

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
108	Had you thought about switching methods, and which method to switch to before you came today?	YES 1 NO 2	→110 →112
109	Had you thought about what method you wanted to use to before you came today?	YES 1 NO 2	→112
110	What method was that? (CIRCLE ALL METHODS MENTIONED)	COMBINED PILLA PROGESTIN-ONLY PILLB PILL (TYPE UNSPECIFIED)..... C MALE CONDOM..... D IUDE SPERMICIDE..... F DIAPHRAGM G INJECTABLE DEPO H NORISTERAT I INJECTABLE MESGYNA J NORPLANT IMPLANTK IMPLANON IMPLANT L NATURAL METHODS (RHYTHM) M BREASTFEEDING/LAM N EMERGENCY CONTRACEPTION O FEMALE STERILIZATIONP OTHERX (SPECIFY)	
111	Did the Provider talk about the (method(s) mentioned in question 110)?	YES 1 NO 2 DON'T KNOW 8	
112	What (other) methods did the Provider talk with you about? CIRCLE ALL METHODS MENTIONED	COMBINED PILLA PROGESTIN-ONLY PILLB PILL (TYPE UNSPECIFIED)..... C MALE CONDOM..... D IUDE SPERMICIDE..... F DIAPHRAGM G INJECTABLE DEPO H NORISTERAT I INJECTABLE MESGYNA J NORPLANT IMPLANTK IMPLANON IMPLANT L NATURAL METHODS (RHYTHM) M BREASTFEEDING/LAM N EMERGENCY CONTRACEPTION O FEMALE STERILIZATIONP OTHERX (SPECIFY) NONE Y DON'T KNOW Z	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
113	<p>What method did you receive or were you given a prescription or referral for?</p> <p>CIRCLE ALL METHODS CLIENT HAS RECEIVED (REC) OR HAS PRESCRIPTION OR REFERRAL (PRES) FOR. IF THE CLIENT IS CONTINUING WITH PRIOR METHOD AND DID NOT RECEIVE ANY METHOD, PRESCRIPTION OR REFERRAL THIS VISIT, CIRCLE "O".</p> <p>IF THE CLIENT DECIDED ON A METHOD BUT WILL START THE METHOD OR RECEIVE THE METHOD LATER, AT THE ADVICE OF THE PROVIDER, CIRCLE THAT METHOD AS "PRES" (PRESCRIBED)</p>	<p style="text-align: right;">REC PRES</p> <p>COMBINED PILLA A</p> <p>PROGESTIN-ONLY PILLB B</p> <p>PILL (TYPE UNSPECIFIED)..... C C</p> <p>MALE CONDOM..... D D</p> <p>IUD.....E E</p> <p>SPERMICIDE.....F F</p> <p>DIAPHRAGM G G</p> <p>INJECTABLE DEPO H H</p> <p>NORISTERAT I I</p> <p>INJECTABLE MESGYNA J J</p> <p>NORPLANT IMPLANTK K</p> <p>IMPLANON IMPLANT L L</p> <p>NATURAL METHODS (RHYTHM) M M</p> <p>BREASTFEEDING/LAM N N</p> <p>EMERGENCY CONTRACEPTION O O</p> <p>FEMALE STERILIZATIONP P</p> <p>NO METHOD REC OR PREC, CONTINUING W/ METHOD IN QUESTION 103 Q</p> <p>A METHOD WAS PRESCRIBED BUT NOT RECEIVED.....R</p> <p>OTHER.....X</p> <p style="text-align: center;">(SPECIFY)</p> <p>NO METHOD..... Y →201</p>	
114	Does your method (the method in 113) provide any protection against STDs and AIDS?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
115	<p>During your consultation, did the provider:</p> <p>1) Explain how to use the method?</p> <p>2) Talk about possible side effects?</p> <p>3) Tell you what to do if you have any problems?</p> <p>4) Tell you when to return for follow-up?</p> <p>5) Teach you how to conduct a self breast exam?</p>	<p style="text-align: right;">YES NO DK</p> <p>HOW TO USE 1 2 8</p> <p>TALK ABOUT SIDE EFFECTS..... 1 2 8</p> <p>TELL WHAT TO DO ABOUT PROBLEMS..... 1 2 8</p> <p>TELL WHEN TO RETURN 1 2 8</p> <p>TEACH SBE..... 1 2 8</p>	

