

Observation and Exit Interview Questionnaires

TANZANIA 2014-2015 SERVICE PROVISION ASSESSMENT SURVEY

OBSERVATION OF ANC CONSULTATION

1. Facility Identification

	QTYPE	<input type="text" value="O"/>	<input type="text" value="A"/>	<input type="text" value="N"/>
FACILITY NUMBER.		<input type="text"/>	<input type="text"/>	<input type="text"/>
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]		<input type="text"/>	<input type="text"/>	
CLIENT CODE [FROM CLIENT LISTING FORM]		<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Provider Information

<u>Provider Qualification Category:</u> GENERALIST MEDICAL DOCTOR. 01 SPECIALIST MEDICAL DOCTOR. 02 ASSISTANT MEDICAL OFFICER. 03 CLINICAL OFFICER. 04 ASSISTANT CLINICAL OFFICER. 05 REGISTERED NURSE. 07 ENROLLED NURSE. 08 NURSE ASSISTANT / ATTENDANT. 09 OTHER. 96	PROVIDER CATEGORY <input type="text"/> <input type="text"/>
SEX OF PROVIDER: (1=Male; 2=Female)	SEX OF PROVIDER <input type="text"/>

3. Information About Observation

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="1"/>
Name of the observer: _____	OBSERVER CODE	<input type="text"/>
		<input type="text"/>

4. Observation of Antenatal-Care Consultation																			
NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																
<p>BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.</p>																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>READ TO PROVIDER: Hello. I am I am representing the National Bureau of Statistics, (NBS), Office of Chief Government Statistician, (OCGS) Zanzibar, and the Ministry of Health and Social Welfare (MOHSW)</p> <p>We are conducting a study of health facilities in Tanzania with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how ANC services are provided in this facility.</p> <p>Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.</p> <p>Do I have your permission to be present at this consultation?</p> <p>_____</p> <p>Interviewer's signature (Indicates respondent's willingness to participate)</p> </div> <div style="width: 35%; text-align: center;"> <table border="1" style="margin: auto;"> <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 colspan="2">DAY</td> <td colspan="2">MONTH</td> <td colspan="4">YEAR</td> </tr> </table> </div> </div>								2	0	1		DAY		MONTH		YEAR			
				2	0	1													
DAY		MONTH		YEAR															
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ END																
<p>READ TO CLIENT: Hello, I am _____. I am representing the National Bureau of Statistics, (NBS), Office of Chief Government Statistician, (OCGS) Zanzibar, and the Ministry of Health and Social Welfare (MOHSW)</p> <p>We are conducting a study of health services in Tanzania. I would like to be present while you are receiving services today in order to understand how ANC services are provided in this facility.</p> <p>We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.</p> <p>After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?</p> <p>_____</p> <p>Interviewer's signature (Indicates respondent's willingness to participate)</p>																			
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES 1 NO 2	→ END																
102	RECORD THE TIME THE OBSERVATION STARTED USE 24 HOURS FORMAT		<table border="1" style="margin: auto;"> <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> </tr> </table>																
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2																	

NO.	QUESTION / OBSERVATIONS	CODES
FOR EACH OF THE GROUPS THAT FOLLOW, CIRCLE ANY ACTION TAKEN BY THE PROVIDER OR THE CLIENT. IF NO ACTION IN THE GROUP IS OBSERVED, CIRCLE "Y" FOR EACH GROUP AT THE END OF THE OBSERVATION.		

CLIENT HISTORY

104	RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FACTS:	
01	Client's age	A
02	Medications the client is taking	B
03	Date client's last menstrual period began	C
04	Number of prior pregnancies client has had	D
05	None of the above	Y

ASPECTS OF PRIOR PREGNANCIES

105	RECORD WHETHER THE PROVIDER OR THE CLIENT DISCUSSED ANY OF THE FOLLOWING ASPECTS OF THE CLIENT'S PRIOR PREGNANCIES:	
01	Prior stillbirth(s)	A
02	Infant(s) who died in the first week of life	B
03	Heavy bleeding, during or after delivery	C
04	Previous assisted delivery (caesarean section, ventouse/vacuum, or forceps)	D
05	Previous spontaneous abortions	E
06	Previous multiple pregnancies	F
07	Previous prolonged labor	G
08	Previous pregnancy-induced hypertension	H
09	Previous pregnancy related convulsions	I
10	High fever or infection during prior pregnancy/pregnancies	J
11	None of the above	Y

DANGER SIGNS OF CURRENT PREGNANCY

106	IN COLUMN A , RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FOR CURRENT PREGNANCY. IN COLUMN B , RECORD WHETHER THE PROVIDER COUNSELLED ON THE DANGER SIGNS	(A) PROVIDER ASKED ABOUT OR CLIENT MENTIONED	(B) PROVIDER COUNSELLED
01	Vaginal bleeding	A	A
02	Fever	B	B
03	Headache or blurred vision	C	C
04	Swollen face or hands or extremities	D	D
05	Tiredness or breathlessness	E	E
06	Fetal movement (loss of, excessive, normal)	F	F
07	Cough or difficulty breathing for 3 weeks or longer	G	G
08	Any other symptoms or problems the client thinks might be related to this pregnancy	H	H
09	Amniotic leakage	I	I
10	None of the above	Y	Y

