

## PMA Nigeria Phase 2 Survey Client Exit Interview Questionnaire

001. Select an RE group	<input type="radio"/> Kano - Group 1 <input type="radio"/> Kano - Group 2 <input type="radio"/> Kano - Group 3 <input type="radio"/> Kano - Group 4 <input type="radio"/> Kano - Group 5 <input type="radio"/> Kano - Group 6 <input type="radio"/> Lagos - Group 1 <input type="radio"/> Lagos - Group 2 <input type="radio"/> Lagos - Group 3 <input type="radio"/> Lagos - Group 4 <input type="radio"/> Lagos - Group 5 <input type="radio"/> Lagos - Group 6 <input type="radio"/> Lagos - Group 7 <input type="radio"/> Lagos - Group 8 <input type="radio"/> Lagos - Group 9
001a. Your name:	
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	<i>ODK will populate a list of appropriate LGA based on the selected state.</i>
003c. Locality	<i>ODK will populate a list of appropriate locality based on the selected LGA.</i>

<p>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></p>	<p><i>ODK will populate a list of appropriate EAs based on the selected locality.</i></p>
<p>005a. Is this a facility from the previous phase or is this a new facility added this phase?</p>	<p><input type="radio"/> Follow up facility <input type="radio"/> New facility</p>
<p>006. Name of the facility <i>Please select the name of the facility from the previous phase.</i></p>	
<p>006. Name of the facility</p>	
<p>007. Facility number <i>Please record the number of the facility from the listing form.</i></p>	
<p>008. Is a competent respondent present and available to be interviewed today?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Please confirm that you have screened the respondent for COVID-19 before continuing.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>INFORMED CONSENT</b> <i>Find the competent female respondent. Administer the consent procedures.</i></p>	
<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'</p>	

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 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.

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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.*

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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.*

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009c. Respondent's name  
*Enter the respondent's full name.*

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<p>1010. Interviewer's name: \${your_name} <i>Mark your name as a witness to the consent process.</i></p>	<input type="radio"/>
<p>1010. Interviewer's name Please record your name as a witness to the consent process. You previously entered "\${name_typed}."</p>	
<p>SECTION 1 – Background Information <i>I would like to start by asking a few questions about yourself.</i></p>	
<p>1011. 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>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
<p>1012. How old were you at your last birthday?</p>	
<p>1012a. CHECK: The respondent is not eligible for interview. Please thank her for her time.</p>	
<p>1013. 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>	<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>1014. 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>	<input type="radio"/> Never attended <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Higher <input type="radio"/> No response
<p>1015. How many times have you given birth? <i>Enter 0 if she has never given birth. Enter -99 for no response.</i></p>	
<p>1016. 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>	<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>1017. Is this the closest health facility to your current residence?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response

<p>108. 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  <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         </p>
<p>109. How much time did it take you to travel here today? <i>Enter -88 for do not know in both, -99 for no response in both.</i></p>	
<p>Minutes</p>	
<p>Hours</p>	
<p>110. What means of transportation did you use to travel here? <i>If multiple means used PROBE: What was the primary mode of transportation?</i></p>	<p> <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"/> Other  <input type="radio"/> No response         </p>
<p>SECTION 2 – Family Planning Services <i>Now I would like to ask about family planning services you received today.</i></p>	
<p>201. Was family planning the main reason you came here today?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> No response         </p>
<p>202. What was the main reason for your visit today?</p>	<p> <input type="radio"/> STI  <input type="radio"/> HIV/AIDS  <input type="radio"/> Maternal health  <input type="radio"/> Child health  <input type="radio"/> General health  <input type="radio"/> Other  <input type="radio"/> No response         </p>
<p>203. During your visit today, were you given a family planning method, a prescription for a method, or neither?</p>	<p> <input type="radio"/> A contraceptive method  <input type="radio"/> A prescription for a method         </p>

	<input type="radio"/> Neither <input type="radio"/> No response
204. Did your provider discuss family planning with you today?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
205. Which method 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
LCL_201. PROBE: Was the injection administered via syringe or small needle? <i>Show the image to the respondent.</i> [sayana_depo_150x300.jpg]	<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?	<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?	<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?	<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]	<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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

