

PMA Côte d'Ivoire Phase 4 Survey Client Exit Interview Baseline Questionnaire

001a. Your ID:	
001b. Enter your ID below. <i>Please record your ID</i>	\${your_name_list} = 'other'
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 5px;"> today() > date("2023-08-01") and today() < date("2024-06-30") </div>
002a. Is this date and time correct? \${today_formatted}	<input type="radio"/> Yes <input type="radio"/> No
002b. Record the correct date and time.	<div style="border: 1px solid black; padding: 5px;"> \${system_date_check} = 'no' or today() < date("2023-08-01") or today() > date("2024-06-30") </div> <div style="text-align: right; margin-top: 10px;"> Day: Month: Year: </div>
003a. Region	<div style="border: 1px solid black; padding: 5px;"> <input type="radio"/> Indenie Djuablin <input type="radio"/> Autonome Dabidjan <input type="radio"/> Sud Comoe <input type="radio"/> La Me <input type="radio"/> Agneby Tiassa <input type="radio"/> Moronou <input type="radio"/> Guemon <input type="radio"/> Gbeke <input type="radio"/> Tonkpi <input type="radio"/> Cavally <input type="radio"/> Nzi <input type="radio"/> Gontougo <input type="radio"/> Marahoue <input type="radio"/> Bagoue <input type="radio"/> Nawa <input type="radio"/> Hambol <input type="radio"/> Grands Ponts <input type="radio"/> Haut Sassandra <input type="radio"/> Iffou <input type="radio"/> Bere <input type="radio"/> Belier <input type="radio"/> Loh Djiboua <input type="radio"/> Goh <input type="radio"/> Worodougou <input type="radio"/> Tchologo <input type="radio"/> Poro <input type="radio"/> San Pedro <input type="radio"/> Gbokle </div>

	<input type="radio"/> Bounkani <input type="radio"/> Yamoussoukro <code>filter_list=\${this_country}</code>
003b. Department	
003c. Sub-prefecture	
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>	
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>	<code>\${fw_or_new} = 'fw'</code>
006. Name of the facility	<code>\${fw_or_new} = 'new'</code>
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
INFORMED CONSENT <i>Find the competent female respondent. Administer the consent procedures.</i>	<code>\${available} = 'yes'</code>
<p>Bonjour, je me nomme et je travaille pour l'Ecole Nationale Supérieure de Statistique et d'Economie Appliquée (ENSEA) d'Abidjan. Nous menons une étude dans le domaine de la santé, plus spécifiquement sur la planification familiale en Côte d'Ivoire. A cet effet, je vais vous lire ce formulaire afin de vous exposer l'objectif principal de l'étude et vous donner des informations supplémentaires dans le but solliciter votre participation à cette étude.</p> <p>Présentation et objet de l'étude</p> <p>En collaboration avec le Ministère de la Santé, de l'Hygiène Publique et de la Couverture Maladie Universelle de la Côte d'Ivoire et l'école de santé publique et de la santé reproductive de l'université de Johns Hopkins aux Etats-Unis, l'Ecole Nationale Supérieure de la Statistique et d'Economie Appliquée (ENSEA) réalise une étude dénommée PMA (Performance Monitoring for Action).</p> <p>L'objectif principal de cette étude est de mettre en œuvre un système de suivi des performances accomplies dans le domaine de la planification familiale et de la santé reproductive des femmes au sein de la population et des structures de santé en Côte d'Ivoire. En outre, les informations que nous collecterons serviront à éclairer les programmes de développement social en Côte d'Ivoire.</p> <p>Pourquoi est-ce qu'on vous demande de participer ?</p> <p>Vous avez été sélectionné(e) au hasard pour participer à cette étude. Je souhaiterais vous poser quelques questions concernant votre expérience avec les services que vous avez reçus aujourd'hui. Votre participation à cette étude implique</p>	<code>\${available} = 'yes'</code>

une interview sur les services de santé reproductive, qui durera 10 à 25 minutes. Nous vous poserons des questions sur cette structure de santé, ses employés et les services que vous avez reçus. Le responsable/propriétaire de cet établissement a aussi été interviewé.

Les informations de cette interview pourront être utilisées par des organisations de santé afin d'améliorer les services ou pour mener de futures enquêtes. Des chercheurs pourront aussi utiliser les données collectées auprès de cette structure à des fins d'analyse. Cependant, votre nom ne sera pas relié à vos réponses afin de protéger la confidentialité de votre identité. Nous ne partagerons pas vos informations et vos réponses avec le personnel de cette structure, et le personnel de cette structure ne saura pas comment vous avez répondu à nos questions. En plus vos réponses n'affecteront en rien la nature ou la qualité des soins que vous pourriez recevoir à l'avenir de la part de ce prestataire.

