

## MEASURE Service Provision Assessment

## Exit Interview for Family Planning Client

## FACILITY IDENTIFICATION

QTYPE OF _____	QTYPE .....XFP
Name of the facility _____	
Facility Location _____	
Governorate _____	GOV ..... <input type="text"/> <input type="text"/>
District _____	DISTRICT ..... <input type="text"/> <input type="text"/>
Code of the facility .....	FACILITY CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of Health Facility and Operating Authority	
Governmental:	
11 = General Hospital	
12=District Hospital	
13= Fever Hospital	
14= Complementary	
21=MCH Center	
22=Rural health unit	
23=Urban health unit	
24=Health Office	
25=Mobile Unit	
26=Other	
Non-Governmental:	
31 =CSI	
32= EFPA	
33=other non-governmental	
	FACILITY TYPE ..... <input type="text"/> <input type="text"/>
	AND OPERATING AUTHORITY

## INFORMATION ABOUT INTERVIEW

Date: _____	DAY .....	<input type="text"/>	<input type="text"/>
	MONTH .....	<input type="text"/>	<input type="text"/>
	YEAR.....	<input type="text" value="2"/>	<input type="text" value="0"/>
		<input type="text" value="0"/>	<input type="text" value="4"/>
Name of the interviewer _____	INTERVIEWER CODE..	<input type="text"/>	<input type="text"/>
Time observation started: _____	HOUR.....	<input type="text"/>	<input type="text"/>
	MINUTES .....	<input type="text"/>	<input type="text"/>
FP Client Code _____	FP CLIENT CODE.....	<input type="text"/>	<input type="text"/>

## Exit Interview for Family Planning Client

### Section 1. Visit Information

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
	<p><b>INTERVIEWER: INTRODUCE YOURSELF TO THE CLIENT</b>  Hello. In order to improve the services offered by this facility, we would like to know about your experience here. All the information given to me will be kept strictly confidential and future care that you receive at this facility will in no way be affected by your participation or non-participation in this interview. You can refuse to answer any question and may stop the interview at any time.</p> <p>Do you have any questions for me at this time?  Do I have your agreement to participate?</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <p>_____  INTERVIEWER'S SIGNATURE  (Indicates respondent's willingness to participate)</p> </div> <div style="width: 45%; text-align: center;"> <p>_____  DATE</p> </div> </div>		
100	May I begin the interview?	CLIENT AGREES ..... 1 CLIENT REFUSES ..... 2	➔ STOP
101	Were you doing anything for family planning when you came today?	YES ..... 1 NO ..... 2	➔ 103
102	Have you used a family planning method or taken any steps to prevent pregnancy at any time in the past year?	YES ..... 1 NO ..... 2	➔ 109
103	What method were you (last) using?  (MUST HAVE USED A METHOD FOR AT LEAST ONE MONTH TO BE CONSIDERED A USER) IF CONDOM AND ANOTHER METHOD, CIRCLE BOTH	COMBINED PILL ..... A PROGESTIN-ONLY PILL ..... B PILL (TYPE UNSPECIFIED) ..... C MALE CONDOM ..... D IUD ..... E SPERMICIDE ..... F DIAPHRAGM ..... G INJECTABLE DEPO ..... H NORISTERAT ..... I INJECTABLE MESGYNA ..... J NORPLANT IMPLANT ..... K IMPLANON IMPLANT ..... L NATURAL METHODS (RHYTHM) ..... M BREASTFEEDING/LAM ..... N EMERGENCY CONTRACEPTION ..... O OTHER ..... X (SPECIFY)	
104	Today did the Provider ask if you were having (had had) a problem with the method?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
105	Have you or your husband been having (had) a problem with the method?	YES, MYSELF ..... 1 YES, HUSBAND ..... 2 YES, BOTH MYSELF AND MY HUSBAND ..... 3 NO ..... 4 DON'T KNOW ..... 8	➔ 107 ➔ 107
106	Did the Provider suggest what action(s) you should take to resolve the problem?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
107	What was the outcome of this visit, i.e., did you decide to continue (restart) the same method or to switch methods?	CONTINUE WITH/RESTART SAME METHOD ..... 1 SWITCH METHOD ..... 2 STOP/NOT RESTART USING ..... 3	