NO.	QUESTION / OBSERVATIONS	CODES
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PHYSICAL EXAMINATION

107	RECORD WHETHER THE PROVIDER PERFORMED THE FOLLOWING PROCEDURES:	
01	Take the client's blood pressure	A
02	Weigh the client	B
03	Examine conjunctiva/palms for anemia	C
04	Examine legs/feet/hands for edema	D
05	Examine for swollen glands or lymphnodes	E
06	Palpate the client's abdomen for fetal presentation	F
07	Palpate the client's abdomen for fundal height	G
08	Listen to the client's abdomen for fetal heartbeat	H
09	Conduct an ultrasound/refer client for ultrasound/look at recent ultrasound report	I
10	Examine the client's breasts	J
11	Conduct vaginal examination/exam of perineal area	K
12	Measure fundal height using tape measure	L
13	None of the above	Y

ROUTINE TESTS

108	RECORD WHETHER THE PROVIDER A) ASKED ABOUT, B) PERFORMED OR, C) REFERRED THE CLIENT FOR THE FOLLOWING TESTS	(A) PROVIDER ASKED	(B) PROVIDER PERFORMED	(C) PROVIDER REFERRED	(D) NO ACTION TAKEN
01	Hemoglobin test	A	B	C	Y
02	Blood grouping	A	B	C	Y
03	Any urine test	A	B	C	Y
04	Syphilis test	A	B	C	Y

HIV TESTING AND COUNSELLING

109	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING:	
01	Asked if the client knew her HIV status	A
02	Provide counseling related to HIV test	B
03	Refer for counseling related to HIV test	C
04	Perform HIV test	D
05	Refer for HIV test	E
06	Provided post test counseling	F
07	Discussed about partner testing	G
08	None of the above	Y

ARV PROPHYLAXIS / TREATMENT

109A	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING FOR HIV + (PMTCT1):	
01	Provided ARV for prophylaxis or treatment	A
02	Provided Septrin/Cotrimoxazole for prevention	B
03	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES
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MAINTAINING A HEALTHY PREGNANCY

110	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING ADVICE OR COUNSEL ABOUT PREPARATIONS	
01	Discussed nutrition (i.e., quantity or quality of food to eat) during the pregnancy	A
02	Informed the client about the progress of the pregnancy	B
03	Discussed the importance of at least 4 ANC visits	C
04	None of the above	Y

IRON/ FOLATE (FeFo) SUPPLEMENTATION

111	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Prescribed or gave iron pills or folic acid (FeFo) or both	A
02	Explained the purpose of iron or folic acid (FeFo)	B
03	Explained how to take iron or folic-acid (FeFo) pills	C
04	Explained side effects of iron or folic-acid (FeFo) pills	D
05	None of the above	Y

TETANUS TOXOID INJECTION

112	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Prescribed or gave a tetanus toxoid (TT) injection	A
02	Explained the purpose of the TT injection	B
03	Checked TT card/ANC card	C
04	None of the above	Y

DEWORMING

113	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENTS	
01	Prescribed or gave Mebendazole	A
02	Explained the purpose of Mebendazole	B
03	None of the above	Y

MALARIA

114	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Gave malaria prophylaxis medicine (SP) to client during the consultation	A
02	Prescribed malaria prophylaxis medicine (SP) to client to obtain elsewhere	B
03	Explained the purpose of the preventive treatment with anti-malaria medicine	C
04	Explained how to take the anti-malaria medicine	D
05	Explained possible side effects of the anti-malaria medicine	E
06	Provided ITN voucher to client as part of consultation or instructed client where to obtain the voucher for a net.	F
07	Explicitly explained importance of using ITN to client	G
	DIRECT OBSERVATION:	
08	Dose of IPT is taken in presence of provider (DOT) as part of consultation	H
09	Importance of further doses of IPT explained	I
10	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES
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PREPARATION FOR DELIVERY

115	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT DELIVERY IN ANY OF THE FOLLOWING WAYS:	
01	Asked the client where she will deliver	A
02	Advised the client to prepare for delivery (e.g. set aside money, arrange for emergency transportation)	B
03	Advised the client to use a skilled health worker for delivery	C
04	Advise the client what items to have in hands in case of emergency and it's importance (e.g., blade)	D
05	Advised the client to deliver at a health facility	E
06	None of the above	Y

NEWBORN AND POSTPARTUM RECOMMENDATIONS

116	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT NEWBORN OR POSTPARTUM CARE IN ANY OF THE FOLLOWING WAYS:	
01	Discussed care for the newborn (i.e., warmth, hygiene and cord care)	A
02	Discussed early initiation and prolonged breastfeeding	B
03	Discussed exclusive breastfeeding	C
04	Discussed importance of vaccination for the newborn	D
05	Discussed family planning options for after delivery	E
06	Discussed the importance of postnatal care attendance	F
07	None of the above	Y

