

## PMA Nigeria Phase 4 Survey Client Exit Interview

001. Select an RE group:	
001a. Your name:	<code>filter_list=\${your_name_group} or filter_list='all'</code>
001b. Enter staff name below: <i>Please record your name</i>	<code>\${your_name_list} = 'other'</code>
	<code>today() &gt; date("2023-10-01") and today() &lt; date("2024-12-31")</code>
002a. Is this date and time correct? <code>\${today_formatted}</code>	<input type="radio"/> Yes <input type="radio"/> No
002b. Record the correct date and time.	<code>\${system_date_check} = 'no' or today() &lt; date("2023-10-01") or today() &gt; date("2024-12-31")</code>  <div style="text-align: right;">           Day:            Month:            Year:         </div>
003a. State	<input type="radio"/> Lagos <input type="radio"/> Kano  <code>filter_list=\${this_country}</code>
003b. LGA	<code>filter_list=\${level1}</code>
003c. Locality	<code>filter_list=\${level2}</code>
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>	<code>filter_list=\${level3}</code>
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> <code>filter_list=\${EA}</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	<code>\${available} = 'yes'</code>

Find the competent female respondent.  
Administer the consent procedures.

Hello. My name is

and I am working for Center for Research, Evaluation Resources, and Development. We are conducting a local survey that asks women about various reproductive health issues including knowledge, attitudes, and use of contraception services that they received at this facility. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. Whatever information you provide will be kept strictly confidential. 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. You can choose not to participate at all or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. If you have any questions about the study and your right as a research participant, you may ask me now or you may also contact Dr. Musa Sani Zakirai at Center for Research, Evaluation Resources and Development in Ile-ife, Nigeria at +XXXXX. At this time, do you want to ask me anything about the survey?

`${available} = 'yes' and ${level1} = 'kano'`

There are a few things you should know about this survey: 1. You get to decide if you want to be in the survey and whatever you decide is OK. 2. It is also OK to say 'Yes' and change your mind later. You can stop being in the survey at any time. If you want to stop, please tell me and I will not be upset. 3. You can say 'Yes' to the study and as I ask you questions, you can say 'No' to any question that you do not want to answer. 4. Your answers will be kept strictly confidential. That means that your answers will just be between you and me and will never be connected to your name or any other personal information. 5. Sometimes you might not know the answer to a question or might not want to answer a question. I would rather you say you don't know or that you don't want to answer a question than tell me a story that isn't true.

I wanted to give you some additional information on the type of questions I will ask you in this survey.

I want to tell you that some of the questions I will ask you are sensitive. I will ask you about your family, marital status and educational

`${available} = 'yes' and ${level1} = 'lagos'`

attainment. In addition, I will be asking about your sexual activity, pregnancy, fertility preferences and contraception. I know that these are sensitive and sometimes difficult things to talk about, but your answers will help us learn more about women in Nigeria. The interview will take about 20 minutes to answer the questions.

There is little or no possibility that bad things will happen as a result of answering these questions. As I told you, some of the questions are sensitive and answering questions like this can be difficult, but you can choose not to answer questions that are difficult or end your participation at any time.

There are no direct benefits for being in the survey. However, we will give you a small gift in appreciation of your time.

For any further concerns about your rights in this survey or the procedures you may contact Dr. Funmilola OlaOlorun at XXXXXXXX who is prepared to address your concerns. Please feel free to write down this information for future reference.

010a. May I begin the interview now?

☐ Yes  
☐ No

`${available} = 'yes'`

	<code>(\${begin_interview}='yes') and (\${level1} = 'lagos')</code>
010b. 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.

*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.*

`(${consent_obtained_lagos}=0) and  
(${begin_interview} = 'yes') and (${level1} =  
'lagos')`

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

`${consent_obtained} and (${your_name_text} != '')`

Please record your name as a witness to the consent process. You previously entered "\${your_name_text}."	
SECTION 1 – Background Information <i>I would like to start by asking a few questions about yourself.</i>	`\${consent_obtained}`
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"/> Higher <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?	<div style="text-align: right;">\${closest_hf_home}='no'</div> <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

	\${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	

110. What means of transportation did you use to travel here? If multiple means used PROBE: What was the primary mode of transportation?	<div style="text-align: right;">\${fp_info_yn} = 'yes'</div> <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
<b>SECTION 2 – Family Planning Services</b> 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?	<div style="text-align: right;">\${fp_info_yn} = 'yes'</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
202. What was the main reason for your visit today?	<div style="text-align: right;">\${fp_reason_yn} = 'no'</div> <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, removal of an implant or IUD, or none of the above? <i>Read all options aloud and select all that apply</i>	<div style="text-align: right;">\${fp_info_yn} = 'yes'</div> <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
205. Which method were you prescribed or given?	<div>selected(\${whatdone_today}, 'contraceptive_method') or selected(\${whatdone_today}, 'prescription_met ...</div> <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]	<div style="text-align: right;">(\${method_prescribed} = 'inj')</div> <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?	<div style="text-align: right;">\${injectable_probe} = 'small_needle'</div> <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?	<div style="text-align: right;">\${injecter} = 'provider'</div> <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?	<div style="text-align: right;">\${injecter} = 'self'</div>

