

**MEASURE *DHS* SERVICE PROVISION ASSESSMENT SURVEY**

**FP CLIENT EXIT INTERVIEW**

**FACILITY IDENTIFICATION**

Name of the facility: \_\_\_\_\_

Location of the facility: \_\_\_\_\_

FACILITY NUMBER ..... 

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PROVIDER CODE ..... 

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**INFORMATION ABOUT INTERVIEW**

DATE: _____	DAY ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
Name of the interviewer: _____	MONTH ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
	YEAR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>1</td><td> </td></tr></table>	2	0	1	
2	0	1			
	INTERVIEWER CODE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>				
	CLIENT CODE ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>				

# 1. Information About Visit - FAMILY PLANNING

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																
	<p><b>READ TO CLIENT:</b> Hello, I am _____. As my colleague mentioned, we are representing [IMPLEMENTING ORGANIZATION]. We are conducting a study of health facilities in [COUNTRY] in order to improve the services this facility offers and would like to ask you some questions about your experiences here today.</p> <p>Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time.</p> <p>Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential.</p> <p>Do you have any questions for me? Do I have your permission to continue with the interview?</p> <div style="text-align: right; margin-right: 50px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td colspan="2"></td> <td colspan="2" style="text-align: center; font-size: 8px;">YEAR</td> <td></td> <td></td> </tr> </table> </div> <p>_____ Interviewer's signature (Indicates respondent's willingness to participate)</p>							2	0	1		DAY	MONTH			YEAR			
				2	0	1													
DAY	MONTH			YEAR															
100	May I begin the interview?	CLIENT AGREES ..... 1 CLIENT REFUSES ..... 2	→ END																
101	RECORD THE TIME THE INTERVIEW STARTED	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">:</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			:														
		:																	
102	RECORD THE SEX OF THE CLIENT	MALE ..... 1 FEMALE ..... 2																	
103	Before coming to this facility today, were you taking any steps or using any methods to prevent a pregnancy?	YES ..... 1 NO ..... 2	→ 105																
104	Have you used a family planning method or taken any steps to prevent pregnancy at any time during the past 6 months?	YES ..... 1 NO ..... 2	→ 112																
105	What method were you (last) using?  IF CONDOMS WERE PRESCRIBED FOR USE ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS.	COMBINED ORAL PILL ..... A PROGESTIN-ONLY PILL ..... B PILL (TYPE UNSPECIFIED) ..... C COMBINED INJECTABLE (MONTHLY) ..... D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) ... E MALE CONDOM ..... F FEMALE CONDOM ..... G IUCD ..... H IMPLANT ..... I EMERGENCY CONTRACEPTION ..... J CYCLE BEADS FOR STANDARD DAYS METHOD (SDM) ..... K NATURAL METHODS (PERIODIC ABSTINENCE) ..... L MALE STERILIZATION (VASECTOMY) ..... M FEMALE STERILIZATION (TUBAL LIGATION) ... N LACTATIONAL AMENORRHEA ..... O OTHER _____ X																	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
106	Did a provider ask you today whether you were having (or had had) a problem with the method?	YES, ASKED. . . . . 1 NO, DID NOT ASK . . . . . 2	
107	Have you been having (did you have) any problems with the method?	YES . . . . . 1 NO . . . . . 2	→ 110
108	Did you mention the problem to the provider during the consultation?	YES . . . . . 1 NO . . . . . 2	
109	Did the provider suggest any action(s) you should take to resolve the problem?	YES . . . . . 1 NO . . . . . 2	
110	What was the outcome of this visit—did you decide to continue (restart) the same method or to switch methods?	CONTINUE WITH OR RESTART SAME METHOD. . . . . 1 SWITCH METHOD. . . . . 2 STOP USING METHOD (DUE TO PROBLEMS). . . . . 3 STOP USING METHOD (ELECTIVE-NO PROBLEMS). . . . . 4	→ 201
111	Had you thought about switching methods, and which method to switch to, before you came here today?	YES . . . . . 1 NO . . . . . 2	→ 113 → 115
112	Had you thought about what family planning method you wanted to use before you came here today?	YES . . . . . 1 NO . . . . . 2	→ 115
113	What method was that?  IF CLIENT MENTIONS CONDOMS ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS.	COMBINED ORAL PILL. . . . . A PROGESTIN-ONLY PILL. . . . . B PILL (TYPE UNSPECIFIED). . . . . C COMBINED INJECTABLE (MONTHLY). . . . . D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY). . . . . E MALE CONDOM. . . . . F FEMALE CONDOM. . . . . G IUCD. . . . . H IMPLANT. . . . . I EMERGENCY CONTRACEPTION. . . . . J CYCLE BEADS FOR STANDARD DAYS METHOD (SDM). . . . . K NATURAL METHODS (PERIODIC ABSTINENCE). . . . . L MALE STERILIZATION (VASECTOMY). . . . . M FEMALE STERILIZATION (TUBAL LIGATION). . . . . N LACTATIONAL AMENORRHEA. . . . . O OTHER _____ X	
114	Did the provider talk to you about any of the method(s) you just mentioned?	YES . . . . . 1 NO . . . . . 2	

