

Client Exit Interview (CEI) Questionnaire

IDENTIFICATION															
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:												
001a	Your name: Is this your name? [ODK will display the name associated with the phone's serial number]	Yes.....1 No.....0	Always												
001b	Enter your name below. <i>Please record your name</i>	Interviewer's Name	001a = 0												
002a	Current date and time. [ODK will display on screen] Is this date and time correct?	Yes.....1 No.....0	Always												
002b	Record the correct date and time.	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Hours</td> <td style="text-align: center;">Min</td> <td style="text-align: center;">AM/PM</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Day	Month	Year				Hours	Min	AM/PM				002a = 0
Day	Month	Year													
Hours	Min	AM/PM													
003a	LOCATION INFORMATION 1	LOCATION INFORMATION 1a1 LOCATION INFORMATION 1b2 LOCATION INFORMATION 1c3 LOCATION INFORMATION 1d4 LOCATION INFORMATION 1e5 LOCATION INFORMATION 1f6 LOCATION INFORMATION 1g7	Always												
003b	LOCATION INFORMATION 2	ODK will populate a list of appropriate LOCATION INFORMATION 2 based on the LOCATION INFORMATION 1 selected	Always												
003c	LOCATION INFORMATION 3	ODK will populate a list of appropriate LOCATION INFORMATION 3 based on the LOCATION INFORMATION 2 selected.	Always												
003d	LOCATION INFORMATION 4	ODK will populate a list of appropriate LOCATION INFORMATION 4 based on the LOCATION INFORMATION 3 selected	Always												
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>	ODK will populate a list of appropriate enumeration areas based on the LOCATION INFORMATION 4 selected	Always												
005a	Is this a facility from the previous phase or is this a new facility added this phase?	Follow-up facility1 New facility.....2	Always												

Client Exit Interview Questionnaire



006a	Name of facility <i>Please select the name of the facility from the previous phase.</i>	ODK will populate the list of SDPs interviewed at Phase 1.	005a = 1
006b	Name of facility	<input data-bbox="959 365 1347 450" type="text"/>	005a = 2
007	Facility number <i>Please record the number of the facility from the listing form.</i>	Facility number <input data-bbox="1126 461 1347 546" type="text"/>	Always
008	Is a competent respondent present and available to be interviewed today?	Yes.....1 No..... 0	Always

INFORMED CONSENT			
<i>Find the competent female respondent. Administer the consent procedures.</i>			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
009a	Provide a paper copy of the Consent Form to the respondent and read it. / Read the verbal consent text. Then, ask: May I begin the interview now?	Yes..... 1 No..... 0	008 = 1
009b	Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i>	Gather signature: Check box: <input type="checkbox"/>	009a = 1
009c	Respondent's name <i>Enter the respondent's full name.</i>	<div style="border: 1px solid black; width: 250px; height: 30px; margin: 0 auto;"></div>	009a = 1
010	Interviewer's name: <i>Mark your name as a witness to the consent process.</i>	<div style="border: 1px solid black; width: 250px; height: 30px; margin: 0 auto;"></div>	009a = 1
011	Name of the facility <i>Please record the name of the facility.</i>	<div style="border: 1px solid black; width: 250px; height: 30px; margin: 0 auto;"></div>	009a = 1

Section 1 – Background Information			
I would like to start by asking a few questions about yourself			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
101	<p>Did you receive any family planning information or a method during your visit today?</p> <p><i>If no, thank her for her time and end the interview</i></p>	Yes 1 No 0 No response -99	009a = 1
102	<p>How old were you at your last birthday?</p>	Age <input style="width: 100px; height: 20px;" type="text"/>	101 = 1
102a	<p>CHECK: The respondent is not eligible for interview. Please thank her for her time.</p>		102 < 15 or > 49
103	<p>Are you currently married or living together with a man as if married?</p> <p>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</p>	Yes, currently married 1 Yes, living with a man 2 Not currently in union: Divorced / separated 3 Not currently in union: Widow 4 No, never in union 5 No response -99	101 = 1
104	<p>What is the highest level of school you attended?</p> <p><i>Only record formal schooling. Do not record bible or koranic school or short courses.</i></p>	Never Attended 0 LEVEL 1 1 LEVEL 2 2 LEVEL 3 3 LEVEL 4 4 LEVEL 5 5 No response -99	101 = 1
105	<p>How many times have you given birth?</p> <p><i>Enter 0 if she has never given birth. Enter -99 for no response.</i></p>	Number <input style="width: 100px; height: 20px;" type="text"/>	101 = 1
106	<p>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?</p>	One (poorest) 1 Two 2 Three 3 Four 4 Five 5 Six 6 Seven 7 Eight 8 Nine 9 Ten (richest) 10 No response -99	101 = 1

