PMA CÔTE D'IVOIRE
Phase 2 Follow up Survey
Client Exit Interview Questionnaire

001a. Your ID:	
001b. Enter your ID below. *Please record your ID*	`${your_name_list} = 'other'`
	`today() > date("2022-04-01") and today() < date("2022-12-31")`
002a. Is this date and time correct? ${today_formatted}	◯ Yes ◯ No
002b. Record the correct date and time.	`${system_date_check} = 'no' or today() < date("2022-04-01") or today() > date("2022-12-31")` Day: Month: Year:
003a. Region	◯ AGNEBY-TIASSA ◯ AUTONOME D'ABIDJAN ◯ BAGOUE ◯ BELIER ◯ BERE ◯ BOUNKANI ◯ CAVALLY ◯ GBEKE ◯ GBÔKLE ◯ GÔH ◯ GONTOUGO ◯ GRANDS-PONTS ◯ GUEMON ◯ HAMBOL ◯ HAUT-SASSANDRA ◯ IFFOU ◯ INDENIE-DJUABLIN ◯ LA ME ◯ LÔH-DJIBOUA ◯ MARAHOUE ◯ MORONOU ◯ NAWA ◯ N'ZI ◯ PORO

	◯ SAN-PEDRO ◯ SUD-COMOE ◯ TCHOLOGO ◯ TONKPI ◯ WORODOUGOU ◯ YAMOUSSOUKRO `filter_list=${this_country}`
003b. Department	`filter_list=${level1}`
003c. Sub-prefecture	
004. Enumeration Area *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.*	
005. Name of the facility *Please select the name of the facility from the previous phase.*	
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 *Enter call attempt number.*	
010. Did someone answer your call?	◯ Yes ◯ No
011. Bonjour, je me nomme ..... et je travaille pour l'Ecole Nationale Supérieure de Statistique et d'Economie Appliquée (ENSEA) d'Abidjan. Puis-je parler à ${identifier_name} ?	`${ans_call}='yes'` ◯ Yes ◯ No
012. Do you have the right participant on the phone?	`${call_consent}='yes'` ◯ Yes ◯ No
013. Record the result of the phone call	◯ Reached correct participant ◯ No answer ◯ Wrong number ◯ Phone switched off ◯ Phone no longer working ◯ Participant not available ◯ Participant incapacitated
INFORMED CONSENT *Read the greeting on the next screen. Administer the consent procedures.*	`${record_res} = 'Reached_correct_participant'`

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 avions eu le [date de l'interview]. Pour rappel, nous avions mené une enquête auprès de vous sur les services de santé que vous avez reçus à [Nom du SPS]. En effet, nous vous avions 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 avions 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, faîtes-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.	`${record_res} = 'Reached_correct_participant'`

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 (XXX) XX XX XX XX/ (XXX) XX XX XX XX. 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 (XXX) XX XX XX XX	
014. Read the verbal consent text. Then, ask: May I begin the interview now?	`${record_res} = 'Reached_correct_participant'` ◯ Yes ◯ No
015. May I reschedule the interview for a later time today or another date?	`${begin_interview}='no'` ◯ Yes ◯ No
016. Record the date and time for the rescheduled interview. *Enter time and date by asking the respondent*	`${schedule_int}='yes'` Day: Month: Year:

SECTION 1 – Background Information

I would like to start by asking a few questions about yourself.

`${consent_obtained}`

101. Are you currently married or living together with a man as if married? *Probe: If no, ask whether the respondent is divorced, separated, or widowed.*	`${consent_obtained}` ◯ Yes, currently married ◯ Yes, living with a man ◯ Not currently in union: Divorced / separated ◯ Not currently in union: Widow ◯ No, never in union ◯ No response
102. Are you pregnant now?	`${consent_obtained}` ◯ Yes ◯ No ◯ Unsure ◯ No response
103. How many months pregnant are you? *Please record the number of completed months. Enter -88 for do not know, -99 for No response.*	`${pregnant} = 'yes'`

SECTION 2 – Family Planning Follow-up

Now I would like to ask about your experiences with family planning since we last spoke to you.

`${consent_obtained}`

201. We interviewed you at ${base_facility_name} on ${base_interview_date}. At that time were you given a family planning method or a prescription for a method?	`${consent_obtained}` ◯ Yes ◯ No ◯ 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 ${base_method_lab}?	`${base_method} != '' and ${base_fp_service} = 'yes'` ◯ Yes ◯ No ◯ Incorrect baseline method recorded ◯ No response
202. Are you still using ${base_method_lab}?	`${base_method_confirm} = 'yes'` ◯ Yes ◯ No ◯ No response
203. Why did you stop using ${base_method_lab}? Do not read aloud response options. Multiple select.	`${still_base_method_yn} = 'no'` ☐ Became pregnant while using ☐ Infrequent sex/husband/partner away ☐ Wanted to become pregnant ☐ Problems or side effects you experienced ☐ Problems or side effects you were worried about, but did not experience ☐ Husband/partner did not approve ☐ Other person did not approve ☐ Wanted more effective method ☐ No method available ☐ Lack of access / too far ☐ Costs too much ☐ Inconvenient to use ☐ Up to God / Fatalistic ☐ Difficult to get pregnant/menopausal ☐ Other ☐ Do not know ☐ No response
204. Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	`(${base_fp_service} = 'no' or ${base_method_confirm} = 'no' or ${base_method_confirm} = 'incorrect …` ◯ Yes ◯ No ◯ No response