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115	<p>What (other) family planning methods did the provider talk with you about?</p> <p>CIRCLE ALL METHODS MENTIONED.</p>	COMBINED ORAL PILL. . . . . A PROGESTIN-ONLY PILL. . . . . B PILL (TYPE UNSPECIFIED). . . . . C COMBINED INJECTABLE (MONTHLY). . . . . D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY). . . . . E MALE CONDOM. . . . . F FEMALE CONDOM. . . . . G IUCD. . . . . H IMPLANT. . . . . I EMERGENCY CONTRACEPTION. . . . . J CYCLE BEADS FOR STANDARD DAYS METHOD (SDM). . . . . K NATURAL METHODS (PERIODIC ABSTINENCE). . . . . L MALE STERILIZATION (VASECTOMY). . . . . M FEMALE STERILIZATION (TUBAL LIGATION). . . . . N LACTATIONAL AMENORRHEA. . . . . O OTHER _____ X																																																										
116	<p>What family planning method did you either receive or get a prescription or referral for?</p> <p>CIRCLE ALL METHODS THE CLIENT HAS A PRESCRIPTION OR A REFERRAL (PRES), OR RECEIVED IN FACILITY (REC).</p> <p>IF THE CLIENT IS CONTINUING WITH A PRIOR METHOD AND DID NOT RECEIVE ANY METHOD, PRESCRIPTION OR REFERRAL DURING THIS VISIT, CIRCLE "Y"</p> <p>CHECK PACKET OR PRESCRIPTION TO CONFIRM TYPE OF PILL OR INJECTION</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;"><u>PRES</u></td> <td style="text-align: right;"><u>REC</u></td> </tr> <tr> <td>COMBINED ORAL PILL. . . . . A</td> <td style="text-align: right;">A</td> <td style="text-align: right;">A</td> </tr> <tr> <td>PROGESTIN-ONLY PILL. . . . . B</td> <td style="text-align: right;">B</td> <td style="text-align: right;">B</td> </tr> <tr> <td>PILL (TYPE UNSPECIFIED). . . . . C</td> <td style="text-align: right;">C</td> <td style="text-align: right;">C</td> </tr> <tr> <td>COMBINED INJECTABLE (MONTHLY). . . . . D</td> <td style="text-align: right;">D</td> <td style="text-align: right;">D</td> </tr> <tr> <td>PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY). . . . . E</td> <td style="text-align: right;">E</td> <td style="text-align: right;">E</td> </tr> <tr> <td>MALE CONDOM. . . . . F</td> <td style="text-align: right;">F</td> <td style="text-align: right;">F</td> </tr> <tr> <td>FEMALE CONDOM. . . . . G</td> <td style="text-align: right;">G</td> <td style="text-align: right;">G</td> </tr> <tr> <td>IUCD. . . . . H</td> <td style="text-align: right;">H</td> <td style="text-align: right;">H</td> </tr> <tr> <td>IMPLANT. . . . . I</td> <td style="text-align: right;">I</td> <td style="text-align: right;">I</td> </tr> <tr> <td>EMERGENCY CONTRACEPTION. . . . . J</td> <td style="text-align: right;">J</td> <td style="text-align: right;">J</td> </tr> <tr> <td>CYCLE BEADS FOR     STANDARD DAYS METHOD (SDM). . . . . K</td> <td style="text-align: right;">K</td> <td style="text-align: right;">K</td> </tr> <tr> <td>NATURAL METHODS     (PERIODIC ABSTINENCE). . . . . L</td> <td style="text-align: right;">L</td> <td style="text-align: right;">L</td> </tr> <tr> <td>MALE STERILIZATION (VASECTOMY). . . . . M</td> <td style="text-align: right;">M</td> <td style="text-align: right;">M</td> </tr> <tr> <td>FEMALE STERILIZATION (TUBAL LIGATION). . . . . N</td> <td style="text-align: right;">N</td> <td style="text-align: right;">N</td> </tr> <tr> <td>LACTATIONAL AMENORRHEA. . . . . O</td> <td style="text-align: right;">O</td> <td style="text-align: right;">O</td> </tr> <tr> <td>OTHER _____ X</td> <td style="text-align: right;">X</td> <td style="text-align: right;">X</td> </tr> <tr> <td>CONTINUING WITH METHOD IN Q105. . . . . Y</td> <td