

PMA Nigeria Phase 1 Service Delivery Point Client Exit Interview 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. State	<input type="radio"/> KANO <input type="radio"/> LAGOS
003b. LGA	
003c. Locality	
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 Centre / Clinic / PHC <input type="radio"/> Maternity Clinic <input type="radio"/> Health Post <input type="radio"/> Family Planning Centre <input type="radio"/> Youth Friendly Centre <input type="radio"/> Pharmacy <input type="radio"/> Chemist / Patent Medical Store <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>	
<p>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 +2348094749830. At this time, do you want to ask me anything about the survey?</p>	
<p>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 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</p>	

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 08131733297 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

010b. Respondent's signature

Please ask the respondent to sign or check the box in agreement of their participation.

Checkbox

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.

009c. Respondent's name

Enter the respondent's full name.

010. Interviewer's name: \${your_name}

Mark your name as a witness to the consent process.

010. Interviewer's name

Please record your name as a witness to the consent process. You previously entered "\${name_typed}."

011. Name of the facility

Please select the name of the facility.

011. Name of the facility

Please record the name of the facility.

SECTION 1 – Background Information

I would like to start by asking a few questions about yourself.

<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"/> Secondary <input type="radio"/> Higher <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 <input type="radio"/> Do not know <input type="radio"/> No response</p>
<p>107. What was the main reason you did not go to the facility nearest to your home?</p>	<p><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</p>

	<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
SECTION 2 – Family Planning Services <i>Now I would like to ask about family planning services you received today.</i>	
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"/> Other traditional methods <input type="radio"/> No response
<p>LCL_200. PROBE: Was the injection administered via syringe or small needle? <i>Show the image to the respondent.</i> [sayana_depo_150x300.jpg]</p>	<input type="radio"/> Syringe <input type="radio"/> Small needle (Sayana Press) <input type="radio"/> No Response
<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>	<input type="radio"/> Same method <input type="radio"/> Another method <input type="radio"/> No method <input type="radio"/> No response
<p>206. How long have you been using this method without stopping?</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>206. Enter a value for \${method_duration_lab}:</p>	
<p>207. Have you ever used this method before?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>208. Have you used it in the past 12 months?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>209. During your visit today, did you obtain the method of family planning you wanted?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Neither, follow-up visit only <input type="radio"/> No response
<p>210. Which method did you initially want to use?</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>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>214. Did the provider tell you that if you do not take the pill every day, your chances of becoming pregnant are higher?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>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?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>216. During your visit today, for the method you were prescribed or given, did the provider:</p>	

	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
221. During your visit today, were you told by the provider about advantages and disadvantages with a method to delay or avoid pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
222. What advantages did the provider tell you about your \${method_prescribed_lab}?	<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>223. What disadvantages did the provider tell you about your \${method_prescribed_lab}?</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>SECTION 3: Client Satisfaction <i>Now I would like to ask about the services you received today.</i></p>							
<table border="1"> <tr> <td data-bbox="183 850 933 1018"> <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 data-bbox="933 850 1427 1018"></td> </tr> <tr> <td data-bbox="183 1018 933 1123"> <p>Minutes <i>Enter time in minutes. Enter -88 for do not know, -99 for no response.</i></p> </td> <td data-bbox="933 1018 1427 1123"></td> </tr> <tr> <td data-bbox="183 1123 933 1249"> <p>Hours <i>Enter time in hours. Enter -88 for do not know, -99 for no response.</i></p> </td> <td data-bbox="933 1123 1427 1249"></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>	<input type="radio"/> Very politely <input type="radio"/> Politely <input type="radio"/> Neither politely nor impolitely <input type="radio"/> Impolitely <input type="radio"/> Very impolitely <input type="radio"/> No response						
<p>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?</p>	<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						
<p>303. Would you refer your relative or friend to this facility?</p>	<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
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Follow-up Consent	
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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
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FLW_802. Do you own a phone?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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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 11-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
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FLW_804. Can you repeat the number again? <i>Enter an 11-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
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FLW_805. What service provider do you use for your primary phone number?	<input type="radio"/> MTN <input type="radio"/> GLO <input type="radio"/> AIRTEL <input type="radio"/> ETISALAT <input type="radio"/> Other <input type="radio"/> No Response
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FLW_806. May I have a secondary phone number to follow up with you in the future? <i>Enter an 11-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
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FLW_807. Can you repeat the number again? <i>Enter an 11-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i>	
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FLW_808. What service provider do you use for your secondary phone number?	<input type="radio"/> MTN <input type="radio"/> GLO <input type="radio"/> AIRTEL <input type="radio"/> ETISALAT <input type="radio"/> Other <input type="radio"/> No Response
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Thank the respondent for her time. <i>The respondent is finished, but there are still more questions for you to complete.</i>	
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Thank you. <i>There are still more questions for you to complete.</i>	
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QUESTIONNAIRE RESULT

098. In what language was this interview conducted?

- English
- Hausa
- Yoruba
- Pidgin
- Other

099. Record the result of the Client Exit Interview Questionnaire.

- Completed
- Postponed
- Refused
- Partly completed
- Other