	`${current_user_yn} = 'yes'`
205. Which method or methods are you using? PROBE: Anything else? *Select all methods mentioned. SCROLL TO THE BOTTOM to see all choices.*	☐ Female sterilization ☐ Male sterilization ☐ Implant ☐ IUD ☐ Injectables ☐ Pill ☐ Emergency contraception ☐ Male condom ☐ Female condom ☐ Diaphragm ☐ Foam / Jelly ☐ LAM ☐ Rhythm method ☐ Withdrawal ☐ Other traditional methods ☐ No response
Check here to acknowledge you considered all options.	◯
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}? *Baseline interview was on ${base_interview_date}. Enter -88 if respondent does not know. Enter -99 if there is no response.*	`${still_base_method_yn} = 'no' and ${current_user_yn} = 'yes'`
207. Where did you or your partner get ${current_method_lab}?	`${current_user_yn} = 'yes' and not(${current_method_most_effective}= 'lam' or ${current_method_mos …` ◯ Same place as initial interview ◯ Government hospital ◯ Government health center ◯ Family planning clinic ◯ Mobile clinic (public) ◯ Other public ◯ Private hospital / clinic ◯ Pharmacy ◯ Private doctor ◯ Mobile clinic (private) ◯ Health agent ◯ Other private ◯ Store ◯ Religious organizations ◯ Community event ◯ Friend / parent

	◯ Community health agent ◯ Street vendor ◯ Other ◯ Do not know ◯ No response
208. You indicated that you stopped using ${base_method_lab}. How many months ago did you stop using ${base_method_lab}? *Enter -88 if respondent does not know. Enter -99 if there is no response.*	`${still_base_method_yn} = 'no' and ${current_user_yn} != 'yes'`
209. Have you experienced any problems or side effects while using ${current_method_lab}?	`${still_base_method_yn} = 'yes' or ${current_user_yn} = 'yes'` ◯ Yes ◯ No ◯ No response
210. What were the problems or side effects?	`${current_side_effects_ever} = 'yes'` ☐ No bleeding ☐ Less bleeding ☐ Heavier bleeding ☐ Irregular bleeding ☐ Spotting/bleeding ☐ Uterine cramping/lower abdominal pain ☐ Increased menstrual cramping ☐ Gained weight ☐ Lost weight ☐ Facial spotting/facial pigmentation ☐ Headaches ☐ Got infection ☐ Nausea/vomiting ☐ Lowered sex drive ☐ Vaginal dryness ☐ General weakness ☐ Diarrhea ☐ Mood swings ☐ Other ☐ Do not know ☐ No response
211. Are you currently experiencing any of these problems or side effects?	`${current_side_effects_ever} = 'yes'` ◯ Yes ◯ No ◯ No response
212. Did you seek help for these problems or side effects?	`${current_side_effects_ever} = 'yes'`

	◯ Yes ◯ No ◯ No response
212a. From whom did you seek help?	${current_side_effects_help} = 'yes' ◯ Same place as initial interview ◯ Government hospital ◯ Government health center ◯ Family planning clinic ◯ Mobile clinic (public) ◯ Other public ◯ Private hospital / clinic ◯ Pharmacy ◯ Private doctor ◯ Mobile clinic (private) ◯ Health agent ◯ Other private ◯ Store ◯ Religious organizations ◯ Community event ◯ Friend / parent ◯ Community health agent ◯ Street vendor ◯ Other ◯ Do not know ◯ No response
213. Did you experience any problems or side effects while using ${base_method_lab}?	${still_base_method_yn} = 'no' ◯ Yes ◯ No ◯ No response
214. What were the problems or side effects?	${base_side_effects_ever} = 'yes' ☐ No bleeding ☐ Less bleeding ☐ Heavier bleeding ☐ Irregular bleeding ☐ Spotting/bleeding ☐ Uterine cramping/lower abdominal pain ☐ Increased menstrual cramping ☐ Gained weight ☐ Lost weight ☐ Facial spotting/facial pigmentation ☐ Headaches ☐ Got infection ☐ Nausea/vomiting ☐ Lowered sex drive