style="text-align: right;">Y</td> <td style="text-align: right;">Y</td> </tr> <tr> <td>NO METHOD. . . . . Z</td> <td style="text-align: right;">Z</td> <td style="text-align: right;">Z</td> </tr> </table> <p style="text-align: right;">↓ 201</p> <p><b>[ONLY SKIP TO 201 IF BOTH "Z" ARE CIRCLED IE, NO METHOD EITHER RECEIVED OR PRESCRIBED] OTHERWISE CONTINUE TO Q117</b></p>		<u>PRES</u>	<u>REC</u>	COMBINED ORAL PILL. . . . . A	A	A	PROGESTIN-ONLY PILL. . . . . B	B	B	PILL (TYPE UNSPECIFIED). . . . . C	C	C	COMBINED INJECTABLE (MONTHLY). . . . . D	D	D	PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY). . . . . E	E	E	MALE CONDOM. . . . . F	F	F	FEMALE CONDOM. . . . . G	G	G	IUCD. . . . . H	H	H	IMPLANT. . . . . I	I	I	EMERGENCY CONTRACEPTION. . . . . J	J	J	CYCLE BEADS FOR STANDARD DAYS METHOD (SDM). . . . . K	K	K	NATURAL METHODS (PERIODIC ABSTINENCE). . . . . L	L	L	MALE STERILIZATION (VASECTOMY). . . . . M	M	M	FEMALE STERILIZATION (TUBAL LIGATION). . . . . N	N	N	LACTATIONAL AMENORRHEA. . . . . O	O	O	OTHER _____ X	X	X	CONTINUING WITH METHOD IN Q105. . . . . Y	Y	Y	NO METHOD. . . . . Z	Z	Z	
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NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
118	MARK BELOW THE METHOD THAT IS CIRCLED IN QUESTION 116. THEN, ASK THE CLIENT THE QUESTION RELATED TO THAT METHOD		
A	PILL (ANY PILL)	How often do you take the pill? ONCE A DAY. . . . . 1 OTHER. . . . . 2 DON'T KNOW . . . . . 8	
B	CONDOM ( MALE)	How many times can you use one condom? ONCE . . . . . 1 OTHER. . . . . 2 DON'T KNOW . . . . . 8	
C	CONDOM (FEMALE) [country-specific, depends on type of female condom available]	What type of lubricant can you use with the female condom? ANY OIL OR LUBRICANT . . . . . 1 OTHER. . . . . 2 DON'T KNOW . . . . . 8	
D	IUCD	What should you do to make sure that your IUCD is in place? CHECK STRING . . . . . 1 OTHER. . . . . 2 DON'T KNOW . . . . . 8	
E	PROGESTIN INJECTABLE (e.g. DEPO-PROVERA) 2-3 MONTHS)	How long does the injection provide protection from pregnancy? 2-3 MONTHS . . . . . 1 OTHER. . . . . 2 DON'T KNOW . . . . . 8	
F	MONTHLY INJECTABLE	How long does the injection provide protection from pregnancy? 1 MONTH. . . . . 1 OTHER. . . . . 2 DON'T KNOW . . . . . 8	
G	IMPLANT [country-specific, depends on type of implant available?]	How long does your implant provide protection against pregnancy? 3-5 YEARS . . . . . 1 OTHER. . . . . 2 DON'T KNOW . . . . . 8	
H	NATURAL METHOD (PERIODIC ABSTINENCE OR SDM)	How do you recognize the days on which you should not have sexual intercourse? BODY TEMPERATURE RISES A MUCUS IN VAGINA . . . . . B DAYS 12-16 OF THE MENSTRUAL CYCLE. . . . . C WHITE BEAD' DAYS/DAYS 8-19 OF MENSTRUAL CYCLE. . . . . D OTHER . . . . . X DON'T KNOW . . . . . Z	
I	VASECTOMY  [obsv. section asks if provider counsels on slight risk]	After you have been sterilized (and after the first 3 months), can you make a woman pregnant again? YES, DEFINITELY. . . . . 1 YES, ONLY SLIGHT RISK . . . . . 2 NO. . . . . 3 DON'T KNOW. . . . . 8	
J	TUBAL LIGATION  [obsv. section asks if provider counsels on slight risk]	After you have been sterilized, could you ever become pregnant again? YES, DEFINITELY. . . . . 1 YES, ONLY SLIGHT RISK. . . . . 2 NO. . . . . 3 DON'T KNOW. . . . . 8	
K	LAM	Can you use this method if your menstrual period has returned? YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8	
119	Does your method protect against Sexually Transmitted Infections (STIs), including HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8	→ 201

