

PMA Uganda Phase 2 Survey Client Exit Interview Baseline Questionnaire

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. Region	<input type="radio"/> acholi <input type="radio"/> lango <input type="radio"/> karamoja <input type="radio"/> west Nile <input type="radio"/> bukedi <input type="radio"/> elgon <input type="radio"/> busoga <input type="radio"/> north buganda <input type="radio"/> teso <input type="radio"/> south buganda <input type="radio"/> bunyoro <input type="radio"/> tooro <input type="radio"/> ankole <input type="radio"/> kampala <input type="radio"/> kigezi
003b. District	
003c. Sub-county	
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>	
001a. Your name:	
001b. Enter staff name below: <i>Please record your name</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
INFORMED CONSENT <i>Find the competent female respondent. Administer the consent procedures.</i>	
009a. Provide a paper copy of the Consent Form to the respondent and read it. Then, ask: May I begin the interview now?	<input type="radio"/> Yes <input type="radio"/> No
009c. Respondent's name <i>Enter the respondent's full name.</i>	
010. Interviewer's name: \${your_name} <i>Mark your name as a witness to the consent process.</i>	<input type="radio"/>
010. Interviewer's name Please record your name as a witness to the consent process. You previously entered "\${your_name_text}."	
<h3>Section 1 – Background Information</h3> <p>I would like to start by asking a few questions about yourself.</p>	
101. Did you receive any family planning information or a method during your visit today? <i>If no, thank her for her time and end the interview.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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.	
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>	<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
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>	<input type="radio"/> Never attended <input type="radio"/> Primary <input type="radio"/> 'O' Level <input type="radio"/> 'A' Level <input type="radio"/> Tertiary <input type="radio"/> University <input type="radio"/> No response
105. How many times have you given birth? <i>Enter 0 if she has never given birth. Enter -99 for no response.</i>	
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]	<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						
107. Is this the closest health facility to your current residence?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response						
108. What was the main reason you did not go to the facility nearest to your home?	<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 <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response						
<table border="1"> <tr> <td>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></td> <td></td> </tr> <tr> <td>Minutes</td> <td></td> </tr> <tr> <td>Hours</td> <td></td> </tr> </table>		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	
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						
<p>Section 2 – Family Planning Services</p> <p>Now I would like to ask about family planning services you received today.</p>							
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"/> 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
LCL_201. PROBE: Was the injection administered via syringe or small needle? <i>Show the image to the respondent.</i> [sayana_depo_150x300.jpg]	<input type="radio"/> Syringe <input type="radio"/> Small needle (Sayana Press) <input type="radio"/> No Response
LCL_202. Did you inject it yourself or did a healthcare provider do it for you?	<input type="radio"/> Self <input type="radio"/> Provider <input type="radio"/> No Response
LCL_203. Were you offered the choice of doing the injection yourself?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
LCL_204. Were you offered the choice of having the provider give you the injection?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
CIFF_1. Have you previously used an injectable that was administered via small needle? <i>Show the image to the respondent.</i> [sayana_only.jpg]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

<p>CIFF_2. Did you inject it yourself or did a healthcare provider do it for you?</p>	<p><input type="radio"/> Self <input type="radio"/> Provider <input type="radio"/> No response</p>
<p>CIFF_3. Before this visit, have you or your partner done something or used 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>CIFF_4. Which method or methods were you using? <i>Probe: Anything else?</i> <i>Select all methods mentioned. Be sure to scroll to 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>LCL_205. Have you heard that there is a type of injectable that you can inject yourself? [sayana_only.jpg]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>CIFF_5. What was the main reason why you did not choose the type of injectable that you can inject yourself today?</p>	<p><input type="radio"/> Not available at facility <input type="radio"/> Do not want to self-inject <input type="radio"/> Fear of side effects <input type="radio"/> Too expensive <input type="radio"/> Fear of making a mistake/doing it wrong <input type="radio"/> No privacy <input type="radio"/> Self-injection not offered by provider <input type="radio"/> Fear of pain <input type="radio"/> Not eligible for self-injection <input type="radio"/> Other reason <input type="radio"/> No response</p>
<p>LCL_206. Would you be interested in doing the injection yourself instead of going back to the provider?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>206. Just before this visit, were you using the same method, did you switch from another method or were you using no method?</p>	<p><input type="radio"/> Same method <input type="radio"/> Another method <input type="radio"/> No method <input type="radio"/> No response</p>
<p>207. How long have you been using this method without stopping?</p>	<p><input type="radio"/> X days <input type="radio"/> X weeks</p>

	<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"/> 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
212. Why didn't you obtain the method you wanted?	<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
213. Who made the final decision about what method you got today?	<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
214. Did you pay any money for any of the family planning services you received or were provided today?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
215. Did the provider tell you that if you do not take the pill every day, your chances of becoming pregnant are higher?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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?	
217. I felt encouraged to ask questions and express my concerns.	<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
218. The provider made efforts to ensure there were no interruptions during our session.	<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
219. The provider asked me questions in order to provide counseling that fit me personally.	<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
220. I received all of the information I wanted to know about my options for contraceptive methods.	<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
221. The provider gave me the time I needed to consider the contraceptive options we discussed.	<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

