

PMA Kenya Phase 1

Service Delivery Point Client Exit Interview

Baseline Questionnaire

001a. Your name: \${your_name} Is this your name?	<input type="radio"/> Yes <input type="radio"/> No
001b. Enter your name below. <i>Please record your name</i>	
002a. Current date and time.	Day: Month: Year:
Is this date and time correct?	<input type="radio"/> Yes <input type="radio"/> No
002b. Record the correct date and time.	Day: Month: Year:
003a. County	<input type="radio"/> BUNGOMA <input type="radio"/> KAKAMEGA <input type="radio"/> KERICHO <input type="radio"/> KIAMBU <input type="radio"/> KILIFI <input type="radio"/> KITUI <input type="radio"/> NAIROBI <input type="radio"/> NANDI <input type="radio"/> NYAMIRA <input type="radio"/> SIAYA <input type="radio"/> WEST POKOT
003b. District (sub-county)	<i>ODK will populate a list of appropriate district based on the selected county.</i>
003c. Division	<i>ODK will populate a list of appropriate division based on the selected district.</i>
003d. Location	<i>ODK will populate a list of appropriate location based on the selected division.</i>

004. Enumeration area	
005. Facility number <i>Please record the number of the facility from the listing form.</i>	
006. Type of facility <i>Please select the type of facility.</i>	<input type="radio"/> Hospital <input type="radio"/> Health center <input type="radio"/> Health clinic <input type="radio"/> Dispensary <input type="radio"/> Pharmacy / Chemist <input type="radio"/> Nursing / Maternity Home <input type="radio"/> Other
007. Managing authority <i>Please select the managing authority for the facility.</i>	<input type="radio"/> Government <input type="radio"/> NGO <input type="radio"/> Faith-based organization <input type="radio"/> Private <input type="radio"/> Other
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>	
009a. Provide a paper copy of the Consent Form to the respondent and read it. Then, ask: May I begin the interview now?	<input type="radio"/> Yes <input type="radio"/> No
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. 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 question 1 to indicate the respondent does not want to be interviewed.</i>	
009c. Respondent's name <i>Enter the respondent's full name.</i>	
010. Interviewer's name: \${your_name} <i>Mark your name as a witness to the consent process.</i>	<input type="radio"/>
010. Interviewer's name <i>Please record your name as a witness to the consent process. You previously entered "\${name_typed}."</i>	

<p>101. Name of the facility <i>Please select the name of the facility.</i></p>	<p><i>ODK will populate a list of appropriate zones based on the selected region.</i></p>
<p>SECTION 1 – Background Information</p> <p><i>I would like to start by asking a few questions about yourself.</i></p>	
<p>100. 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></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>101. How old were you at your last birthday?</p>	
<p>101a. CHECK: The respondent is not eligible for interview. Please thank her for her time.</p>	
<p>102. 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></p>	<p><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</p>
<p>103. 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></p>	<p><input type="radio"/> Never Attended <input type="radio"/> Primary <input type="radio"/> Post-Primary/Vocational <input type="radio"/> Secondary/'A' Level <input type="radio"/> College (Middle Level) <input type="radio"/> University <input type="radio"/> No response</p>
<p>104. How many times have you given birth? <i>Enter 0 if she has never given birth. Enter -99 for no response.</i></p>	
<p>105. 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]</p>	<p><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</p>
<p>106. Is this the closest health facility to your current residence?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

	<input type="radio"/> Do not know <input type="radio"/> No response
107. What was the main reason you did not go to the facility nearest to your home?	<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
108. 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>	
Minutes	
Hours	
109. What means of transportation did you use to travel here? <i>If multiple means used PROBE: What was the primary mode of transportation?</i>	<input type="radio"/> Motor vehicle (car, motorcycle, bus) <input type="radio"/> Bicycle / pedicab <input type="radio"/> Animal drawn cart <input type="radio"/> Walking <input type="radio"/> Boat <input type="radio"/> Other <input type="radio"/> No response
LCL_101. Do you have any health insurance or are you a member of a mutual health organization?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
LCL_102. What type of health insurance do you have?	<input type="checkbox"/> National Hospital Insurance Fund (NHIF) <input type="checkbox"/> Health Insurance through employer <input type="checkbox"/> Mutual health organization/Community-based health insurance <input type="checkbox"/> Other privately purchased commercial health insurance <input type="checkbox"/> Enrolled in Linda Mama Scheme

	<input type="checkbox"/> Other <input type="checkbox"/> No response
<p>SECTION 2 – Family Planning Services</p> <p><i>Now I would like to ask about family planning services you received today.</i></p>	
200. Was family planning the main reason you came here today?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
201. What was the main reason for your visit today?	<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
202. During your visit today, were you given a family planning method, a prescription for a method, or neither?	<input type="radio"/> A contraceptive method <input type="radio"/> A prescription for a method <input type="radio"/> Neither <input type="radio"/> No response
203. Did your provider discuss family planning with you today?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
204. Which method(s) were you prescribed or given?	<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"/> None of the above <input type="radio"/> No response