## 2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
<p>Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.</p>			
201	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?	MINUTES . . . . . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>  SAW PROVIDER IMMEDIATELY . . . . . 000 DON'T KNOW . . . . . 998	
202	<p>Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were <b>major</b> or <b>minor</b> problems for you.</p>		
		NO PROB- LEM DK	
		MAJOR MINOR	
01	Time you waited to see a provider	1 2 3 8	
02	Ability to discuss problems or concerns about your pregnancy	1 2 3 8	
03	Amount of explanation you received about the problem or treatment	1 2 3 8	
04	Privacy from having others see the examination	1 2 3 8	
05	Privacy from having others hear your consultation discussion	1 2 3 8	
06	Availability of medicines at this facility	1 2 3 8	
07	The hours of service at this facility, i.e., when they open and close	1 2 3 8	
08	The number of days services are available to you	1 2 3 8	
09	The cleanliness of the facility	1 2 3 8	
10	How the staff treated you	1 2 3 8	
11	Cost for services or treatments	1 2 3 8	
203	Are you a part of any prepayment plan (such as medical aid, insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this or any other facility?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8	
204	Were you charged, or did you pay fees for any services your received or were provided today?	YES . . . . . 1 NO . . . . . 2	→ 206

205	What is the total amount you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 999998	
206	Is this the closest health facility to your home?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 208 → 208
207	What was the main reason you did not go to the facility nearest to your home?  IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS ..... 01 BAD REPUTATION ..... 02 DON'T LIKE PERSONNEL .. 03 NO MEDICINE ..... 04 PREFERS TO REMAIN ANONYMOUS ..... 05 IT IS MORE EXPENSIVE .... 06 WAS REFERRED ..... 07 OTHER..... 96 DON'T KNOW ..... 98	
208	In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today  READ ALL STATEMENTS, CIRCLE ONLY ONE  01) I AM <b>VERY SATISFIED</b> WITH THE SERVICES I RECEIVED IN FACILITY ..... 1 02) I AM <b>MORE OR LESS SATISFIED</b> WITH THE SERVICES I RECEIVED..... 2 03) I AM <b>NOT SATISFIED</b> WITH THE SERVICED I RECEIVED ..... 3		
210	Will you recommend this health facility to a friend or family member?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	

### 3. Client Personal Characteristics

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
<p>Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help to improve services in general.</p>			
302	How old were you at your last birthday?	AGE IN YEARS ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW..... 98	
303	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 305
304	What is the highest level of school you attended?	PRIMARY..... 1 POST-PRIMARY/VOCATIONAL. 2 SECONDARY/A-LEVEL..... 3 COLLEGE (MIDDLE LEVEL)... 4 UNIVERSITY..... 5	→ 306
305	Do you know how to read or how to write?	YES, READ AND WRITE .. 1 YES, READ ONLY ..... 2 NO ..... 3	
306	RECORD THE TIME THE INTERVIEW ENDED	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
	Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!		
<p><b>Interviewer's comments:</b></p>			