	☐ Vaginal dryness ☐ General weakness ☐ Diarrhea ☐ Mood swings ☐ Other ☐ Do not know ☐ No response
215. Are you currently experiencing any of these problems or side effects?	`${base_side_effects_ever} = 'yes'` ◯ Yes ◯ No ◯ No response
216. Did you seek help for these problems or side effects?	`${base_side_effects_ever} = 'yes'` ◯ Yes ◯ No ◯ No response
216a. From whom did you seek help?	`${base_side_effects_help} = 'yes'` ◯ Same place as initial interview ◯ Government hospital ◯ Government health center ◯ Family planning clinic ◯ Mobile clinic (public) ◯ Other public ◯ Private hospital / clinic ◯ Pharmacy ◯ Private doctor ◯ Mobile clinic (private) ◯ Health agent ◯ Other private ◯ Store ◯ Religious organizations ◯ Community event ◯ Friend / parent ◯ Community health agent ◯ Street vendor ◯ Other ◯ Do not know ◯ No response
217a. At your initial family planning visit, do you feel you received too much, too little, or just enough information about problems or side effects you might experience?	`${consent_obtained}` ◯ Too much ◯ Just enough ◯ Too little ◯ No response
217b. At your initial family planning visit, do you feel you received too much, too little, or just	`${consent_obtained}`

enough information about what to do if you experience problems?	◯ Too much ◯ Just enough ◯ Too little ◯ 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?	`${consent_obtained}` ◯ Too much ◯ Just enough ◯ Too little ◯ No response
217d. At your initial family planning visit, do you feel you received too much, too little, or just enough information about how to stop using your method?	`${consent_obtained}` ◯ Too much ◯ Just enough ◯ Too little ◯ No response

SECTION 3: Future Use

Now I would like to ask about your future use of family planning.

`${consent_obtained} and ((not(${still_base_method_yn} = 'yes' or ${current_user_yn} = 'yes' )) or …`

301. Do you think you will use a contraceptive method to delay or avoid getting pregnant in the next 12 months?	`${consent_obtained} and ((not(${still_base_method_yn} = 'yes' or ${current_user_yn} = 'yes' )) or …` ◯ Yes ◯ No ◯ No response

302. When do you think you will start using a method?	`${future_user_pregnant} = 'yes'`
	◯ X months
	◯ X years
	◯ Soon/now
	◯ After the birth of this child
	◯ Do not know
	◯ No response
	`(${pregnant} = 'yes' and filter_list = 'pregnant') or filter_list = 'always'`

Enter ${fp_start_lab}:	`${fp_start} = 'months' or ${fp_start} = 'years'`
303. What method do you think you will use?	`${future_user_pregnant} = 'yes'` ◯ Female sterilization ◯ Male sterilization ◯ Implant ◯ IUD ◯ Injectables ◯ Pill

	◯ Emergency contraception ◯ Male condom ◯ Female condom ◯ Diaphragm ◯ Foam / Jelly ◯ LAM ◯ Rhythm method ◯ Withdrawal ◯ Other traditional methods ◯ No response
304. Where will you or your partner get ${fp_start_which_lab}?	`${future_user_pregnant} = 'yes' and ${fp_start_which} != '-99'` ◯ Same place as initial interview ◯ Government hospital ◯ Government health center ◯ Family planning clinic ◯ Mobile clinic (public) ◯ Other public ◯ Private hospital / clinic ◯ Pharmacy ◯ Private doctor ◯ Mobile clinic (private) ◯ Health agent ◯ Other private ◯ Store ◯ Religious organizations ◯ Community event ◯ Friend / parent ◯ Community health agent ◯ Street vendor ◯ Other ◯ Do not know ◯ No response
304. Where will you or your partner get your method?	`${future_user_pregnant} = 'yes' and ${fp_start_which} = '-99'` ◯ Same place as initial interview ◯ Government hospital ◯ Government health center ◯ Family planning clinic ◯ Mobile clinic (public) ◯ Other public ◯ Private hospital / clinic ◯ Pharmacy ◯ Private doctor ◯ Mobile clinic (private)

	◯ Health agent ◯ Other private ◯ Store ◯ Religious organizations ◯ Community event ◯ Friend / parent ◯ Community health agent ◯ Street vendor ◯ Other ◯ Do not know ◯ No response
305. Can you tell me why you do not intend to use a method in the next 12 months?	`${future_user_pregnant} = 'no'` ☐ Wants a/another child ☐ Infrequent sex / Not having sex ☐ Menopausal / Hysterectomy ☐ Subfecund / Infecund ☐ Not menstruated since last birth ☐ Breastfeeding ☐ Husband/partner away for multiple days ☐ Up to God / fatalistic ☐ Respondent opposed ☐ Husband / partner opposed ☐ Others opposed ☐ Religious prohibition ☐ Knows no source ☐ Fear of problems or side effects ☐ Health concerns ☐ Lack of access / too far ☐ Costs too much ☐ Preferred method not available ☐ No method available ☐ Inconvenient to use ☐ Interferes with body's processes ☐ Other ☐ Do not know ☐ No response
Thank the respondent for her time. *The respondent is finished, but there are still more questions for you to complete.*	
099. Record the result of the Client Exit Interview Questionnaire.	◯ Completed ◯ Postponed ◯ Refused ◯ Partly completed ◯ Other