Après cette enquête, nous vous demanderons si nous pouvons vous recontacter par téléphone dans quelques mois pour mettre à jour vos informations sur votre expérience des services que vous aurez reçus. 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, faites-le moi savoir et je passerai à la question suivante.

Vous ne recevrez pas de motivation financière pour votre participation, mais en guise de remerciement on vous offrira une carte de recharge de 500 FCFA comme compensation pour le temps que vous avez consacré pour répondre à notre questionnaire.

Protection de la confidentialité des données Les données seront collectées sur des smartphones. Toutes les données seront envoyées par voie électronique sur le serveur « cloud » de l'étude PMA. L'utilisation et le partage des informations seront rigoureusement soumis à des principes de précautions pour garantir leur sécurité et confidentialité. Une fois la collecte terminée, les informations d'identification seront supprimées de la base de données.

Avant de continuer, avez-vous des questions sur cette enquête ?

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'éthique à Abidjan qui a donné son approbation pour l'étude au numéro de téléphone (XXX) XX XX XX XX.

Que veut dire votre signature sur ce formulaire de consentement ?

Votre signature sur ce formulaire veut dire que :

<ul style="list-style-type: none"> • Vous avez été informé sur l'objectif, les procédures, les avantages et les risques de cette étude. • Vous avez eu l'occasion de poser des questions avant de signer. • Vous avez donné votre accord pour votre participation de votre propre volonté. 	
009a. Read the verbal consent text. Then, ask: May I begin the interview now?	\${available} = 'yes' <input type="radio"/> Yes <input type="radio"/> No
	(\${begin_interview}='yes')
009b. Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i>	
Checkbox	<input type="radio"/>
WARNING: The respondent has not signed or checked the box, despite agreeing to be interviewed in the previous question. To conduct the survey, the respondent must sign or touch the checkbox. <i>You may go back to obtain a signature or check the box or you should go back to the previous question to indicate the respondent does not want to be interviewed.</i>	(\${consent_obtained}=0) and (\${begin_interview} = 'yes')
009c. Respondent's name <i>Enter the respondent's full name.</i>	\${consent_obtained}
010. Interviewer's ID: \${your_name} <i>Mark your ID as a witness to the consent process.</i>	\${consent_obtained} and (\${your_name_text} = '') <input type="radio"/>
010. Interviewer's ID Please record your ID as a witness to the consent process. You previously entered "\${your_name_text}."	\${consent_obtained} and (\${your_name_text} != '')
<h2>SECTION 1 – Background Information</h2> <p><i>I would like to start by asking a few questions about yourself.</i></p> <p>\${consent_obtained}</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>	\${consent_obtained} <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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? <i>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</i>	\${fp_info_yn} = 'yes' <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>	\${fp_info_yn} = 'yes' <input type="radio"/> Never attended <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Tertiary <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>	\${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' <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?	\${fp_info_yn} = 'yes' <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?	\${closest_hf_home}='no' <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
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>	\${fp_info_yn} = 'yes'

Minutes	
Hours	

<p>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></p>	<p><code>\${fp_info_yn} = 'yes'</code></p> <p> <input type="radio"/> Motor vehicle (car, motorcycle, bus) <input type="radio"/> Bicycle / pedicab / tricycle <input type="radio"/> Animal drawn cart <input type="radio"/> Walking <input type="radio"/> Other <input type="radio"/> No response </p>
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<p align="center">SECTION 2 – Family Planning Services</p> <p align="center"><i>Now I would like to ask about family planning services you received today.</i></p> <p align="right"><code>\${fp_info_yn} = 'yes'</code></p>	
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<p>201. Was family planning the main reason you came here today?</p>	<p><code>\${fp_info_yn} = 'yes'</code></p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>202. What was the main reason for your visit today?</p>	<p><code>\${fp_reason_yn} = 'no'</code></p> <p> <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 </p>
<p>203. During your visit today, were you given a family planning method, a prescription for a method, removal of an implant or IUD, or none of the above? <i>Read all options aloud and select all that apply</i></p>	<p><code>\${fp_info_yn} = 'yes'</code></p> <p> <input type="checkbox"/> A contraceptive method <input type="checkbox"/> A prescription for a method <input type="checkbox"/> Removal of an implant/IUD <input type="checkbox"/> None of the above <input type="checkbox"/> No response </p>
<p>205. Which method were you prescribed or given?</p>	<p><code>selected(\${whatdone_today}, 'contraceptive_method') or selected(\${whatdone_today}, 'prescription_met ...</code></p> <p> <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 </p>