<p>206. 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>207. 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>207. Enter a value for \${method_duration_lab}:</p>	
<p>208. Have you ever used this method before?</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><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><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><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><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</p>

	<input type="radio"/> Decided not to adopt a method <input type="radio"/> Too costly <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
213. Who made the final decision about what method you got today?	<input type="radio"/> Respondent alone <input type="radio"/> Provider <input type="radio"/> Partner <input type="radio"/> Respondent and provider <input type="radio"/> Respondent and partner <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
214. Did you pay any money for any of the family planning services you received or were provided today?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
215. Did the provider tell you that if you do not take the pill every day, your chances of becoming pregnant are higher?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
216. Did the provider tell you that if you are more than one month late for your shot, your chances of becoming pregnant are higher?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
Now I am going to ask you some questions about the family planning consultation you had with your provider today. Would you completely agree, agree, disagree, completely disagree with the following statements?	
217. I felt encouraged to ask questions and express my concerns.	<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
218. The provider made efforts to ensure there were no interruptions during our session.	<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
219. The provider asked me questions in order to provide counseling that fit me personally.	<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
220. I received all of the information I wanted to know about my options for contraceptive methods.	<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
221. The provider gave me the time I needed to consider the contraceptive options we discussed.	<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
222. After this consultation, I could understand how my body might react to using contraception.	<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
223. I could understand how to use the method(s) we talked about during the consultation.	<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
224. I was able to give my opinion about what I needed.	<input type="radio"/> Completely agree <input type="radio"/> Agree <input type="radio"/> Disagree <input type="radio"/> Completely disagree <input type="radio"/> Do not know <input type="radio"/> No response
225. I felt pressured by the healthcare provider to use the method they wanted me to use.	<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.	<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?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response		
LCL_207. Did you receive complete information about your method, including:			
	Yes	No	No response
a. Where to store the injection material until I 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 me 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 my 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?	<input type="radio"/> Very comfortable <input type="radio"/> Comfortable <input type="radio"/> Uncomfortable <input type="radio"/> Very uncomfortable <input type="radio"/> Do not know <input type="radio"/> No response		
228. 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		
229. 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		
230. What disadvantages did the provider tell you about your \${method_prescribed_lab}?	<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			
SECTION 3: Client Satisfaction				
<i>Now I would like to ask about the services you received today.</i>				
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?				
<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				
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: <i>1 = Most 2 = Some 3 = Few -99 = No Response</i>				
	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"/>

Follow-up Consent	
401. 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
402. Do you have access to a phone?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
403a. Can I have your primary phone number in case we would like to follow up with you in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
403b. What is your primary phone number? <i>Enter an 11-digit number without the country code. Do not include spaces or dashes.</i>	
403c. Can you repeat the number again? <i>Enter an 11-digit number without the country code. Do not include spaces or dashes.</i>	
403d. Is this your personal phone number? <i>A personal phone is not shared with other people.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
404a. Can I have your secondary phone number in case we would like to follow up with you in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
404b. What is your secondary phone number? <i>Enter an 11-digit number without the country code. Do not include spaces or dashes.</i>	
404c. Can you repeat the number again? <i>Enter an 11-digit number without the country code. Do not include spaces or dashes.</i>	
404d. Is this your personal phone number? <i>A personal phone is not shared with other people.</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
405. Is \${firstname} the name you go by in your household?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
406. What is the name you go by in your household?	
407. Is \${firstname} the name you go by in your community?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
408. What is the name you go by in your community?	
Thank the respondent for her time.	

<p><i>The respondent is finished, but there are still more questions for you to complete.</i></p>	
<p>Thank you. <i>There are still more questions for you to complete.</i></p>	
<p><b>QUESTIONNAIRE RESULT</b></p>	
<p>098. In what language was this interview conducted?</p>	<p> <input type="radio"/> English  <input type="radio"/> Hausa  <input type="radio"/> Yoruba  <input type="radio"/> Pidgin  <input type="radio"/> Other         </p>
<p>099. Record the result of the Client Exit Interview Questionnaire.</p>	<p> <input type="radio"/> Completed  <input type="radio"/> Postponed  <input type="radio"/> Refused  <input type="radio"/> Partly completed  <input type="radio"/> Other         </p>