

Client Exit Interview (CEI) Questionnaire

| IDENTIFICATION | | | | | | | | | | | | | | | |
|----------------|--|---|--------------|-------|------|--|--|--|-------|-----|-------|--|--|--|----------|
| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant if: | | | | | | | | | | | | |
| 001a | <p>Your name: Is this your name?</p> <p>[ODK will display the name associated with the phone's serial number]</p> | Yes 1 No 0 | Always | | | | | | | | | | | | |
| 001b | <p>Enter your name below.</p> <p><i>Please record your name</i></p> | Interviewer's Name | 001a = 0 | | | | | | | | | | | | |
| 002a | <p>Current date and time.</p> <p>[ODK will display on screen]</p> <p>Is this date and time correct?</p> | Yes 1 No 0 | Always | | | | | | | | | | | | |
| 002b | <p>Record the correct date and time.</p> | <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 | <p>LOCATION INFORMATION 1</p> | LOCATION INFORMATION 1a 1 LOCATION INFORMATION 1b 2 LOCATION INFORMATION 1c 3 LOCATION INFORMATION 1d 4 LOCATION INFORMATION 1e 5 LOCATION INFORMATION 1f 6 LOCATION INFORMATION 1g 7 | Always | | | | | | | | | | | | |
| 003b | <p>LOCATION INFORMATION 2</p> | ODK will populate a list of appropriate LOCATION INFORMATION 2 based on the LOCATION INFORMATION 1 selected | Always | | | | | | | | | | | | |
| 003c | <p>LOCATION INFORMATION 3</p> | ODK will populate a list of appropriate LOCATION INFORMATION 3 based on the LOCATION INFORMATION 2 selected. | Always | | | | | | | | | | | | |
| 003d | <p>LOCATION INFORMATION 4</p> | ODK will populate a list of appropriate LOCATION INFORMATION 4 based on the LOCATION INFORMATION 3 selected | Always | | | | | | | | | | | | |
| 004 | <p>Enumeration area</p> | ODK will populate a list of appropriate enumeration areas based on the LOCATION INFORMATION 4 selected | Always | | | | | | | | | | | | |
| 005 | <p>Facility number</p> <p><i>Please record the number of the facility from the listing form.</i></p> | Facility number <input style="width: 100px; height: 20px;" type="text"/> | Always | | | | | | | | | | | | |

Client Exit Interview Questionnaire



| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant if: |
|------|--|---|--------------|
| 006 | Type of facility <i>Please select the type of facility.</i> | FACILITY TYPE 1 1 FACILITY TYPE 2 2 FACILITY TYPE 3 3 FACILITY TYPE 4 4 FACILITY TYPE 5 5 FACILITY TYPE 6 6 Other 7 | Always |
| 006a | Advanced facility | Yes 1 No 0 | 006 = # |
| 007 | Managing authority <i>Please select the managing authority for the facility.</i> | Government 1 NGO 2 Faith-based organization 3 Private 4 Other 5 | 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 No0 | 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: 200px; 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: 200px; 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: 200px; 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 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 type="text"/> | 101 = 1 |
| 106 | <p>Imagine a 10-step staircase 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 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 hours 2 Bad reputation / bad prior experience 3 Don't like personnel 4 No medicine 5 Prefers to remain anonymous 6 It is more expensive than other options 7 Was referred 8 Less convenient location 9 Absence of provider 10 Other 96 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: right; margin-right: 50px;"> 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 / pedicab 2 Animal drawn cart 3 Walking 4 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 |
| 206 | Just before this visit, were you using the same method, did you switch from another method or were you using no method? | Same method 1 Another method 2 No method 3 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 No 0 No response-99 | 206 = 2 or 3 |
| 209 | Have you used it in the past 12 months? | Yes 1 No 0 No response-99 | 208 = 1 |
| 210 | During your visit today, did you obtain the method of family planning you wanted? | Yes 1 No 0 No response-99 | 101 = 1 |
| 211 | Which method did you initially want to use? | 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 | 210 = 0 |
| 212 | Why didn't you obtain the method you wanted? | Method out of stock..... 1 Method not available at all 2 Provider not trained to provide the method .. 3 Provider recommended a different method .. 4 Not eligible for method 5 Decided not to adopt a method 6 Too costly 7 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 |

