PMA Uganda
Phase 3 Survey
Client Exit Interview Baseline Questionnaire

	today() > date("2022-06-01") and today() < date("2022-12-31")
002a. Is this date and time correct? ${today_formatted}	◯ Yes ◯ No

002b. Record the correct date and time.	${system_date_check} = 'no' or today() < date("2022-06-01") or today() > date("2022-12-31") Day: Month: Year:
003a. Region	◯ Acholi ◯ Lango ◯ Karamoja ◯ West Nile ◯ Bukedi ◯ Elgon ◯ Busoga ◯ North Buganda ◯ Teso ◯ South Buganda ◯ Bunyoro ◯ Tooro ◯ Ankole ◯ Kampala ◯ Kigezi filter_list=${this_country}
003b. District	filter_list=${level1}
003c. Sub-county	filter_list=${level2}
004. Enumeration area	filter_list=${level3}
001a. Your name:	filter_list=${EA} or filter_list='all'
001b. Enter staff name below: *Please record your name*	${your_name_list} = 'other'
005a. Is this a facility from the previous phase or is this a new facility added this phase?	◯ Follow up facility ◯ New facility
006. Name of the facility *Please select the name of the facility from the previous phase.*	${fw_or_new} = 'fw' filter_list=${EA}

006. Name of the facility	${fw_or_new} = 'new'
007. Facility number *Please record the number of the facility from the listing form.*	
008. Is a competent respondent present and available to be interviewed today?	◯ Yes ◯ No
Please confirm that you have screened the respondent for COVID-19 before continuing.	${available} = 'yes' ◯ Yes ◯ No
INFORMED CONSENT *Find the competent female respondent. Administer the consent procedures.*	${available} = 'yes'
009a. Provide a paper copy of the Consent Form to the respondent and read it. Then, ask: May I begin the interview now?	${available} = 'yes' ◯ Yes ◯ No
009c. Respondent's name *Enter the respondent's full name.*	${consent_obtained}
010. Interviewer's name: ${your_name} *Mark your name as a witness to the consent process.*	${consent_obtained} and (${your_name_text} = '') ◯
010. Interviewer's name Please record your name as a witness to the consent process. You previously entered "${your_name_text}."	${consent_obtained} and (${your_name_text} != '')
SECTION 1 – Background Information *I would like to start by asking a few questions about yourself.*	${consent_obtained}
101. Did you receive any family planning information or a method during your visit today? *If no, thank her for her time and end the interview.*	${consent_obtained} ◯ Yes ◯ No ◯ No response
102. How old were you at your last birthday?	${fp_info_yn} = 'yes'
102a. CHECK: The respondent is not eligible for interview. Please thank her for her time.	(${age} < 15) or (${age} > 49)
103. 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.*	${fp_info_yn} = 'yes' ◯ 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
104. What is the highest level of school you attended?	${fp_info_yn} = 'yes'

Only record formal schooling. Do not record bible or koranic school or short courses.	◯ Never attended ◯ Primary ◯ 'O' Level ◯ 'A' Level ◯ Tertiary ◯ University ◯ No response
105. How many times have you given birth? *Enter 0 if she has never given birth. Enter -99 for no response.*	${fp_info_yn} = 'yes'
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]	${fp_info_yn} = 'yes' ◯ One (poorest) ◯ Two ◯ Three ◯ Four ◯ Five ◯ Six ◯ Seven ◯ Eight ◯ Nine ◯ Ten (richest) ◯ No response
107. Is this the closest health facility to your current residence?	${fp_info_yn} = 'yes' ◯ Yes ◯ No ◯ Do not know ◯ No response
108. What was the main reason you did not go to the facility nearest to your home?	${closest_hf_home}='no' ◯ No family planning services ◯ Inconvenient operating hours ◯ Bad reputation / Bad prior experience ◯ Do not like personnel ◯ No medicine ◯ Prefers to remain anonymous ◯ It is more expensive than other options ◯ Was referred ◯ Less convenient location ◯ Absence of provider ◯ Does not accept insurance ◯ Other ◯ Do not know ◯ No response

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	${fp_info_yn} = 'yes'
109. How much time did it take you to travel here today? *Enter -88 for do not know in both, -99 for no response in both.*	
Minutes	
Hours	