	<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]	({method_prescribed} = 'inj') <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?	\${injectable_probe} = 'small_needle' <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?	\${injecter} = 'provider' <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?	\${injecter} = 'self' <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
205b. Were you able to have your implant or IUD removed during today's visit?	selected(\${whatdone_today}, 'removal') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
205c. Why were you not able to have your implant or IUD removed? <i>Select all that apply</i>	\${removed_ok} = 'no' <input type="checkbox"/> Facility not open <input type="checkbox"/> Qualified provider not available <input type="checkbox"/> Provider attempted but could not remove the implant or IUD <input type="checkbox"/> Provider refused <input type="checkbox"/> Cost of removal services <input type="checkbox"/> Provider counseled against removal <input type="checkbox"/> Told to return on another day

	<input type="checkbox"/> Referred elsewhere <input type="checkbox"/> Do not know <input type="checkbox"/> 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?	selected(\${whatdone_today}, 'con traceptive_method') or selected(\${whatdone_today}, 'pre scription_met ... <input type="radio"/> Same method <input type="radio"/> Another method <input type="radio"/> No method <input type="radio"/> No response
207. How long have you been using this method without stopping?	\${switch_method} = 'same' <input type="radio"/> X days <input type="radio"/> X weeks <input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> 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') <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
209. Have you used it in the past 12 months?	\${method_used_before_yn} = 'yes' <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?	\${fp_info_yn} = 'yes' <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?	\${fp_obtain_desired} = 'no' <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?	<pre> \${fp_obtain_desired} = 'no' </pre> <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?	<pre> selected(\${whatdone_today}, 'con traceptive_method') or selected(\${whatdone_today}, 'pre scription_met ... </pre> <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?	<pre> selected(\${whatdone_today}, 'con traceptive_method') or selected(\${whatdone_today}, 'pre scription_met ... </pre> <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?	<pre> \${method_prescribed} = 'pill' </pre> <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?	<pre> \${method_prescribed} = 'inj' </pre> <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?	<pre> \${fp_info_yn} = 'yes' </pre>

<p>217. I felt encouraged to ask questions and express my concerns.</p>	<p style="text-align: right;">\${fp_info_yn} = 'yes'</p> <p> <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 </p>
<p>218. The provider made efforts to ensure there were no interruptions during our session.</p>	<p style="text-align: right;">\${fp_info_yn} = 'yes'</p> <p> <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 </p>
<p>219. The provider asked me questions in order to provide counseling that fit me personally.</p>	<p style="text-align: right;">\${fp_info_yn} = 'yes'</p> <p> <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 </p>
<p>220. I received all of the information I wanted to know about my options for contraceptive methods.</p>	<p style="text-align: right;">\${fp_info_yn} = 'yes'</p> <p> <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 </p>
<p>221. The provider gave me the time I needed to consider the contraceptive options we discussed.</p>	<p style="text-align: right;">\${fp_info_yn} = 'yes'</p> <p> <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 </p>
<p>222. After this consultation, I could understand how my body might react to using contraception.</p>	<p style="text-align: right;">\${fp_info_yn} = 'yes'</p> <p> <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 </p>
<p>223. I could understand how to use the method(s) we talked about during the consultation.</p>	<p style="text-align: right;">\${fp_info_yn} = 'yes'</p> <p> <input type="radio"/> Completely agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Completely disagree </p>