222. After this consultation, I could understand how my body might react to using contraception.	<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																				
223. I could understand how to use the method(s) we talked about during the consultation.	<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																				
224. I was able to give my opinion about what I needed.	<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																				
225. I felt pressured by the healthcare provider to use the method they wanted me to use.	<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																				
226. I felt scolded because of my marital status.	<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																				
227. Did the provider discuss the role of your husband/partner in using contraception?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response																				
<table border="1"> <thead> <tr> <th data-bbox="207 1423 938 1497">LCL_207. Did you receive complete information about your method, including:</th> <th data-bbox="938 1423 1081 1497">Yes</th> <th data-bbox="1081 1423 1247 1497">No</th> <th data-bbox="1247 1423 1417 1497">No response</th> </tr> </thead> <tbody> <tr> <td data-bbox="207 1497 938 1598">a. Where to store the injection material until I use it?</td> <td data-bbox="938 1497 1081 1598"><input type="radio"/></td> <td data-bbox="1081 1497 1247 1598"><input type="radio"/></td> <td data-bbox="1247 1497 1417 1598"><input type="radio"/></td> </tr> <tr> <td data-bbox="207 1598 938 1698">b. What do with the syringe after the injection?</td> <td data-bbox="938 1598 1081 1698"><input type="radio"/></td> <td data-bbox="1081 1598 1247 1698"><input type="radio"/></td> <td data-bbox="1247 1598 1417 1698"><input type="radio"/></td> </tr> <tr> <td data-bbox="207 1698 938 1799">c. An instruction sheet to take home to remind me of steps for self-injection?</td> <td data-bbox="938 1698 1081 1799"><input type="radio"/></td> <td data-bbox="1081 1698 1247 1799"><input type="radio"/></td> <td data-bbox="1247 1698 1417 1799"><input type="radio"/></td> </tr> <tr> <td data-bbox="207 1799 938 1822">d. A reinjection calendar to take home for example, information on when and how to remember my next injection date?</td> <td data-bbox="938 1799 1081 1822"><input type="radio"/></td> <td data-bbox="1081 1799 1247 1822"><input type="radio"/></td> <td data-bbox="1247 1799 1417 1822"><input type="radio"/></td> </tr> </tbody> </table>		LCL_207. Did you receive complete information about your method, including:	Yes	No	No response	a. Where to store the injection material until I use it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b. What do with the syringe after the injection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c. An instruction sheet to take home to remind me of steps for self-injection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	d. A reinjection calendar to take home for example, information on when and how to remember my next injection date?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LCL_207. Did you receive complete information about your method, including:	Yes	No	No response																		
a. Where to store the injection material until I use it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
b. What do with the syringe after the injection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
c. An instruction sheet to take home to remind me of steps for self-injection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
d. A reinjection calendar to take home for example, information on when and how to remember my next injection date?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
LCL_208. How comfortable do you feel using the method on your own?	<input type="radio"/> Very comfortable <input type="radio"/> Comfortable																				

	<input type="radio"/> Uncomfortable <input type="radio"/> Very uncomfortable <input type="radio"/> Do not know <input type="radio"/> No response
228. During your visit today, were you told by the provider about advantages and disadvantages with a method to delay or avoid pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
229. What advantages did the provider tell you about your \${method_prescribed_lab}?	<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
230. What disadvantages did the provider tell you about your \${method_prescribed_lab}?	<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
HIV Testing	
CIFF_6. I dont want to know the results, but did you get an HIV test today?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
CIFF_7. Was the test administered by a health care provider (assisted), or self-administered (unassisted)?	<input type="radio"/> Self <input type="radio"/> Health care provider <input type="radio"/> Other <input type="radio"/> No response
CIFF_8. Was the test administered here or do you plan to take home or elsewhere to administer?	<input type="radio"/> On site <input type="radio"/> Take home <input type="radio"/> No response
CIFF_9. Were you given information on how to conduct the HIV test ?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

Section 3: Client Satisfaction

Now I would like to ask about the services you received today.

<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></p>					
Minutes					
Hours					
<p>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?</p>			<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		
<p>303. Would you refer your relative or friend to this facility?</p>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response		
<p>304. Would you return to this facility?</p>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response		
<p>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 -88 = Do not know -99 = No Response</p>					
	1	2	3	-88	-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"/>	<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"/>	<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"/>	<input type="radio"/>
Follow-up Consent					
<p>401. Thank you for the time you have kindly granted us. Could we contact you via phone to ask you questions to update this information in the next four months?</p>			<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		

402. Do you have access to a phone?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
403a. Can I have your primary phone number in case we would like to follow up with you in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
403b. What is your primary phone number? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes.</i>	
403c. Can you repeat the number again? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes.</i>	
403d. Is this your personal phone number? <i>A personal phone is not shared with other people.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
404a. Can I have your secondary phone number in case we would like to follow up with you in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
404b. What is your secondary phone number? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes.</i>	
404c. Can you repeat the number again? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes.</i>	
404d. Is this your personal phone number? <i>A personal phone is not shared with other people.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
405. Is $\{\{firstname\}$ the name you go by in your household?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
406. What is the name you go by in your household?	
407. Is $\{\{firstname\}$ the name you go by in your community?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
408. What is the name you go by in your community?	
Thank the respondent for her time. <i>The respondent is finished, but there are still more questions for you to complete.</i>	
Thank you. <i>There are still more questions for you to complete.</i>	

Questionnaire Result	
098. In what language was this interview conducted?	<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
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