<p>LCL_200. PROBE: Was the injection administered via syringe or small needle? Show the image to the respondent. [sayana_depo_150x300.jpg]</p>	<p><input type="radio"/> Syringe <input type="radio"/> Small needle (Sayana Press) <input type="radio"/> No Response</p>
<p>LCL_201. Which methods were you counselled on during this visit today? Select all methods mentioned. Be sure to scroll to bottom to see all choices.</p>	<p><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"/> None of the above <input type="checkbox"/> No response</p>
<p>205. Just before this visit, were you using the same method, did you switch from another method or were you using no method?</p>	<p><input type="radio"/> Same method <input type="radio"/> Another method <input type="radio"/> No method <input type="radio"/> No response</p>
<p>206. How long have you been using this method without stopping?</p>	<p><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</p>
<p>206. Enter a value for \${method_duration_lab}:</p>	
<p>207. Have you ever used this method before?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>208. Have you used it in the past 12 months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>209. During your visit today, did you obtain the method of family planning you wanted?</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>210. Which method did you initially want to use?</p>	<p><input type="radio"/> Female sterilization <input type="radio"/> Male sterilization</p>

	<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"/> None of the above <input type="radio"/> No response
<p>211. Why didn't you obtain the method you wanted?</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>212. Who made the final decision about what method you got today?</p>	<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
<p>213. Did you pay any money for any of the family planning services you received or were provided today?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>LCL_202. Was any of the money you paid today for family planning covered by insurance or some other health scheme?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

214. Did the provider tell you that if you do not take the pill every day, your chances of becoming pregnant are higher?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
215. Did the provider tell you that if you are more than one month late for your shot, your chances of becoming pregnant are higher?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
216. During your visit today, for the method you were prescribed or given, did the provider:			
	Yes	No	No response
a. Explain how to use the method?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Talk about possible side effects?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Tell you what to do if you have problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Tell you when to return for follow-up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
217. During your visit today, did the provider:			
	Yes	No	No response
a. Tell you about contraceptive methods other than the method you were given or prescribed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Talk about the methods that protect against HIV/AIDs and STIs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Ask about your family planning method preference?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Tell you that you could switch to a different method in the future?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
218. How clear was the family planning information you received today?	<input type="radio"/> Very clear <input type="radio"/> Clear <input type="radio"/> Somewhat clear <input type="radio"/> Not clear <input type="radio"/> Not at all clear <input type="radio"/> Do not know <input type="radio"/> No response		
219. Did the provider allow you to ask questions?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
220. Did the provider answer all your questions in a way you understood?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		

<p>221. During your visit today, were you told by the provider about advantages and disadvantages with a method to delay or avoid pregnancy?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>						
<p>222. What advantages did the provider tell you about your \${method_prescribed_lab}?</p>	<p><input type="checkbox"/> Efficacy <input type="checkbox"/> Less bleeding <input type="checkbox"/> More regular bleeding <input type="checkbox"/> Protects for a long time <input type="checkbox"/> No hormones <input type="checkbox"/> Ease of use <input type="checkbox"/> Return to fertility <input type="checkbox"/> Discrete <input type="checkbox"/> Few side effects <input type="checkbox"/> Other <input type="checkbox"/> No response</p>						
<p>223. What disadvantages did the provider tell you about your \${method_prescribed_lab}?</p>	<p><input type="checkbox"/> Irregular bleeding <input type="checkbox"/> More bleeding <input type="checkbox"/> Few or no periods <input type="checkbox"/> Weight gain <input type="checkbox"/> Nausea <input type="checkbox"/> Cramping <input type="checkbox"/> Not easy to use <input type="checkbox"/> Not very effective <input type="checkbox"/> Headache <input type="checkbox"/> Other <input type="checkbox"/> No response</p>						
<p>SECTION 3: Client Satisfaction</p> <p><i>Now I would like to ask about the services you received today.</i></p>							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <p>300. 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 -88 for do not know in both, -99 for no response in both.</i></p> </td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 5px;"> <p>Minutes <i>Enter time in minutes. Enter -88 for do not know, -99 for no response.</i></p> </td> <td></td> </tr> <tr> <td style="padding: 5px;"> <p>Hours <i>Enter time in hours. Enter -88 for do not know, -99 for no response.</i></p> </td> <td></td> </tr> </table>		<p>300. 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 -88 for do not know in both, -99 for no response in both.</i></p>		<p>Minutes <i>Enter time in minutes. Enter -88 for do not know, -99 for no response.</i></p>		<p>Hours <i>Enter time in hours. Enter -88 for do not know, -99 for no response.</i></p>	
<p>300. 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 -88 for do not know in both, -99 for no response in both.</i></p>							
<p>Minutes <i>Enter time in minutes. Enter -88 for do not know, -99 for no response.</i></p>							
<p>Hours <i>Enter time in hours. Enter -88 for do not know, -99 for no response.</i></p>							
<p>301. During this visit did the provider and other staff treat you very politely, politely, neither politely nor impolitely, impolitely, or very impolitely?</p>	<p><input type="radio"/> Very politely <input type="radio"/> Politely <input type="radio"/> Neither politely nor impolitely</p>						

	<input type="radio"/> Impolitely <input type="radio"/> Very impolitely <input type="radio"/> No response
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?	<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
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
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
Follow-up Consent	
FLW_801. 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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FLW_802. Do you own a phone?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FLW_803. Can I have your primary phone number in case we would like to follow up with you in the future? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
FLW_804. Can you repeat the number again? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
FLW_805. May I have a secondary phone number to follow up with you in the future? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
FLW_806. Can you repeat the number again? <i>Enter an 10-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
Thank the respondent for her time. <i>The respondent is finished, but there are still more questions for you to complete.</i>	

Thank you. <i>There are still more questions for you to complete.</i>	
QUESTIONNAIRE RESULT	
098. In what language was this interview conducted?	<input type="radio"/> English <input type="radio"/> Kiswahili <input type="radio"/> Other
099. Record the result of the Client Exit Interview Questionnaire.	<input type="radio"/> Completed <input type="radio"/> Not at facility <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Other