	${fp_info_yn} = 'yes'
110. What means of transportation did you use to travel here? *If multiple means used PROBE: What was the primary mode of transportation?*	○ Motor vehicle (car, motorcycle, bus) ○ Bicycle / pedicab ○ Animal drawn cart ○ Walking ○ Other ○ No response
SECTION 2 – Family Planning Services *Now I would like to ask about family planning services you received today.*	${fp_info_yn} = 'yes'
201. Was family planning the main reason you came here today?	${fp_info_yn} = 'yes' ○ Yes ○ No ○ No response
202. What was the main reason for your visit today?	${fp_reason_yn} = 'no' ○ STI ○ HIV/AIDS ○ Maternal health ○ Child health ○ General health ○ Other ○ No response
203. During your visit today, were you given a family planning method, a prescription for a method, or neither?	${fp_info_yn} = 'yes' ○ A contraceptive method ○ A prescription for a method ○ Neither ○ No response
204. Did your provider discuss family planning with you today?	${whatgiven_today} = 'neither' ○ Yes ○ No ○ No response
205. Which method were you prescribed or given?	(${whatgiven_today} = 'contraceptive_method') or (${whatgiven_today} = 'prescription_method')

	○ 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
LCL_201. PROBE: Was the injection administered via syringe or small needle? *Show the image to the respondent.* [sayana_depo_150x300.jpg]	(${method_prescribed} = 'inj') ○ Syringe ○ Small needle (Sayana Press) ○ No Response
LCL_202. Did you inject it yourself or did a healthcare provider do it for you?	${injectable_probe} = 'small_needle' ○ Self ○ Provider ○ No Response
LCL_203. Were you offered the choice of doing the injection yourself?	${injecter} = 'provider' ○ Yes ○ No ○ No response
LCL_204. Were you offered the choice of having the provider give you the injection?	${injecter} = 'self' ○ Yes ○ No ○ No response
CIFF_1. Have you previously used an injectable that was administered via small needle? *Show the image to the respondent.* [sayana_only.jpg]	${injecter} = 'self' ○ Yes ○ No ○ No response
CIFF_2. Did you inject it yourself or did a healthcare provider do it for you?	${injsp_previous_use} = 'yes' ○ Self only ○ Provider only ○ Both self and provider ○ No response

CIFF_3. Before this visit, have you or your partner done something or used any method to delay or avoid getting pregnant?	${injecter} = 'self' ○ Yes ○ No ○ No response
CIFF_4. Which method or methods were you using? *Probe: Anything else?* *Select all methods mentioned. Be sure to scroll to bottom to see all choices.*	${fp_ever_use} = 'yes' ☐ Female sterilization ☐ Male sterilization ☐ Implant ☐ IUD ☐ Injectables ☐ Pill ☐ Emergency contraception ☐ Male condom ☐ Female condom ☐ Diaphragm ☐ Foam / Jelly ☐ Standard days / cycle beads ☐ LAM ☐ Rhythm method ☐ Withdrawal ☐ Other traditional methods ☐ No response
LCL_205. Have you heard that there is a type of injectable that you can inject yourself? [sayana_only.jpg]	(${fp_info_yn} = 'yes') and (${injecter} != 'self') ○ Yes ○ No ○ No response
CIFF_5. What was the main reason why you did not choose the type of injectable that you can inject yourself today?	(${fp_info_yn} = 'yes') and (${injecter} != 'self') ○ Not available at facility ○ Do not want to self-inject ○ Fear of side effects ○ Too expensive ○ Fear of making a mistake/doing it wrong ○ No privacy ○ Self-injection not offered by provider ○ Fear of pain ○ Not eligible for self-injection ○ Other reason ○ No response
LCL_206. Would you be interested in doing the injection yourself instead of going back to the provider?	(${fp_info_yn} = 'yes') and (${injecter} != 'self')

	○ Yes ○ No ○ No response
206. Just before this visit, were you using the same method, did you switch from another method or were you using no method?	(${whatgiven_today} = 'contraceptive_method') or (${whatgiven_today} = 'prescription_method') ○ Same method ○ Another method ○ No method ○ No response
207. How long have you been using this method without stopping?	${switch_method} = 'same' ○ X days ○ X weeks ○ X months ○ X years ○ No response
207. Enter a value for ${method_duration_lab}:	(${method_duration_units} = 'weeks') or (${method_duration_units} = 'months') or (${method_durat ...
208. Have you ever used this method before?	(${switch_method} = 'another') or (${switch_method} = 'no') ○ Yes ○ No ○ No response
209. Have you used it in the past 12 months?	${method_used_before_yn} = 'yes' ○ Yes ○ No ○ No response
210. During your visit today, did you obtain the method of family planning you wanted?	${fp_info_yn} = 'yes' ○ Yes ○ No ○ Neither, follow-up visit only ○ No response
211. Which method did you initially want to use?	${fp_obtain_desired} = 'no' ○ 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
212. Why didn't you obtain the method you wanted?	${fp_obtain_desired} = 'no' ◯ Method out of stock ◯ Method not available at all ◯ Provider not trained to provide the method ◯ Provider recommended a different method ◯ Not eligible for method ◯ Decided not to adopt a method ◯ Too costly ◯ Other ◯ Do not know ◯ No response
213. Who made the final decision about what method you got today?	(${whatgiven_today} = 'contraceptive_method') or (${whatgiven_today} = 'prescription_method') ◯ Respondent alone ◯ Provider ◯ Partner ◯ Respondent and provider ◯ Respondent and partner ◯ Other ◯ Do not know ◯ No response
214. Did you pay any money for any of the family planning services you received or were provided today?	(${whatgiven_today} = 'contraceptive_method') or (${whatgiven_today} = 'prescription_method') ◯ Yes ◯ No ◯ 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?	${method_prescribed} = 'pill'