INFECTION PREVENTION

116A	RECORD WHETHER THE PROVIDER APPLIED THE FOLLOWING IPC PRACTICES	
01	Washed hands with soap and clean water	A
02	Used gloves where appropriate (E.G. before vaginal exam, finger print)	B
03	Disposed used needles/syringes immediately and appropriately (in a sharp container)	C
04	Disposed of all contaminated wastes appropriately (in color coded bin)	D
05	In the event of exposure, PEP protocol initiated (wash hands with soap and running water. Not squeeze the finger)	E
06	None of the above	Y

OVERALL OBSERVATIONS OF INTERACTION

117	RECORD WHETHER THE PROVIDER ASKED IF THE CLIENT HAD ANY QUESTIONS AND ENCOURAGED QUESTIONS.	YES, ASKED QUESTIONS. 1 NO, DID NOT ASK QUESTIONS. 2	
118	RECORD WHETHER THE PROVIDER USED ANY VISUAL AIDS FOR HEALTH EDUCATION OR COUNSELLING DURING THE CONSULTATION.	YES, USED VISUAL AIDS. 1 NO AIDS USED. 2	
119	RECORD WHETHER THE PROVIDER LOOKED AT THE CLIENT'S ANC CARD (EITHER BEFORE BEGINNING THE EXAM, WHILE COLLECTING INFORMATION OR EXAMINING THE CLIENT).	YES, LOOKED AT CARD. 1 NO, DID NOT LOOK AT CARD. 2 NO HEALTH CARD USED 3	→121
120	RECORD WHETHER THE PROVIDER WROTE ON THE CLIENT'S ANC HEALTH CARD.	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTION / OBSERVATIONS	CODES
121	<p>RECORD THE OUTCOME OF THE CONSULTATION.</p> <p>[RECORD THE OUTCOME AT THE TIME THE OBSERVATION CONCLUDED]</p>	<p>CLIENT GOES HOME. 1</p> <p>CLIENT REFERRED (TO LAB OR OTHER PROVIDER) AT SAME FACILITY. 2</p> <p>CLIENT ADMITTED TO SAME FACILITY. 3</p> <p>CLIENT REFERRED TO OTHER FACILITY. 4</p>

QUESTIONS TO ANC PROVIDER

ASK THE PROVIDER THE FOLLOWING QUESTIONS AND VERIFY IN THE ANC REGISTER OR ON CLIENT'S ANC CARD		
122	How many weeks pregnant is the client?	<p>WEEKS OF PREGNANCY <input type="text"/> <input type="text"/></p> <p>NOT YET DETERMINE 98</p>
123	Is this the client's 1st, 2nd, 3rd, 4th or 5th visit for antenatal care at this facility for this pregnancy?	<p>FIRST VISIT. 1</p> <p>SECOND VISIT. 2</p> <p>THIRD VISIT. 3</p> <p>FOURTH VISIT. 4</p> <p>FIFTH OR MORE VISIT. 5</p> <p>DON'T KNOW. 8</p>
124	Has the client had a previous pregnancy, regardless of the duration or outcome of that pregnancy, or is this the client's first pregnancy?	<p>FIRST PREGNANCY. 1</p> <p>NOT FIRST PREGNANCY. 2</p> <p>DON'T KNOW. 8</p>
124A	CHECK Q.123: NOT CLIENT'S FIRST VISIT (RESPONSE "1" NOT CIRCLED) <input type="checkbox"/>	<p>CLIENT'S FIRST VISIT (RESPONSE "1" CIRCLED) <input type="checkbox"/></p> <p>125 ←</p>
124B	What is the date of this clients last ANC visit for this pregnancy?	<p>DAY. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> <p>MONTH. <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> <p>YEAR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 9998</p>
125	RECORD THE TIME THE OBSERVATION ENDED.	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Observer's comments:		

TANZANIA 2014-2015 SERVICE PROVISION ASSESSMENT SURVEY

ANC CLIENT EXIT INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER

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PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]

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CLIENT CODE

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INFORMATION ABOUT INTERVIEW

DATE: Name of the interviewer: _____	DAY	<table border="1"><tr><td></td><td></td></tr></table>			
	MONTH	<table border="1"><tr><td></td><td></td></tr></table>			
YEAR	<table border="1"><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"><tr><td></td><td></td><td></td></tr></table>				