Client Exit Interview Questionnaire



| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | | | Relevant If: |
|-----|--|-------------------|-----------|-----------|--------------|
| | | YES | NO | NR | |
| 217 | During your visit today, for the method you were prescribed or given, did the provider: | | | | 203 = 1 or 2 |
| | a. Explain how to use the method? | 1 | 0 | -99 | |
| | b. Talk about possible side effects? | 1 | 0 | -99 | |
| | c. Tell you what to do if you have problems? | 1 | 0 | -99 | |
| | d. Tell you when to return for follow-up? | 1 | 0 | -99 | |
| 218 | During your visit today, did the provider: | YES | NO | NR | 203 = 1 or 2 |
| | a. Tell you about contraceptive methods other than the method you were given or prescribed? | 1 | 0 | -99 | |
| | b. Talk about the methods that protect against HIV/AIDs and STIs? | 1 | 0 | -99 | |
| | c. Ask about your family planning method preference? | 1 | 0 | -99 | |
| | d. Tell you that you could switch to a different method in the future? | 1 | 0 | -99 | |

Client Exit Interview Questionnaire



| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant if: |
|-----|---|---|--------------|
| 219 | How clear was the family planning information you received today? | Very clear 1 Clear 2 Somewhat clear 3 Not clear 4 Not at all clear 5 Don't Know -88 No response -99 | 101 = 1 |
| 220 | Did the provider allow you to ask questions? | Yes 1 No 0 No response -99 | 101 = 1 |
| 221 | Did the provider answer all your questions in a way you understood? | Yes 1 No 0 No response -99 | 220 = 1 |
| 222 | During your visit today, were you told by the provider about advantages and disadvantages with a method to delay or avoid pregnancy? | Yes 1 No 0 No response -99 | 101 = 1 |
| 223 | 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 | 222 = 1 |
| 224 | 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 | 222 = 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. 0 is a possible answer.</i></p> | <p style="text-align: right;">Minutes (1) <input style="width: 80px; height: 25px;" type="text"/></p> <p style="text-align: right;">Hours (2) <input style="width: 80px; height: 25px;" type="text"/></p> <p>Don't know-88 No response-99</p> | 101 = 1 |
| 302 | <p>During this visit did the provider and other staff treat you very politely, politely, neither politely nor impolitely, impolitely, or very impolitely?</p> | <p>Very politely 1 Politely 2 Neither politely nor impolitely 3 Impolitely 4 Very impolitely 5 No response-99</p> | 101 = 1 |
| 303 | <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> | <p>Very satisfied 1 Satisfied 2 Neither satisfied nor dissatisfied 3 Dissatisfied 4 Very dissatisfied 5 No response-99</p> | 101 = 1 |
| 304 | <p>Would you refer your relative or friend to this facility?</p> | <p>Yes 1 No 0 Don't know-88 No response-99</p> | 101 = 1 |
| 305 | <p>Would you return to this facility?</p> | <p>Yes 1 No 0 Don't know-88 No response-99</p> | 101 = 1 |

| Follow-up Consent | | | |
|-------------------|--|--|--------------|
| NO | QUESTIONS AND FILTERS | CODING CATEGORIES | Relevant If: |
| FLW_801 | <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 | 101 = 1 |
| FLW_802 | <p>Do you own a phone?</p> | Yes 1 No 0 No response -99 | FLW_801 = 1 |
| FLW_803 | <p>Can I have your primary phone number in case we would like to follow up with you in the future?</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: 25px; margin: 5px 0;"></div> No response -99 | FLW_802 = 1 |
| FLW_804 | <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: 25px; margin: 5px 0;"></div> No response -99 | FLW_803 ≠ 0 |

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