Client Exit Interview Questionnaire



NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
107	Is this the closest health facility to your current residence?	Yes.....1 No.....0 Don't know Don't know-88 No response.....-99	101 = 1
108	What was the main reason you did not go to the facility nearest to your home?	No family planning services.....1 Inconvenient operating hours2 Bad reputation / bad prior experience3 Don't like personnel4 No medicine5 Prefers to remain anonymous6 It is more expensive than other options.....7 Was referred8 Less convenient location9 Absence of provider10 Does not accept insurance11 Other96 Don't know-88 No response.....-99	107 ≠ 1
109	How much time did it take you to travel here today?	<div style="text-align: center;"> Minutes (1) <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> Hours (2) <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> </div> No response.....-99	101 = 1
110	What means of transportation did you use to travel here? <i>If multiple means used</i> PROBE: What was the primary mode of transportation?	Motor vehicle (car, motorcycle, bus).....1 Bicycle / pedicab2 Animal drawn cart3 Walking4 No response.....-99	101 = 1

Section 2 – Family Planning Services			
Now I would like to ask about family planning services you received today.			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
201	Was family planning the main reason you came here today?	Yes 1 No 0 No response -99	101 = 1
202	What was the main reason for your visit today?	STI 1 HIV/AIDS 2 Maternal health 3 Child health 4 General health 5 Other 6 No response -99	201 = 0
203	During your visit today, were you given a family planning method, a prescription for a method, or neither?	A contraceptive method 1 A prescription for a method 2 Neither 3 No response -99	101 = 1
204	Did your provider discuss family planning with you today?	Yes 1 No 0 No response -99	203 = 3
205	Which method were you prescribed or given?	Female Sterilization 1 Male Sterilization 2 Implant 3 IUD 4 Injectables 5 Pill 7 Emergency Contraception 8 Male Condom 9 Female Condom 10 Diaphragm 11 Foam/Jelly 12 Std. Days/Cycle beads 13 LAM 14 Rhythm method 30 Withdrawal 31 Other traditional methods 39 No response -99	203 = 1 or 2
LCL 201	ADD ON A COUNTRY SPECIFIC BASIS: PROBE: Was the injection administered via syringe or small needle? <i>Show the image to the respondent.</i> [IMAGES OF BOTH INJECTION SYSTEMS WILL APPEAR ON SCREEN]	Syringe 1 Small needle (Sayana Press) 2 No response -99	205 = 5
LCL 202	ADD ON A COUNTRY SPECIFIC BASIS: Did you inject it yourself or did a healthcare provider do it for you?	Self 1 Provider 2 No response -99	LCL_201 = 2
LCL 203	ADD ON A COUNTRY SPECIFIC BASIS: Were you offered the choice of doing the injection yourself?	Yes 1 No 0 No response -99	LCL_202 = 2

Client Exit Interview Questionnaire

LCL 204	ADD ON A COUNTRY SPECIFIC BASIS: Were you offered the choice of having the provider give you the injection?	Yes.....1 No0 No response -99	LCL_202 = 1
LCL 205	ADD ON A COUNTRY SPECIFIC BASIS: Have you heard that there is a type of injectable that you can inject yourself? [IMAGE OF METHOD WILL APPEAR ON SCREEN]	Yes.....1 No0 No response -99	LCL_202 ≠ 1 AND 101 = 1
LCL 206	ADD ON A COUNTRY SPECIFIC BASIS: Would you be interested in doing the injection yourself instead of going back to the provider?	Yes.....1 No0 No response -99	LCL_202 ≠ 1 AND 101 = 1
206	Just before this visit, were you using the same method, did you switch from another method or were you using no method?	Same method1 Another method2 No method3 No response -99	203 = 1 or 2

Client Exit Interview Questionnaire



NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
207	How long have you been using this method without stopping?	Weeks (1) <input type="text"/> Months (2) <input type="text"/> No response -99	206 = 1
208	Have you ever used this method before?	Yes.....1 No0 No response -99	206 = 2 or 3
209	Have you used it in the past 12 months?	Yes.....1 No0 No response -99	208 = 1
210	During your visit today, did you obtain the method of family planning you wanted?	Yes.....1 No0 Neither, follow-up visit only..... -77 No response -99	101 = 1
211	Which method did you initially want to use?	Female Sterilization1 Male Sterilization2 Implant3 IUD4 Injectables5 Pill7 Emergency Contraception8 Male Condom9 Female Condom10 Diaphragm11 Foam/Jelly12 Std. Days/Cycle beads13 LAM14 Rhythm method30 Withdrawal31 Other traditional methods39 No response -99	210 = 0
212	Why didn't you obtain the method you wanted?	Method out of stock1 Method not available at all.....2 Provider not trained to provide the method ...3 Provider recommended a different method ...4 Not eligible for method5 Decided not to adopt a method6 Too costly7 Other.....96 Don't know -88 No response -99	210 = 0