1. Information About Visit - ANTENATAL CARE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																
	<p>READ TO CLIENT: Hello, I am _____. As my colleague mentioned, we are representing the National Bureau of Statistics (NBS), Office of Chief Government Statistician (OCGS) Zanzibar, and the Ministry of Health and Social Welfare (MOHSW). We are conducting a study of health facilities in Tanzania 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> <p>_____ (Indicates respondent's willingness to participate)</p>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td>2</td><td>0</td><td>1</td><td></td> </tr> <tr> <td colspan="2">DAY</td> <td colspan="2">MONTH</td> <td colspan="4">YEAR</td> </tr> </table>					2	0	1		DAY		MONTH		YEAR				
				2	0	1													
DAY		MONTH		YEAR															
100	May I begin the interview now?	AGREES 1 CLIENT REFUSES 2	→ END																
101	RECORD THE TIME THE INTERVIEW STARTED. USE 24-HOUR FORMAT <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>																	
102	Do you have an antenatal care card/book, or a vaccination card or TT card with you today? IF YES: ASK TO SEE THE CARD/BOOK.	YES 1 NO, CARD KEPT WITH FACILITY 2 NO CARD/BOOK USED 3	→ 106																
103	CHECK THE ANC CARD, BOOK, OR TT CARD OR VACCINATION CARD. INDICATE WHETHER THERE IS ANY NOTE OR RECORD OF THE CLIENT HAVING RECEIVED TETANUS TOXOID.	YES, 1 TIME. 1 YES, 2 TIMES. 2 YES, 3 OR MORE TIMES. 3 NO RECORD. 4																	
104	HOW MANY WEEKS PREGNANT IS THE CLIENT, ACCORDING TO THE ANC CARD, OR BOOK?	# OF WEEKS. <table border="1"><tr><td></td><td></td></tr></table> NOT AVAILABLE. 95																	
105	DOES THE CARD INDICATE THE CLIENT HAS RECEIVED IPT? IF YES INDICATE NUMBER OF DOSES	YES, 1 DOSE. 1 YES, 2 DOSES. 2 YES, 3 DOSES. 3 YES, 4 DOSES. 4 NO 5																	
106	Have you ever been pregnant, regardless of the duration or outcome, or is this your first pregnancy?	FIRST PREGNANCY. 1 NOT FIRST PREGNANCY. 2																	
107	Is this your first antenatal visit at this facility for this pregnancy? IF THIS IS NOT THE 1ST VISIT, ASK: How many times have you visited this antenatal clinic for this pregnancy?	FIRST VISIT 1 SECOND VISIT 2 THIRD VISIT 3 FOURTH VISIT 4 MORE THAN 4 VISITS 5																	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
107A	How many visits to ANC do you think a women should make during a pregnancy?	# OF VISITS. <input type="text"/> <input type="text"/> DON'T KNOW. 98	
107B	During this visit, did the provider recommend that you return for another ANC visit?	YES. 1 NO. 2	→ 107D
107C	In how many weeks did the provider recommend that you make the visit? USE A 4-WEEK MONTH TO CALCULATE WEEKS	# OF WEEKS FOR NEXT VISIT. <input type="text"/> <input type="text"/> DON'T KNOW. 98	
107D	Have you heard of the Wazazi Nipendeni campaign?	YES. 1 NO. 2	→ 108
107E	Are you receiving any text messages from the Wazazi Nipendeni campaign?	YES. 1 NO. 2	
108	During this visit (or previous visits) did a provider give you iron pills, folic acid or iron with folic acid (FeFo), or give you a prescription for them? SHOW THE CLIENT AN IRON PILL, A FOLIC ACID PILL, OR A COMBINED PILL (FeFo).	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. ... 2 YES PREVIOUS VISIT ONLY. ... 3 NO. 4 DON'T KNOW. 8	<input type="checkbox"/> → 112
109	During this visit (or previous visits) has a provider explained to you how to take the iron pills or FeFo?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. ... 2 YES PREVIOUS VISIT ONLY. ... 3 NO. 4 DON'T KNOW. 8	
110	During this visit (or previous visits) has a provider discussed with you the side effects of the iron pills or FeFo?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. ... 2 YES PREVIOUS VISIT ONLY. ... 3 NO. 4 DON'T KNOW. 8	<input type="checkbox"/> → 112
111	Please tell me any side effects of the iron pills or FeFo that you know of. PROBE: ANY OTHER?	NAUSEA A BLACK STOOLS B CONSTIPATION C OTHER..... X DON'T KNOW Z	
112	During this visit (or previous visits) has a provider given you any pills to prevent you from getting malaria? The provider may have said that the pills will help keep the baby healthy. SHOW THE CLIENT TABLET OF SP-BASED DRUGS	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. ... 2 YES PREVIOUS VISIT ONLY. ... 3 NO. 4 DON'T KNOW. 8	<input type="checkbox"/> → 114
112A	Were the pills given to you by health worker in the consultation room, or were you asked to obtain the pills elsewhere in the facility, e.g., from a nurse in another room, or from the pharmacy in the same facility?	GIVEN IN THE CONSULTATION ROOM. 1 HEALTH WORKER IN ANOTHER ROOM. 2 PHARMACY IN SAME FACILITY 3	→ 113
112B	Did you go to the location you were directed to go for the pills?	YES. 1 NO. 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
113	Were you asked to swallow the pills while still in the facility and in the presence of a provider?	YES. 1 NO. 2	
113A	Did you receive a reminder card for next dose of SP?	YES. 1 NO. 2	
114	During this visit (or a previous visit) did a provider advise you to use mosquito net that has been treated with an insecticide?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. ... 2 YES PREVIOUS VISIT ONLY. ... 3 NO. 4 DON'T KNOW. 8	
114A	During this visit (or a previous visit) did a provider offer you a <u>voucher</u> to obtain a mosquito net that has been treated with an insecticide?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. ... 2 YES PREVIOUS VISIT ONLY. ... 3 NO. 4 DON'T KNOW. 8	→115
114B	During this visit (Or a previous visit), did a provider advise you on where to use your voucher to obtain a mosquito net that has been treated with an insecticide?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. ... 2 YES PREVIOUS VISIT ONLY. ... 3 NO. 4 DON'T KNOW. 8	→117
115	During this visit (or a previous visit) did a provider offer you a mosquito net that has been treated with an insecticide <u>free of charge</u> ?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. ... 2 YES PREVIOUS VISIT ONLY. ... 3 NO. 4 DON'T KNOW. 8	→117
116	During this visit (or a previous visit) did a provider offer to <u>sell</u> you a mosquito net that has been treated with an insecticide or recommend a place to buy one?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. ... 2 YES PREVIOUS VISIT ONLY. ... 3 NO. 4 DON'T KNOW. 8	
117	During this visit (or previous visits) has a provider talked to you about nutrition or what is good for you to be eating during your pregnancy?	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. ... 2 YES PREVIOUS VISIT ONLY. ... 3 NO. 4 DON'T KNOW. 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
118	<p>Please tell me any signs of complications or danger signs of pregnancy that you know of I am referring to anything that could be an indication of a problem or complication with the pregnancy, or anything that could negatively affect the pregnancy.</p> <p>CIRCLE ALL RESPONSES CLIENT MENTIONS. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT (E.G., "ANYTHING ELSE?")</p>	VAGINAL BLEEDING. A FEVER. B SWOLLEN FACE OR HAND OR EXTREMITIES. . . . TIREDNESS OR BREATHLESSNESS. D HEADACHE OR BLURRED VISION. E SEIZURES/CONVULSIONS. F REDUCED OR ABSENCE OF FETAL MOVEMENT. G PREMATURE RUPTURE OF MEMBRANES. H COUGH OR DIFFICULTY BREATHING FOR 3 WEEKS OR LONGER. I OTHER (SPECIFY). X DON'T KNOW ANY. Z	
