PMA Uganda
Phase 2 Follow-up Survey
Client Exit Interview
Questionnaire

	`today() > date("2022-01-01") and today() < date("2022-12-31")`
Is this date and time correct? ${today_formatted}	○ Yes ○ No

002b. Record the correct date and time.	`${system_date_check} = 'no' or today() < date("2022-01-01") or today() > date("2022-12-31")` Day: Month: Year:
003a. Region	○ acholi ○ lango ○ karamoja ○ west nile ○ bukedi ○ elgon ○ busoga ○ north buganda ○ teso ○ south buganda ○ bunyoro ○ tooro ○ ankole ○ kampala ○ kigezi `filter_list=${this_country}`
003b. District	`filter_list=${level1}`
003c. Sub-county	`filter_list=${level2}`
004. Enumeration area	`filter_list=${level3}`
001a. Your name:	`filter_list=${level1} or filter_list='all'`
001b. Enter staff name below: *Please record your name*	`${your_name_list} = 'other'`
005. Name of the facility *Please select the name of the facility from the previous phase.*	`filter_list=${EA}`

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006. Choose the name of the client you would like to follow-up today	`filter_list=${facility_id}`
007. Choose the phone number of the client you will be calling to follow-up	`filter_list=${identifier_female}`
008. Tap to call ${phone_number_lab}	
009. Call attempt *Enter call attempt number.*	
010. Did someone answer your call?	○ Yes ○ 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 ${identifier_name} ?	`${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'`
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 ${base_facility_name}. We would very much appreciate your participation in this short follow up survey. This survey will take about 20 minutes. You were requested to participate in a follow-up phone survey late last year and your accepted. You also provided us with you telephone contact. We have called to ask a few more follow-up questions over the phone as we told you that time. Participants in this survey were selected late last year from clients that visit health facilities throughout Uganda. Participation in this survey is entirely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we	`${record_res} = 'Reached_correct_participant'`

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.

At this time, do you want to ask me anything about the survey?

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.

If you have any questions related to this study you may contact Dr. Fredrick Makumbi XXXXXXXXXXthe investigators. For any ethical issues, you can contact Dr. Suzanne Kiwanuka, the research and ethics committee chairperson on XXXXXXXX.

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 …

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○ 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 ☐ Standard days / cycle beads ☐ 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 ○ Govt. Hospital ○ Govt. Health Center ○ Public Family Planning Clinic ○ Public Outreach ○ Public Fieldwork/VHT ○ Other Public ○ Private Hospital/Clinic ○ Pharmacy ○ Private Doctor ○ Private Outreach

	○ Private Fieldwork/VHT ○ Other Private ○ Shop ○ Church ○ Friend/relative ○ 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 ○ Govt. Hospital ○ Govt. Health Center ○ Public Family Planning Clinic ○ Public Outreach ○ Public Fieldwork/VHT ○ Other Public ○ Private Hospital/Clinic ○ Pharmacy ○ Private Doctor ○ Private Outreach ○ Private Fieldwork/VHT ○ Other Private ○ Shop ○ Church ○ Friend/relative ○ 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 ◯ Govt. Hospital ◯ Govt. Health Center ◯ Public Family Planning Clinic ◯ Public Outreach ◯ Public Fieldwork/VHT ◯ Other Public ◯ Private Hospital/Clinic ◯ Pharmacy ◯ Private Doctor ◯ Private Outreach ◯ Private Fieldwork/VHT ◯ Other Private ◯ Shop ◯ Church ◯ Friend/relative ◯ 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 ◯ Nothing at all ◯ 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?	${consent_obtained} ◯ Too much ◯ Just enough

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	○ Too little ○ Nothing at all ○ 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?	`${consent_obtained}` ○ Too much ○ Just enough ○ Too little ○ Nothing at all ○ No response
217d. At your initial family planning visit, do you feel you received too much, too little, or just enough information about how to stop using your method?	`${consent_obtained}` ○ Too much ○ Just enough ○ Too little ○ Nothing at all ○ 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
○ Standard days / cycle beads
○ 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 ○ Govt. Hospital ○ Govt. Health Center ○ Public Family Planning Clinic ○ Public Outreach ○ Public Fieldwork/VHT ○ Other Public ○ Private Hospital/Clinic ○ Pharmacy ○ Private Doctor ○ Private Outreach ○ Private Fieldwork/VHT ○ Other Private ○ Shop ○ Church ○ Friend/relative ○ 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 ○ Govt. Hospital ○ Govt. Health Center ○ Public Family Planning Clinic ○ Public Outreach ○ Public Fieldwork/VHT ○ Other Public ○ Private Hospital/Clinic ○ Pharmacy ○ Private Doctor ○ Private Outreach ○ Private Fieldwork/VHT

	○ Other Private ○ Shop ○ Church ○ Friend/relative ○ 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.*	

Questionnaire Result

	${consent_obtained}
098. In what language was this interview conducted?	○ English ○ Ateso ○ Luganda ○ Lugbara ○ Luo ○ Lusoga ○ Ngakarimojong ○ Runyankole-Rukiga ○ Runyoro-Rutoro ○ Other
099. Record the result of the Client Exit Interview Questionnaire.	○ Completed ○ Postponed ○ Refused ○ Partly completed ○ Other