Client Exit Interview Questionnaire



NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
213	Who made the final decision about what method you got today?	Respondent alone 1 Provider 2 Partner 3 Respondent and provider 4 Respondent and partner 5 Other 96 Don't know -88 No response -99	203 = 1 or 2
214	Did you pay any money for any of the family planning services you received or were provided today?	Yes 1 No 0 No response -99	203 = 1 or 2
215	Did the provider tell you that if you do not take the pill every day, your chances of becoming pregnant are higher?	Yes 1 No 0 No response -99	205 = 7
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?	Yes 1 No 0 No response -99	205 = 5

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?			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant If:
217	I felt encouraged to ask questions and express my concerns.	Completely agree4 Agree3 Disagree2 Completely disagree.....1 Don't know -88 No response -99	101 = 1
218	The provider made efforts to ensure there were no interruptions during our session.	Completely agree4 Agree3 Disagree2 Completely disagree.....1 Don't know -88 No response -99	101 = 1
219	The provider asked me questions in order to provide counseling that fit me personally.	Completely agree4 Agree3 Disagree2 Completely disagree.....1 Don't know -88 No response -99	101 = 1
220	I received all of the information I wanted to know about my options for contraceptive methods.	Completely agree4 Agree3 Disagree2 Completely disagree.....1 Don't know -88 No response -99	101 = 1
221	The provider gave me the time I needed to consider the contraceptive options we discussed.	Completely agree4 Agree3 Disagree2 Completely disagree.....1 Don't know -88 No response -99	101 = 1
222	After this consultation, I could understand how my body might react to using contraception.	Completely agree4 Agree3 Disagree2 Completely disagree.....1 Don't know -88 No response -99	101 = 1
223	I could understand how to use the method(s) we talked about during the consultation.	Completely agree4 Agree3 Disagree2 Completely disagree.....1 Don't know -88 No response -99	101 = 1
224	I was able to give my opinion about what I needed.	Completely agree4 Agree3 Disagree2 Completely disagree.....1 Don't know -88 No response -99	101 = 1

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			Relevant If:
225	I felt pressured by the healthcare provider to use the method they wanted me to use.	Completely agree4			101 = 1
		Agree3			
		Disagree2			
		Completely disagree.....1			
		Don't know.....-88			
		No response-99			
226	I felt scolded because of my marital status.	Completely agree4			101 = 1
		Agree3			
		Disagree2			
		Completely disagree.....1			
		Don't know.....-88			
		No response-99			
227	Did the provider discuss the role of your husband/partner in using contraception?	Yes1			101 = 1
		No0			AND
		No response-99			103 = 1
					or 2
LCL_207	ADD ON A COUNTRY SPECIFIC BASIS: Did you receive complete information about your method, including: a) Where to store the injection material until I use it? b) What do with the syringe after the injection? c) An instruction sheet to take home to remind me of steps for self-injection? d) A reinjection calendar to take home for example, information on when and how to remember my next injection date?	YES	NO	NR	LCL_202 = 1
		1	0	-99	
		1	0	-99	
		1	0	-99	
		1	0	-99	
LCL_208	ADD ON A COUNTRY SPECIFIC BASIS: How comfortable do you feel using the method on your own?	Very comfortable4			LCL_202 = 1
		Comfortable3			
		Uncomfortable2			
		Very uncomfortable1			
		Don't know.....-88			
		No response-99			
228	During your visit today, were you told by the provider about advantages and disadvantages with a method to delay or avoid pregnancy?	Yes1			101 = 1
		No0			
		No response-99			

Client Exit Interview Questionnaire



NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant If:
229	What advantages did the provider tell you about your [METHOD]?	Efficacy 1/0 Less bleeding 1/0 More regular bleeding 1/0 Protects for a long time 1/0 No hormones 1/0 Ease of use 1/0 Return to fertility 1/0 Discrete 1/0 Few side effects 1/0 Other 1/0 No response -99	228 = 1
230	What disadvantages did the provider tell you about your [METHOD]?	Irregular bleeding 1/0 More bleeding..... 1/0 Few or no periods 1/0 Weight gain 1/0 Nausea 1/0 Cramping 1/0 Not easy to use 1/0 Not very effective 1/0 Headache 1/0 Other 1/0 No response -99	228 = 1