119	<p>During this visit or previous visits, has a provider talked with you about any signs that should warn you of problems or complications with the pregnancy?</p>	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW. 8	<div> <div></div> <div>121</div> </div>
120	<p>What did the provider advise you to do if you experienced any of the signs of complications?</p> <p>CIRCLE LETTER FOR ALL COURSES OF ACTION THE CLIENT MENTIONS. PROBE WITHOUT USING SPECIFIC ANSWERS.</p>	SEEK CARE AT A FACILITY. A REDUCE PHYSICAL ACTIVITY. . . . B CHANGE DIET. C OTHER _____ X (SPECIFY) PROVIDER DID NOT ADVISE. . . . Y	
121	<p>During this visit (or previous visits) has a provider discussed things you should have in preparation for this delivery? This may include planning in case of emergency, things you should bring to a facility, or things you should prepare at home for this delivery.</p>	YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. . . . 2 YES PREVIOUS VISIT ONLY. . . . 3 NO. 4 DON'T KNOW ANY. 8	
122	<p>Please tell me some of the things you know of that you should have in preparation for the delivery.</p> <p>CIRCLE ALL RESPONSES YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT (E.G., "ANYTHING ELSE?")</p>	EMERGENCY TRANSPORT. . . . A MONEY. B DISINFECTANT. C CLEAN BLADE OR SCISSORS TO CUT CORD. . . . D GLOVES. E CORD TIE/CLEAN STRING. F CLEAN KHANGA / VITENGE. G SERINGE H OTHER _____ X DON'T KNOW Z	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
123	Do you have money set aside for the delivery? IF YES, ASK: Do you think you have enough?	YES, ENOUGH 1 YES, BUT NOT ENOUGH 2 NO 3	
124	During this visit (or previous visits) did a provider talk to you about where you plan to deliver your baby?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT. 2 YES PREVIOUS VISIT ONLY. 3 NO..... 4 DON'T KNOW..... 8	
125	Have you decided where you will go for the delivery of your baby? IF YES PROBE FOR WHETHER THE PLAN IS TO DELIVER IN A FACILITY OR AT HOME.	AT THIS HEALTH FACILITY..... 1 OTHER HEALTH FACILITY..... 2 AT HOME..... 3 AT TBA's HOME..... 4 OTHER LOCATION..... 6 NO/DON'T KNOW..... 8	
126	Do you know any complications during or immediately following childbirth? IF YES: What complications do you know?	EXCESSIVE BLEEDING..... A FEVER..... B GENITAL INJURIES..... C NO..... Y	
127	During this visit (or previous visits) has a provider given you advice on the importance of exclusively breastfeeding—that is, about giving your baby nothing apart from breast milk for a specific period of time?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT. 2 YES PREVIOUS VISIT ONLY. 3 NO..... 4 DON'T KNOW..... 8	→129
128	For how many months did the provider recommend that you exclusively breastfeed, that is, that you do not give your baby any fluids or food in addition to breast milk?	BETWEEN 4 TO 6 MONTHS..... 1 6 MONTHS..... 2 OTHER..... 6 DON'T KNOW 8	
129	During this visit (or previous visits) did a provider talk with you about using family planning after the birth of your baby?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT. 2 YES PREVIOUS VISIT ONLY. 3 NO..... 4 DON'T KNOW..... 8	
129A	During this visit (or a previous visit) did a provider advise you on the importance of attending postnatal care for you and the baby?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT. 2 YES PREVIOUS VISIT ONLY. 3 NO..... 4 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	<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>TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS.</p>	<p>MINUTES </p> <p>SAW PROVIDER IMMEDIATELY 000 DON'T KNOW 998</p>																																																													
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 major or minor problems for you.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">MAJOR PROBL EM</th> <th style="width: 10%; text-align: center;">MINOR PROBL EM</th> <th style="width: 10%; text-align: center;">NO PROB- LEM</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr><td>01</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>02</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>03</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>04</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>05</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>06</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>07</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>08</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>09</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>10</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> <tr><td>11</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">8</td></tr> </tbody> </table>				MAJOR PROBL EM	MINOR PROBL EM	NO PROB- LEM	DK	01	1	2	3	8	02	1	2	3	8	03	1	2	3	8	04	1	2	3	8	05	1	2	3	8	06	1	2	3	8	07	1	2	3	8	08	1	2	3	8	09	1	2	3	8	10	1	2	3	8	11	1	2	3	8
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09	1	2	3	8																																																											
10	1	2	3	8																																																											
11	1	2	3	8																																																											
203	<p>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?</p>	<p>YES..... 1 NO..... 2 DON'T KNOW..... 8</p>																																																													
204	<p>Were you charged, or did you pay fees for any services your received or were provided today?</p>	<p>YES 1 NO 2</p>	→ 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	
205A	Please tell me how much you paid, if any, for the following: IF NECESSARY, ASSIST IN ADDING TO ARRIVE AT THE TOTAL	A) CONSUL-TATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> B) HEALTH CARD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> C) MEDICINE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D) MOSQUITO NET <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> E) OTHER <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 VERY SATISFIED WITH THE SERVICES I RECEIVED IN FACILITY 1 02) I AM MORE OR LESS SATISFIED WITH THE SERVICES I RECEIVED 2 03) I AM NOT SATISFIED WITH THE SERVICED I RECEIVED 3		
209	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
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.			
302	How old were you at your last birthday?	AGE IN YEARS <input type="text"/> <input 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. 01 SECONDARY O-LEVEL. 02 SECONDARY A-LEVEL. 03 VOCATIONAL TRAINING. 04 COLLEGE (TECHNICAL). 05 UNIVERSITY. 06	→ 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 type="text"/> <input type="text"/> : <input type="text"/> <input 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!			
Interviewer's comments:			