	<input type="radio"/> Do not know <input type="radio"/> No response		
224. I was able to give my opinion about what I needed.	<div style="text-align: right;">\${fp_info_yn} = 'yes'</div> <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.	<div style="text-align: right;">\${fp_info_yn} = 'yes'</div> <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.	<div style="text-align: right;">\${fp_info_yn} = 'yes'</div> <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?	<div style="text-align: right;"> (\${fp_info_yn} = 'yes') and (\${marital_status} = 'currently_married' or \${marital_status} = 'curre ... </div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
227a. Did you discuss contraceptive use with your husband/partner before today's visit?	<div style="text-align: right;"> (\${fp_info_yn} = 'yes') and (\${marital_status} = 'currently_married' or \${marital_status} = 'curr ... </div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
<div style="text-align: right;">\${injecter} = 'self'</div>			
LCL_207. Did you receive the following information about self-injection, including:			
a. Where to store the injection material until you use it?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> No response
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 you 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 your next injection date?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>LCL_208. How comfortable do you feel using the method on your own?</p>	<p><code>\${injectable_probe} = 'small_needle'</code></p> <p> <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 </p>
<p>228. During your visit today, were you told by the provider about side effects or problems you might have with <code>\${method_prescribed_lab}</code> to delay or avoid pregnancy?</p>	<p><code>selected(\${whatdone_today}, 'contraceptive_method') or selected(\${whatdone_today}, 'prescription_met ...</code></p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>229. According to the provider, what are the possible side effects or problems related to use of <code>\${method_prescribed_lab}</code> ?</p> <p><i>Read all options aloud and select all that apply</i></p>	<p><code>\${fp_side_effects_yn} = 'yes'</code></p> <p> <input type="checkbox"/> Less bleeding or no bleeding <input type="checkbox"/> Heavier bleeding <input type="checkbox"/> Irregular bleeding <input type="checkbox"/> Spotting/bleeding <input type="checkbox"/> Non-specific bleeding changes <input type="checkbox"/> Uterine cramping/Lower abdominal pain <input type="checkbox"/> Weight gain <input type="checkbox"/> Weight loss <input type="checkbox"/> Facial spotting/facial pigmentation <input type="checkbox"/> Headaches <input type="checkbox"/> Infection <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Increased menstrual cramping <input type="checkbox"/> Lowered sex drive <input type="checkbox"/> Vaginal dryness <input type="checkbox"/> Infertility/sterility <input type="checkbox"/> Delayed return to fertility <input type="checkbox"/> Method gets lost inside body <input type="checkbox"/> General weakness <input type="checkbox"/> Diarrhea <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response </p>
<p>230. Were you told what to do if you experienced these side effects or problems?</p>	<p><code>\${fp_side_effects_yn} = 'yes'</code></p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>231. During your visit today, were you told by the provider about methods of family planning other than <code>\${method_prescribed_lab}</code> that you could use?</p>	<p><code>selected(\${whatdone_today}, 'contraceptive_method') or selected(\${whatdone_today}, 'prescription_met ...</code></p>

	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
232. What methods were you told about? <i>Select all that apply</i>	<pre> \${fp_told_other_methods_cc} = 'yes' <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 </pre>
233. Were you told that you could switch to a different method in the future?	<pre> selected(\${whatdone_today}, 'con traceptive_method') or selected(\${whatdone_today}, 'pre scription_met ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </pre>
234. Were you told that you could NOT switch to a different method in the future?	<pre> selected(\${whatdone_today}, 'con traceptive_method') or selected(\${whatdone_today}, 'pre scription_met ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </pre>
<p align="center">SECTION 3: Client Satisfaction</p> <p align="center"><i>Now I would like to ask about the services you received today.</i></p> <p align="right"><code>\${fp_info_yn} = 'yes'</code></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>	<pre> \${fp_info_yn} = 'yes' </pre>

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?	<div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

	<input type="radio"/> Abron <input type="radio"/> Adjoukrou <input type="radio"/> Agni <input type="radio"/> Arabic <input type="radio"/> Attie <input type="radio"/> Avikam <input type="radio"/> Bakoué <input type="radio"/> Baoule <input type="radio"/> Bete <input type="radio"/> Dida <input type="radio"/> Dioula <input type="radio"/> Djimini <input type="radio"/> Ebrié <input type="radio"/> Eholié <input type="radio"/> Elomoin <input type="radio"/> Fantin <input type="radio"/> Gnaboua <input type="radio"/> Godié <input type="radio"/> Gouro <input type="radio"/> Guere <input type="radio"/> Koulango <input type="radio"/> Kouzié <input type="radio"/> Kôyaka <input type="radio"/> Kroumen <input type="radio"/> Lobi <input type="radio"/> Mahou <input type="radio"/> Moré <input type="radio"/> N'zima <input type="radio"/> Senoufo <input type="radio"/> Suamlin <input type="radio"/> Wobe <input type="radio"/> Yacouba <input type="radio"/> Other
099. Record the result of the Client Exit Interview Questionnaire.	<div style="text-align: right;"> <code>\${fp_info_yn} != 'no'</code> </div> <input type="radio"/> Completed <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Other