	<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]	<pre>                 ( \${fp_info_yn} = 'yes' ) and ( \${injecter} != 'self' )             </pre> <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?	<pre>                 ( \${fp_info_yn} = 'yes' ) and ( \${injecter} != 'self' )             </pre> <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?	<pre>                 selected( \${whatdone_today}, 'removal' )             </pre> <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>	<pre>                 \${removed_ok} = 'no'             </pre> <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?	<pre>                 selected( \${whatdone_today}, 'contraceptive_method' )                 or selected( \${whatdone_today}, 'prescription_met ...             </pre> <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?	<pre>                 \${switch_method} = 'same'             </pre> <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}:	<pre>                 ( \${method_duration_units} = 'weeks' ) or                 ( \${method_duration_units} = 'months' ) or                 ( \${method_durat ...             </pre>

<p>208. Have you ever used this method before?</p>	<p>(\${switch_method} = 'another') or (\${switch_method} = 'no')</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>209. Have you used it in the past 12 months?</p>	<p>\${method_used_before_yn} = 'yes'</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>210. During your visit today, did you obtain the method of family planning you wanted?</p>	<p>\${fp_info_yn} = 'yes'</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Neither, follow-up visit only <input type="radio"/> No response</p>
<p>211. Which method did you initially want to use?</p>	<p>\${fp_obtain_desired} = 'no'</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 <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</p>
<p>212. Why didn't you obtain the method you wanted?</p>	<p>\${fp_obtain_desired} = 'no'</p> <p><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</p>



213. Who made the final decision about what method you got today?	<p>selected(\${whatdone_today},'contraceptive_method') or selected(\${whatdone_today},'prescription_met ...</p> <p><input type="radio"/> Respondent alone</p> <p><input type="radio"/> Provider</p> <p><input type="radio"/> Partner</p> <p><input type="radio"/> Respondent and provider</p> <p><input type="radio"/> Respondent and partner</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
214. Did you pay any money for any of the family planning services you received or were provided today?	<p>selected(\${whatdone_today},'contraceptive_method') or selected(\${whatdone_today},'prescription_met ...</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
215. Did the provider tell you that if you do not take the pill every day, your chances of becoming pregnant are higher?	<p><code>\${method_prescribed} = 'pill'</code></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
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?	<p><code>\${method_prescribed} = 'inj'</code></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response</p>
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?	<p><code>\${fp_info_yn} = 'yes'</code></p>
217. I felt encouraged to ask questions and express my concerns.	<p><code>\${fp_info_yn} = 'yes'</code></p> <p><input type="radio"/> Completely agree</p> <p><input type="radio"/> Agree</p> <p><input type="radio"/> Disagree</p> <p><input type="radio"/> Completely disagree</p> <p><input type="radio"/> Do not know</p> <p><input type="radio"/> No response</p>
218. The provider made efforts to ensure there were no interruptions during our session.	<p><code>\${fp_info_yn} = 'yes'</code></p> <p><input type="radio"/> Completely agree</p> <p><input type="radio"/> Agree</p> <p><input type="radio"/> Disagree</p> <p><input type="radio"/> Completely disagree</p> <p><input type="radio"/> Do not know</p> <p><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  <input type="radio"/> Do not know  <input type="radio"/> No response         </p>
<p>224. I was able to give my opinion about what I needed.</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>

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

\${injecter} = 'self'			
LCL_207. Did you receive the following information about self-injection, including:			
	Yes	No	No response
a. Where to store the injection material until you 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 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"/>

LCL_208. How comfortable do you feel using the method on your own?	<div style="text-align: right;">\${injectable_probe} = 'small_needle'</div> <input type="radio"/> Very comfortable <input type="radio"/> Comfortable <input type="radio"/> Uncomfortable <input type="radio"/> Very uncomfortable
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	<input type="radio"/> Do not know <input type="radio"/> No response
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?	selected( <code>{whatdone_today}</code> , 'contraceptive_method') or selected( <code>{whatdone_today}</code> , 'prescription_met ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
229. According to the provider, what are the possible side effects or problems related to use of <code>{method_prescribed_lab}</code> ? <i>Read all options aloud and select all that apply</i>	<div style="text-align: right;"><code>{fp_side_effects_yn}</code> = 'yes'</div> <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
230. Were you told what to do if you experienced these side effects or problems?	<div style="text-align: right;"><code>{fp_side_effects_yn}</code> = 'yes'</div> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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?	selected( <code>{whatdone_today}</code> , 'contraceptive_method') or selected( <code>{whatdone_today}</code> , 'prescription_met ... <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>	<div style="text-align: right;"><code>{fp_told_other_methods_cc}</code> = 'yes'</div> <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
233. Were you told that you could switch to a different method in the future?	selected(\${whatdone_today},'contraceptive_method') or selected(\${whatdone_today},'prescription_met ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
234. Were you told that you could NOT switch to a different method in the future?	selected(\${whatdone_today},'contraceptive_method') or selected(\${whatdone_today},'prescription_met ... <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<b>SECTION 3: Client Satisfaction</b> <i>Now I would like to ask about the services you received today.</i>	\${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? <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>	
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' <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
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303. Would you refer your relative or friend to this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response	$\{fp\_info\_yn\} = 'yes'$
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304. Would you return to this facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response	$\{fp\_info\_yn\} = 'yes'$
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$\{fp\_info\_yn\} = 'yes'$				
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.	<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"/>
c. Women have access to affordable family planning services at this facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank the respondent for her time. <i>The respondent is finished, but there are still more questions for you to complete.</i>	$\{available\} = 'yes'$
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Thank you. <i>There are still more questions for you to complete.</i>	$\{available\} != 'yes'$
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## QUESTIONNAIRE RESULT

098. In what language was this interview conducted?	<input type="radio"/> English <input type="radio"/> Hausa <input type="radio"/> Yoruba <input type="radio"/> Pidgin <input type="radio"/> Other	$\{consent\_obtained\}$
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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	$\{fp\_info\_yn\} != 'no'$
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