TANZANIA 2014-2015 SERVICE PROVISION ASSESSMENT SURVEY

OBSERVATION OF FAMILY PLANNING CONSULTATION

1. Facility Identification

	QTYPE	<input type="text" value="O"/>	<input type="text" value="F"/>	<input type="text" value="P"/>
FACILITY NUMBER.		<input type="text"/>	<input type="text"/>	<input type="text"/>
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]		<input type="text"/>	<input type="text"/>	
CLIENT CODE [FROM CLIENT LISTING FORM]		<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Provider Information

<u>Provider Qualification Category:</u> GENERALIST MEDICAL DOCTOR. 01 SPECIALIST MEDICAL DOCTOR. 02 ASSISTANT MEDICAL OFFICER. 03 CLINICAL OFFICER. 04 ASSISTANT CLINICAL OFFICER. 05 REGISTERED NURSE. 07 ENROLLED NURSE. 08 NURSE ASSISTANT / ATTENDANT. 09 OTHER. 96	PROVIDER CATEGORY <input type="text"/> <input type="text"/>
SEX OF PROVIDER: (1=Male; 2=Female)	SEX OF PROVIDER <input type="text"/>

3. Information About Observation

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="1"/>
Name of the observer: _____	OBSERVER CODE	<input type="text"/>
		<input type="text"/>

