> Friend / relative <input type="radio"/> NGO <input type="radio"/> Market / hawking <input type="radio"/> Community event <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

SECTION 3: Future Use	
<i>Now I would like to ask about your future use of family planning.</i>	
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/how <input type="radio"/> After the birth of this child <input type="radio"/> Do not know <input type="radio"/> No response
Enter \${fp_start_lab}:	
303. What method do you think you will use?	<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
304. Where will you or your partner get \${fp_start_which_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"/> TBA/Fieldworker (public) <input type="radio"/> Private hospital/clinic <input type="radio"/> Pharmacy <input type="radio"/> Chemist/PMS Store <input type="radio"/> Private doctor or nurse <input type="radio"/> Mobile clinic (private) <input type="radio"/> TBA/Fieldworker (private) <input type="radio"/> Shop

	<ul style="list-style-type: none"> <input type="radio"/> FBO/Church <input type="radio"/> Friend / relative <input type="radio"/> NGO <input type="radio"/> Market / hawking <input type="radio"/> Community event <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>304. Where will you or your partner get your method?</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"/> TBA/Fieldworker (public) <input type="radio"/> Private hospital/clinic <input type="radio"/> Pharmacy <input type="radio"/> Chemist/PMS Store <input type="radio"/> Private doctor or nurse <input type="radio"/> Mobile clinic (private) <input type="radio"/> TBA/Fieldworker (private) <input type="radio"/> Shop <input type="radio"/> FBO/Church <input type="radio"/> Friend / relative <input type="radio"/> NGO <input type="radio"/> Market / hawking <input type="radio"/> Community event <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
<p>Thank the respondent for her time. <i>The respondent is finished, but there are still more questions for you to complete.</i></p>	
<h3>QUESTIONNAIRE RESULT</h3>	
<p>098. In what language was this interview conducted?</p>	<input type="radio"/> English <input type="radio"/> Hausa <input type="radio"/> Yoruba <input type="radio"/> Pidgin <input type="radio"/> Other
<p>099. Record the result of the Client Exit Interview Questionnaire.</p>	<input type="radio"/> Completed <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Other