116	MARK BELOW THE METHOD THAT IS CIRCLED IN 113 AND 103. AFTER ASKING THE CLIENT THE RELEVANT QUESTION		
	1. Pill	How often do you take the pill?	TAKE A PILL ONCE A DAY..... 1 OTHER _____ 6 (SPECIFY) DON'T KNOW..... 8
	2. IUD	What should you do to make sure that your IUD is in place?	CHECK STRINGS 1 OTHER _____ 6 (SPECIFY) DON'T KNOW..... 8
	3. Injectable (e.g., Depo Provera)	How long does the Depo Provera injection provide protection against pregnancy?	3 MONTHS 1 OTHER _____ 6 (SPECIFY) DON'T KNOW..... 8
	3a. Injectable (e.g., Noristerat)	How long does the Noristerat injection provide protection against pregnancy?	2 MONTHS 1 OTHER _____ 6 (SPECIFY) DON'T KNOW..... 8
	4. Injectable (mesgyna)	How long does the Mesgyna injection provide protection against pregnancy?	1 MONTH..... 1 OTHER _____ 6 (SPECIFY) DON'T KNOW..... 8
	5. NORPLANT	How long does NORPLANT provide protection against pregnancy?	5 YEARS..... 1 OTHER _____ 6 (SPECIFY) DON'T KNOW..... 8
	6. IMPLANON	How long does IMPLANON provide protection against pregnancy?	3 YEARS..... 1 OTHER _____ 6 (SPECIFY) DON'T KNOW..... 8
	7. Female Sterilization	Once you have been sterilized, could you ever become pregnant again?	NO..... 1 OTHER _____ 6 (SPECIFY) DON'T KNOW..... 8
	8. Condom (Male)	How many times can you use a condom?	ONCE..... 1 OTHER 6 DON'T KNOW..... 8
	9. Spermicide/ Foam	Approximately how long before intercourse should you insert the vaginal tablet?	BETWEEN 15 MINUTES AND 1 HOUR 1 OTHER _____ 6 (SPECIFY) DON'T KNOW..... 8
	10. Periodic Abstinence/Rhythm	How do you recognize the days on which you should <u>not</u> have sexual intercourse?	BODY TEMPERATURE RISES...A MUCUS IN VAGINA.....B DAYS 12-16 OF THE MENSTRUAL CYCLE..... C OTHER _____ X (SPECIFY) DON'T KNOW.....Z
	11. LAM	Can you use this method if your menstrual period has returned?	YES..... 1 NO..... 2 DON'T KNOW..... 8
	12. Diaphragm	Approximately how long after intercourse should the diaphragm remain in place?	AT LEAST SIX HOURS (BUT NO LONGER THAN 24 HOURS)..... 1 OTHER _____ 6 (SPECIFY) DON'T KNOW..... 8

Section 2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION						GO TO
	Now I am going to ask you some questions about the services today. I would like to have your honest opinion about the things that we will talk about. This will help us to improve the family planning services.							
201	How long did you wait between the time you first arrived at this facility and the time a Provider saw you for the consultation?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> SAW PROVIDER IMMEDIATELY..... 000 DON'T KNOW..... 998						
202	Often people can identify particular issues that they either don't like or feel are problems that may affect whether they are satisfied with the health services they receive. Can you name any issues that you think were problems with your experience here at this facility today? FOR EACH ISSUE THE RESPONDENT IDENTIFIES ASK: Do you consider this a big problem or a minor problem? WHEN THE RESPONDENT CAN NO LONGER NAME ISSUES, PROBE FOR EACH ISSUE LISTED BELOW THAT WAS NOT MENTIONED. Now I want to ask you about a few other issues that other clients have identified. As I mention each one, please tell me if any of these were problems for you today, and if so, if they were big or small problems							
		SPONTANEOUS		PROMPT				
		BIG	SMALL	BIG	SMALL	NO	DK/NA	
1	Time you waited?	1	2	3	4	5	8	
2	Time it takes to complete all parts of the consultation once initially seen?	1	2	3	4	5	8	
3	Time it takes to receive results from tests?	1	2	3	4	5	8	
4	Ability to discuss problems or concerns about the method used with the health worker?	1	2	3	4	5	8	
5	Amount of explanation you were given about the problem or treatment?	1	2	3	4	5	8	
6	Quality of the examination and treatment provided?	1	2	3	4	5	8	
7	Privacy from others seeing exam?	1	2	3	4	5	8	
8	Privacy from others hearing discussion?	1	2	3	4	5	8	
9	Availability of medicines at the facility?	1	2	3	4	5	8	
10	The hours/days of services?	1	2	3	4	5	8	
11	Cleanliness of facility?	1	2	3	4	5	8	
12	How staff treated you?	1	2	3	4	5	8	
13	Cost of services?	1	2	3	4	5	8	
14	Other _____ (SPECIFY)	1	2			5		

Section 3. Personal Characteristics of Client

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
301	Could you tell me how old are you?	AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW..... 98	
302	Have you ever attended school?	YES..... 1 NO..... 2	→304
303	What is the highest level of school (certificate) you have successfully completed?	NONE..... 1 PRIMARY..... 2 PREPARATORY..... 3 SECONDARY..... 4 ABOVE SECONDARY..... 5 UNIVERSITY..... 6 ABOVE UNIVERSITY..... 7	→306 →306 →306 →306 →306
304	Have you ever attended any literacy classes?	YES..... 1 NO..... 2	
305	Can you read or write?	YES, READ ONLY..... 1 YES, READ AND WRITE..... 2 NO..... 3	
306	Are you currently employed?	YES..... 1 NO..... 2	→309
307	Do you work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER..... 1 FOR SOMEONE ELSE..... 2 FOR HERSELF..... 3	
308	Do you earn your wage or salary in the form of cash or kind or both, or you don't take any?	CASH..... 1 BOTH..... 2 KIND..... 3 NOTHING..... 4	
309	Do you live in a city or a village?	CITY..... 1 VILLAGE..... 2	
310	Which governorate do you live in?	_____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
311	TIME INTERVIEW ENDED.	HOUR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MINUTES..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
312	INTERVIEWER COMMENTS		