4. Observation of Family Planning Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																
<p>BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.</p>																			
	<p>READ TO PROVIDER: Hello. I am I am representing the National Bureau of Statistics, (NBS), Office of Chief Government Statistician, (OCGS) Zanzibar, and the Ministry of Health and Social Welfare (MOHSW)</p> <p>We are conducting a study of health facilities in Tanzania with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how ANC services are provided in this facility.</p> <p>The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.</p> <p>Do I have your permission to be present at this consultation?</p> <div style="text-align: right;"> <table border="1" style="display: inline-table;"> <tr> <td></td><td></td><td></td><td></td><td>2</td><td>0</td><td>1</td><td></td> </tr> <tr> <td colspan="2">DAY</td> <td colspan="2">MONTH</td> <td colspan="4">YEAR</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	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ END																
	<p>READ TO CLIENT: Hello, I am..... I am representing the National Bureau of Statistics, (NBS), Office of Chief Government Statistician, (OCGS) Zanzibar, and the Ministry of Health and Social Welfare (MOHSW)</p> <p>We are conducting a study of health services in Tanzania. I would like to be present while you are receiving services today in order to understand how ANC services are provided in this facility.</p> <p>We are not evaluating the [PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of services will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.</p> <p>After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?</p>																		
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES 1 NO 2	→ END																
102	RECORD THE TIME THE OBSERVATION STARTED.	<table border="1" style="display: inline-table;"> <tr> <td></td><td></td> <td>:</td> <td></td><td></td> </tr> </table>			:														
		:																	
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2																	
104	RECORD THE SEX OF CLIENT.	MALE 1 FEMALE 2																	

CLIENT HISTORY (FEMALE CLIENTS ONLY)

105	INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:	
01	Last delivery date or age of youngest child	A
02	Last menstrual period (assess if currently pregnant)	B
03	Breastfeeding status	C
04	Regularity of menstrual cycle	D
05	None of the above	Y

CLIENT HISTORY (ALL CLIENTS)

106	CLIENT'S PERSONAL INFORMATION AND REPRODUCTIVE HISTORY. INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:	
01	Age of client	A
02	Number of living children	B
03	Desire for a child or more children	C
04	Desired timing for birth of next child	D
05	None of the above	Y

PHYSICAL EXAMINATION

107	RECORD WHETHER THE PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS OR ASKED ANY OF THE FOLLOWING HEALTH QUESTIONS:	
01	Took the client's blood pressure	A
02	Weighed the client	B
03	Asked the client about his/her smoking habits	C
04	Asked the client about symptoms of STIs (e.g., abnormal vaginal/urethral discharge)	D
05	Asked the client about any chronic illnesses (heart disease, diabetes, hypertension, liver disease, or breast cancer)	E
*06	Asked the client about alcohol use	F
07	None of the above	Y

PARTNER AND STIS

108	RECORD WHETHER THE PROVIDER DISCUSSED ANY OF THE FOLLOWING ISSUES RELATED TO SEXUAL PARTNERS AND CHOICE OF FAMILY PLANNING METHOD.	
01	Partner's attitude toward family planning (in favor of, or against idea of family planning)	A
02	Partner status (number of client's sexual partners, or of client's partner; periods of partner's absence)	B
03	Client's perceived risk of STIs/HIV	C
04	Use of condoms to prevent STIs/HIV	D
05	Using condoms along with another method (dual method) to prevent both pregnancy and STIs/HIV	E
06	None of the above	Y

QUESTIONS/CONCERNS

109	RECORD WHETHER THE PROVIDER OR CLIENT DID ANY OF THE FOLLOWING	
01	Provider asked client if he/she had questions or concerns regarding current method	A
02	Client expressed concerns about method, or asked questions about method, including possible side effects of method.	B
03	None of the above	Y

PRIVACY/CONFIDENTIALITY

110	RECORD WHETHER THE PROVIDER TOOK ANY OF THE FOLLOWING STEPS TO ASSURE THE CLIENT OF PRIVACY	
01	Ensured visual privacy	A
02	Ensured auditory privacy	B
03	Assured the client verbally of confidentiality	C
04	None of the above	Y

METHODS PROVIDED OR PRESCRIBED

111	<p>VERIFY METHOD WITH PROVIDER AND INDICATE WHICH METHOD(S) WERE EITHER PROVIDED OR PRESCRIBED DURING THIS VISIT. IF CONDOMS WERE EITHER PRESCRIBED OR PROVIDED FOR USE ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS.</p> <p>IF CLIENT IS CONTINUING CLIENT WHO RECEIVED REFILLS FOR PILLS, REPEAT INJECTION, OR REPLACEMENT FOR IUCD DURING THIS VISIT, CIRCLE THE METHOD THAT WAS REPLENISHED IN COLUMN B.</p> <p>CAUTION!</p> <p>AT LEAST ONE RESPONSE MUST BE REPORTED FOR EACH OF THE COLUMNS IF NO METHOD IS PRESCRIBED, THEN "Y" SHOULD BE CIRCLED IN COLUMN "A"</p>		
	METHOD	(A) PRESCRIBED TO BE FILLED LATER/DIFFERENT LOCATION	(B) PROVIDED TO CLIENT IN FACILITY
01	COMBINED ORAL PILL	A	A
02	PROGESTIN-ONLY ORAL PILL	B	B
03	ORAL PILL (TYPE UNSPECIFIED)	C	C
04	COMBINED INJECTABLE (MONTHLY)	D	D
05	PROGESTIN-ONLY INJECTABLE (2 OR 3-MONTHLY)	E	E
06	MALE CONDOM	F	F
07	FEMALE CONDOM	G	G
08	IUCD	H	H
09	IMPLANT	I	I
10	EMERGENCY CONTRACEPTION (E.G., PROSTINOL 2)	J	J
11	CYCLE BEADS FOR STANDARD DAYS METHOD	K	K
12	COUNSELING ON PERIODIC ABSTINENCE	L	L
13	VASECTOMY (MALE STERILIZATION)	M	M
14	TUBAL LIGATION (FEMALE STERILIZATION)	N	N
15	LACTATIONAL AMENORHEA	O	O
16	OTHER (E.G., SPERMICIDE, DIAPHRAGM)	X	X
17	NO METHOD	Y	Y