	◯ Yes ◯ No ◯ 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?	${method_prescribed} = 'inj' ◯ Yes ◯ No ◯ 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?	${fp_info_yn} = 'yes'
217. I felt encouraged to ask questions and express my concerns.	${fp_info_yn} = 'yes' ◯ Completely agree ◯ Agree ◯ Disagree ◯ Completely disagree ◯ Do not know ◯ No response
218. The provider made efforts to ensure there were no interruptions during our session.	${fp_info_yn} = 'yes' ◯ Completely agree ◯ Agree ◯ Disagree ◯ Completely disagree ◯ Do not know ◯ No response
219. The provider asked me questions in order to provide counseling that fit me personally.	${fp_info_yn} = 'yes' ◯ Completely agree ◯ Agree ◯ Disagree ◯ Completely disagree ◯ Do not know ◯ No response
220. I received all of the information I wanted to know about my options for contraceptive methods.	${fp_info_yn} = 'yes' ◯ Completely agree ◯ Agree ◯ Disagree ◯ Completely disagree ◯ Do not know ◯ No response
221. The provider gave me the time I needed to consider the contraceptive options we discussed.	${fp_info_yn} = 'yes' ◯ Completely agree ◯ Agree ◯ Disagree

	○ Completely disagree ○ Do not know ○ No response
222. After this consultation, I could understand how my body might react to using contraception.	${fp_info_yn} = 'yes' ○ Completely agree ○ Agree ○ Disagree ○ Completely disagree ○ Do not know ○ No response
223. I could understand how to use the method(s) we talked about during the consultation.	${fp_info_yn} = 'yes' ○ Completely agree ○ Agree ○ Disagree ○ Completely disagree ○ Do not know ○ No response
224. I was able to give my opinion about what I needed.	${fp_info_yn} = 'yes' ○ Completely agree ○ Agree ○ Disagree ○ Completely disagree ○ Do not know ○ No response
225. I felt pressured by the healthcare provider to use the method they wanted me to use.	${fp_info_yn} = 'yes' ○ Completely agree ○ Agree ○ Disagree ○ Completely disagree ○ Do not know ○ No response
226. I felt scolded because of my marital status.	${fp_info_yn} = 'yes' ○ Completely agree ○ Agree ○ Disagree ○ Completely disagree ○ Do not know ○ No response
227. Did the provider discuss the role of your husband/partner in using contraception?	(${fp_info_yn} = 'yes') and (${marital_status} = 'currently_married' or ${marital_status} = 'curre ...

	○ Yes ○ No ○ No response

	${injecter} = 'self'
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?	○	○	○
b. What do with the syringe after the injection?	○	○	○
c. An instruction sheet to take home to remind me of steps for self-injection?	○	○	○
d. A reinjection calendar to take home for example, information on when and how to remember my next injection date?	○	○	○

	${injecter} = 'self'
LCL_208. How comfortable do you feel using the method on your own?	○ Very comfortable ○ Comfortable ○ Uncomfortable ○ Very uncomfortable ○ Do not know ○ No response
228. During your visit today, were you told by the provider about advantages and disadvantages with methods to delay or avoid pregnancy?	${fp_info_yn} = 'yes' ○ Yes ○ No ○ No response
229. What advantages did the provider tell you about your ${method_prescribed_lab}?	${discuss_pro_con_delay} = 'yes' ☐ Efficacy ☐ Less bleeding ☐ More regular bleeding ☐ Protects for a long time ☐ No hormones ☐ Ease of use ☐ Return to fertility ☐ Discrete ☐ Few side effects ☐ Other ☐ No response
230. What disadvantages did the provider tell you about your ${method_prescribed_lab}?	${discuss_pro_con_delay} = 'yes' ☐ Irregular bleeding ☐ More bleeding

