

PMA Uganda Phase 1 Follow up Survey Client Exit Interview Questionnaire

001a. Your name: \${your_name} Is this your name?	<input type="radio"/> Yes <input type="radio"/> No
001b. Enter your 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:
003a. Region	<input type="radio"/> ACHOLI <input type="radio"/> ANKOLE <input type="radio"/> BUKEDI <input type="radio"/> BUNYORO <input type="radio"/> BUSOGA <input type="radio"/> ELGON <input type="radio"/> KAMPALA <input type="radio"/> KARAMOJA <input type="radio"/> KIGEZI <input type="radio"/> LANGO <input type="radio"/> NORTH BUGANDA <input type="radio"/> SOUTH BUGANDA <input type="radio"/> TESO <input type="radio"/> TOORO <input type="radio"/> WEST NILE
003b. District	<i>ODK populates a list of appropriate district based on the selected region.</i>
003c. Sub-county	<i>ODK populates a list of appropriate sub-county based on the selected district.</i>
004. Enumeration Area	<i>ODK populates a list of appropriate EAs based on the selected sub-county.</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 School of Public health, Makerere University, in collaboration with the Uganda Bureau of Statistics and the Ministry of Health. 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 the School of Public Health, Makerere University. We are following up on our interview that we had on \${base_interview_date}. As a reminder, we conducted a survey with you about health services you received at \${base_facility_name}. We would very much appreciate your participation in this short follow up survey. This survey will take about 20 minutes. You were requested to participate in a follow-up phone survey late last year and your accepted. You also provided us with you telephone contact. We have called to ask a few more follow-up questions over the phone as we told you that time.</p> <p>Participants in this survey were selected late last year from clients that visit health facilities throughout Uganda. 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; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. Whatever information you provide will be kept strictly confidential and your name and phone number are being kept separate from the data and will not be used when conducting analyses or presenting results.</p>	

<p>At this time, do you want to ask me anything about the survey?</p> <p>Potential risks, harms and benefits to participants: There are no direct benefits to you as participants but data from all participants will be used collectively to inform the family planning service delivery in the various areas in Uganda. There are no perceived risks or harm for participating in this study. However, should you feel inconvenienced or uneasy to respond to some questions, please let me know so that I can skip such a question.</p> <p>If you have any questions related to this study you may contact Dr. Fredrick Makumbi (256-772-318387; fmakumbi@musph.ac.ug) or Dr. Simon Kibira (256-757-070644; pskibira@musph.ac.ug), the investigators. For any ethical issues, you can contact Dr. Suzanne Kiwanuka, the research and ethics committee chairperson on 0772886377.</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.

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"/> Don't 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"/>
<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}?</p> <p><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>	<input type="radio"/> Same place as initial interview <input type="radio"/> Govt. Hospital <input type="radio"/> Govt. Health Center <input type="radio"/> Public Family Planning Clinic <input type="radio"/> Public Outreach <input type="radio"/> Public Fieldwork/VHT <input type="radio"/> Other Public <input type="radio"/> Private Hospital/Clinic <input type="radio"/> Pharmacy <input type="radio"/> Private Doctor <input type="radio"/> Private Outreach <input type="radio"/> Private Fieldwork/VHT <input type="radio"/> Other Private <input type="radio"/> Shop <input type="radio"/> Church <input type="radio"/> Friend/relative <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No Response
<p>208. You indicated that you stopped using \${base_method_lab}. How many months ago did you stop using \${base_method_lab}?</p> <p><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 \${current_method_lab}?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>210. 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 <input type="checkbox"/> Other <input type="checkbox"/> Do not know <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 <input type="radio"/> No <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"/> Govt. Hospital <input type="radio"/> Govt. Health Center <input type="radio"/> Public Family Planning Clinic <input type="radio"/> Public Outreach <input type="radio"/> Public Fieldwork/VHT <input type="radio"/> Other Public <input type="radio"/> Private Hospital/Clinic <input type="radio"/> Pharmacy <input type="radio"/> Private Doctor <input type="radio"/> Private Outreach <input type="radio"/> Private Fieldwork/VHT <input type="radio"/> Other Private</p>

	<input type="radio"/> Shop <input type="radio"/> Church <input type="radio"/> Friend/relative <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"/> Govt. Hospital <input type="radio"/> Govt. Health Center <input type="radio"/> Public Family Planning Clinic <input type="radio"/> Public Outreach <input type="radio"/> Public Fieldwork/VHT <input type="radio"/> Other Public

	<input type="radio"/> Private Hospital/Clinic <input type="radio"/> Pharmacy <input type="radio"/> Private Doctor <input type="radio"/> Private Outreach <input type="radio"/> Private Fieldwork/VHT <input type="radio"/> Other Private <input type="radio"/> Shop <input type="radio"/> Church <input type="radio"/> Friend/relative <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"/> Nothing at all <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"/> Nothing at all <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"/> Nothing at all <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"/> Nothing at all <input type="radio"/> No response
<p>SECTION 3: Future Use</p> <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}:	
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 <input type="radio"/> Don't know
304. Where will you or your partner get \${fp_start_which_lab}?	<input type="radio"/> Same place as initial interview <input type="radio"/> Govt. Hospital <input type="radio"/> Govt. Health Center <input type="radio"/> Public Family Planning Clinic <input type="radio"/> Public Outreach <input type="radio"/> Public Fieldwork/VHT <input type="radio"/> Other Public <input type="radio"/> Private Hospital/Clinic <input type="radio"/> Pharmacy <input type="radio"/> Private Doctor <input type="radio"/> Private Outreach <input type="radio"/> Private Fieldwork/VHT <input type="radio"/> Other Private <input type="radio"/> Shop <input type="radio"/> Church <input type="radio"/> Friend/relative <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No Response
305. Can you tell me why you do not intend to use a method in the next 12 months?	<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>	
<p>QUESTIONNAIRE RESULT</p> <p><i>The respondent is finished, but there are still more questions for you to complete.</i></p>	
<p>098. In what language was this interview conducted?</p>	<input type="radio"/> English <input type="radio"/> Ateso <input type="radio"/> Luganda <input type="radio"/> Lugbara <input type="radio"/> Luo <input type="radio"/> Lusoga <input type="radio"/> Ngakarimojong <input type="radio"/> Runyankole-Rukiga <input type="radio"/> Runyoro-Rutoro <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