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 PILL ..... A PROGESTIN-ONLY PILL ..... B PILL (TYPE UNSPECIFIED)..... C MALE CONDOM ..... D IUD ..... E SPERMICIDE ..... F DIAPHRAGM ..... G INJECTABLE DEPO ..... H NORISTERAT ..... I INJECTABLE MESGYNA ..... J NORPLANT IMPLANT ..... K IMPLANON IMPLANT ..... L NATURAL METHODS (RHYTHM) ..... M BREASTFEEDING/LAM ..... N EMERGENCY CONTRACEPTION ..... O FEMALE STERILIZATION ..... P OTHER ..... X (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 PILL ..... A PROGESTIN-ONLY PILL ..... B PILL (TYPE UNSPECIFIED)..... C MALE CONDOM ..... D IUD ..... E SPERMICIDE ..... F DIAPHRAGM ..... G INJECTABLE DEPO ..... H NORISTERAT ..... I INJECTABLE MESGYNA ..... J NORPLANT IMPLANT ..... K IMPLANON IMPLANT ..... L NATURAL METHODS (RHYTHM) ..... M BREASTFEEDING/LAM ..... N EMERGENCY CONTRACEPTION ..... O FEMALE STERILIZATION ..... P OTHER ..... X (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>REC PRES</p> <p>COMBINED PILL .....A A</p> <p>PROGESTIN-ONLY PILL .....B 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 IMPLANT .....K 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 STERILIZATION .....P 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>(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	During your consultation, did the provider:	<p>YES NO DK</p> <p>1) Explain how to use the method? HOW TO USE ..... 1 2 8</p> <p>2) Talk about possible side effects? TALK ABOUT SIDE EFFECTS..... 1 2 8</p> <p>3) Tell you what to do if you have any problems? TELL WHAT TO DO ABOUT PROBLEMS..... 1 2 8</p> <p>4) Tell you when to return for follow-up? TELL WHEN TO RETURN ..... 1 2 8</p> <p>5) Teach you how to conduct a self breast exam? 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 Mesgyra 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 NORPLANT 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..... <span style="display: inline-block; width: 40px; border: 1px solid black; vertical-align: middle;"></span>  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 <span style="background-color: #cccccc;"> </span> <span style="background-color: #cccccc;"> </span> 5 <span style="background-color: #cccccc;"> </span>	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
203	Do you participate in any pre-pay plan such as insurance, or other program or an institutional arrangement that provides some of the payment for services at this facility? This includes if you prepay for a package of services or if you received a discounted price or an exemption from paying. IF YES, what type of program do you participate in?	YES, HIO/SHIP ..... A YES, OTHER SYSTEM ..... B YES, PREPAY AT FACILITY FOR PACKAGE OF SERVICES ..... C YES, DISCOUNT/EXEMPT STATUS ..... D OTHER ..... X (SPECIFY) NO ..... Y DON'T KNOW ..... Z	
204	What is the total amount for all staff, services, or treatments which you paid for the consultation today?*	1) LAB L.E Piaster <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> PAID NO MONEY ..... 00000 NOT APPLICABLE ..... 99995 DON'T KNOW ..... 99998	
	Please include any money you paid for staff services, laboratory tests, or medicines you received.	2) MEDICINE OR METHOD L.E Piaster <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> PAID NO MONEY ..... 00000 NOT APPLICABLE ..... 99995 DON'T KNOW ..... 99998	
		3) CONSULT OR PROCEDURE L.E Piaster <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> PAID NO MONEY ..... 00000 NOT APPLICABLE ..... 99995 DON'T KNOW ..... 99998	
		4) OTHER L.E Piaster <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> PAID NO MONEY ..... 00000 NOT APPLICABLE ..... 99995 DON'T KNOW ..... 99998	
		5) TOTAL AMOUNT L.E Piaster <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> PAID NO MONEY ..... 00000 NOT APPLICABLE ..... 99995 DON'T KNOW ..... 99998	
205	Have you ever visited this facility before? (either as a patient or visiting or accompanying a patient?)	YES ..... 1 NO ..... 2	
206	Can you mention the reasons you selected this facility for the services you sought today?	FEMALE PHYSICIAN ..... A EFFICIENCY OF THE PHYSICIANS ..... B AVAILABILITY OF ALL SPECIALITIES ..... C AVAILABILITY OF THE SERVICE ..... D CLIENTS ARE WELL TREATED ..... E HAS THE GOLD STAR ..... F A NEAR BY FACILITY ..... G GOOD REPUTATION ..... H OTHER ..... X (SPECIFY)	

### Section 3. Personal Characteristics of Client

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
301	Could you tell me how old are you?	AGE IN YEARS ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> 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?	_____ <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>	
311	TIME INTERVIEW ENDED.	HOUR ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> MINUTES ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>	
312	<b>INTERVIEWER COMMENTS</b>		