Section 3 – Client Satisfaction						
Now I would like to ask about the services you received today.						
NO	QUESTIONS AND FILTERS	CODING CATEGORIES				Relevant if:
301	<p>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?</p> <p><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></p>	Minutes (1)				101 = 1
		Hours (2)				
		Don't know				-88
		No response				-99
302	<p>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>	Very satisfied				1
		Satisfied				2
		Neither satisfied nor dissatisfied.....				3
		Dissatisfied				4
		Very dissatisfied.....				5
		No response				-99
303	<p>Would you refer your relative or friend to this facility?</p>	Yes.....				1
		No				0
		Don't know				-88
		No response				-99
304	<p>Would you return to this facility?</p>	Yes.....				1
		No				0
		Don't know				-88
		No response				-99
305	<p>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:</p>	MOST	SOME	FEW	NR	101 = 1
	<p>a. Women are treated respectfully when they go to this facility for family planning.</p>	1	2	3	-99	
	<p>b. Women will be able to receive family planning method of their choice at this facility.</p>	1	2	3	-99	
	<p>c. Women have access to affordable family planning services at this facility.</p>	1	2	3	-99	

Follow-up Consent			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant If:
401	<p>Thank you for the time you have kindly granted us.</p> <p>Could we contact you via phone to ask you questions to update this information in the next four months?</p>	Yes 1 No 0 No response -99	401 = 1
402	<p>Do you have access to a phone?</p>	Yes 1 No 0 No response -99	401 = 1
403a	<p>Can I have your primary phone number in case we would like to follow up with you in the future?</p>	Yes 1 No 0	402 = 1
403b	<p>What is your primary phone number?</p> <p><i>Enter an #-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i></p> <p>[UPDATE TO MATCH COUNTRY PHONE SYSTEM]</p>	Primary phone number: <div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px auto;"></div> No response -99	403a = 1
403c	<p>Can you repeat the number again?</p> <p><i>Enter an #-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i></p> <p>[UPDATE TO MATCH COUNTRY PHONE SYSTEM]</p> <p><i>Number entered must match previously entered number.</i></p>	Primary phone number: <div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px auto;"></div> No response -99	403b ≠ 0
403d	<p>Is this your personal phone number?</p> <p><i>A personal phone is not shared with other people.</i></p>	Yes 1 No 0 No response -99	403a = 1
404a	<p>Can I have your secondary phone number in case we would like to follow up with you in the future?</p>	Yes 1 No 0	403a = 1
404b	<p>What is your secondary phone number?</p> <p><i>Enter an #-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</i></p> <p>[UPDATE TO MATCH COUNTRY PHONE SYSTEM]</p>	Primary phone number: <div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px auto;"></div> No response -99	404a = 1
404c	<p>Can you repeat the number again?</p>	Primary phone number: <div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px auto;"></div>	404b ≠ 0

Client Exit Interview Questionnaire



	<p>Enter an #-digit number without the country code. Do not include spaces or dashes. Enter 0 for no response.</p> <p>[UPDATE TO MATCH COUNTRY PHONE SYSTEM]</p> <p>Number entered must match previously entered number.</p>	<div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <p>No response -99</p>	
404d	<p>Is this your personal phone number?</p> <p><i>A personal phone is not shared with other people.</i></p>	<p>Yes 1</p> <p>No 0</p> <p>No response -99</p>	404
405	<p>Is [NAME] the name you go by in your household?</p>	<p>Yes1</p> <p>No0</p> <p>No response-99</p>	401 = 1
406	<p>What is the name you go by in your household?</p>	<p>Name:</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div>	405 = 0
407	<p>Is [NAME] the name you go by in your community?</p>	<p>Yes1</p> <p>No0</p> <p>No response -99</p>	401 = 1
408	<p>What is the name you go by in your community?</p>	<p>Name:</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div>	407 = 0

QUESTIONNAIRE RESULT			
<p>Thank the respondent for her time. <i>The respondent is finished, but there are still more questions for you to complete.</i></p>			
098	In what language was this interview conducted?	English 1 French 2 Language 3 3 Language 4 4 Language 5 5 Language 6 6 Other 96	009a = 1
099	Record the result of the Client Exit Interview Questionnaire.	Completed 1 Not at facility 2 Postponed 3 Refused 4 Partly completed 5 Other 6	Always