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	☐ Few or no periods ☐ Weight gain ☐ Nausea ☐ Cramping ☐ Not easy to use ☐ Not very effective ☐ Headache ☐ Other ☐ No response

HIV Testing

CIFF_6. I dont want to know the results, but did you get an HIV test today?	${consent_obtained} ◯ Yes ◯ No ◯ No response
CIFF_7. Was the test administered by a health care provider (assisted), or self-administered (unassisted)?	${consent_obtained} and ${tested_hiv_today} = 'yes' ◯ Self ◯ Health care provider ◯ No response
CIFF_8. Was the test administered here or do you plan to take home or elsewhere to administer?	${consent_obtained} and ${tested_hiv_today} = 'yes' ◯ On site ◯ Take home ◯ No response
CIFF_9. Were you given information on how to conduct the HIV test ?	${consent_obtained} and ${tested_hiv_today} = 'yes' ◯ Yes ◯ No ◯ No response
SECTION 3: Client Satisfaction *Now I would like to ask about the services you received today.*	${fp_info_yn} = 'yes'

	${fp_info_yn} = 'yes'
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? *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.*	
Minutes	
Hours	

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?	${fp_info_yn} = 'yes' ○ Very satisfied ○ Satisfied ○ Neither satisfied nor dissatisfied ○ Dissatisfied ○ Very dissatisfied ○ No response
303. Would you refer your relative or friend to this facility?	${fp_info_yn} = 'yes' ○ Yes ○ No ○ Do not know ○ No response
304. Would you return to this facility?	${fp_info_yn} = 'yes' ○ Yes ○ No ○ Do not know ○ No response

	${fp_info_yn} = 'yes'			
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 -99 = No Response*				
	1	**2**	**3**	**-99**
a. Women are treated respectfully when they go to this facility for family planning.	○	○	○	○
b. Women will be able to receive family planning method of their choice at this facility.	○	○	○	○
c. Women have access to affordable family planning services at this facility.	○	○	○	○

Follow-up Consent

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?	${fp_info_yn} = 'yes' ◯ Yes ◯ No ◯ No response
402. Do you have access to a phone?	${flw_willing} = 'yes' ◯ Yes ◯ No ◯ No response
403a. Can I have your primary phone number in case we would like to follow up with you in the future?	${flw_number_access} = 'yes' ◯ Yes ◯ No ◯ No response
403b. What is your primary phone number? *Enter an 10-digit number without the country code. Do not include spaces or dashes.*	${flw_number_yn} = 'yes'
403c. Can you repeat the number again? *Enter an 10-digit number without the country code. Do not include spaces or dashes.*	(${flw_number_typed} != '')
403d. Is this your personal phone number? *A personal phone is not shared with other people.*	${flw_number_yn} = 'yes' ◯ Yes ◯ No ◯ No response
404a. Can I have your secondary phone number in case we would like to follow up with you in the future?	${flw_number_yn} = 'yes' ◯ Yes ◯ No ◯ No response
404b. What is your secondary phone number? *Enter an 10-digit number without the country code. Do not include spaces or dashes.*	${flw_number2_yn} = 'yes'
404c. Can you repeat the number again? *Enter an 10-digit number without the country code. Do not include spaces or dashes.*	(${flw_number2_typed} != '')
404d. Is this your personal phone number? *A personal phone is not shared with other people.*	${flw_number2_yn} = 'yes' ◯ Yes ◯ No ◯ No response
405. Is ${firstname} the name you go by in your household?	${flw_willing} = 'yes' ◯ Yes ◯ No ◯ No response

406. What is the name you go by in your household?	${firstname_hh_ok} = 'no'
407. Is ${firstname} the name you go by in your community?	${flw_willing} = 'yes' ○ Yes ○ No ○ No response
408. What is the name you go by in your community?	${firstname_comm_ok} = 'no'
Thank the respondent for her time. *The respondent is finished, but there are still more questions for you to complete.*	${available} = 'yes'
Thank you. There are still more questions for you to complete.	${available} != 'yes'

QUESTIONNAIRE RESULT

098. In what language was this interview conducted?	${consent_obtained} ○ English ○ Ateso ○ Luganda ○ Lugbara ○ Luo ○ Lusoga ○ Ngakarimojong ○ Runyankole-Rukiga ○ Runyoro-Rutoro ○ Other
099. Record the result of the Client Exit Interview Questionnaire.	${fp_info_yn} != 'no' ○ Completed ○ Postponed ○ Refused ○ Partly completed ○ Other