**FOR Q112-129, CIRCLE THE APPROPRIATE LETTERS TO INDICATE IF THE INFORMATION
UNDER EACH RELEVANT SECTION WAS DISCUSSED OR SHARED WITH THE CLIENT.**

112	CHECK Q111: ARE "A", "B", "C", "D" OR "E" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	114
113	PILLS OR INJECTIONS	
01	When to take (pill daily; injection either every month or every 2 or 3 months)	A
02	Changes that may occur with menstruation (decreased flow or amenorrhea, spotting)	B
03	Initial side effects that may occur (such as nausea, weight gain, and breast tenderness)	C
04	What to do if forget pill or do not get injection on time	D
05	Method does not protect against STIs, including HIV	E
06	Should return to clinic if side effects appear or persist	F
07	None of the above	Y
114	CHECK Q111: ARE "F" OR "G" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	116
115	CONDOMS	
01	Client cannot use if allergic to latex	A
02	Each condom can be used only one time	B
03	Some lubricants may be used (male condom— water soluble only; female condom —any lubricant)	C
04	Can be used as backup method if client fears other method will fail	D
05	Dual protection (from pregnancy and against STIs, including HIV)	E
06	None of the above	Y
116	CHECK Q111: IS "H" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	118
117	INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)	
01	Good for up to 5 years or 12 years	A
02	Should return to the clinic 3-6 weeks post insertion or after first menses	B
03	Common side effects that may occur (heavy bleeding for first few months post insertion, spotting or mild abdominal cramps)	C
04	Should return to clinic if side effects continue	D
05	User should regularly check strings after each menstruation	E
06	Method does not protect against STIs, including HIV	F
07	None of the above	Y

118	CHECK Q111: IS "I" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	120
119	IMPLANTS	
01	Good for 3-5 years	A
02	Changes that may occur with menstruation (irregular bleeding, decreased flow, spotting)	B
03	Initial side effects that may occur (such as nausea, weight gain, breast tenderness)	C
04	Should return to clinic if side effects continue	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y
120	CHECK Q111: IS "J" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	122
121	EMERGENCY CONTRACEPTION	
01	Take another dose if vomit within 2 hours of taking a dose	A
02	Return for pregnancy check if period is unusually light or fails to occur within 4 weeks	B
03	First dose to be taken within 120 hours of unprotected sexual contact	C
04	Second dose should be taken 12 hours after first dose	D
05	Not for routine contraception and therefore regimen not to be repeated or taken more than three times in any one month	E
06	Method does not protect against STIs, including HIV	F
07	None of the above	Y
122	CHECK Q111: IS "K" OR "L" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	124
123	PERIODIC ABSTINENCE OR STANDARD DAYS METHOD	
01	How to identify a woman's fertile period	A
02	No intercourse during woman's fertile period without alternative method (condom)	B
03	Method does not protect against STIs, including HIV	C
04	None of the above	Y
124	CHECK Q111: IS "M" CIRCLED IN EITHER COLUMN "A" OR COLUMN "B"? YES <input type="checkbox"/> NO <input type="checkbox"/>	126
125	VASECTOMY	
01	Partner is protected from pregnancy after 3 months or after 30 ejaculations	A
02	Use of a back-up method for the next 3 months	B
03	Procedure intended to be permanent; slight risk of failure	C
04	Warning signs that may occur after surgery (severe pain, tenderness, bleeding)	D
05	Should return to clinic if experience warning signs	E
06	Method does not protect against STIs, including HIV	F
07	None of the above	Y

126	CHECK Q111: IS "N" CIRCLED IN EITHER OR BOTH COLUMNS?		128
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
127	FEMALE STERILIZATION		
01	Protect from pregnancy immediately		A
02	Procedure intended to be permanent, slight risk of failure		B
03	Warning signs that may occur after surgery (severe pain, light-headedness, fever, bleeding, missed periods)		C
04	Should return to clinic if experience warning sign		D
05	Method does not protect against STIs, including HIV		E
06	None of the above		Y
128	CHECK Q111: IS "O" CIRCLED IN EITHER OR BOTH COLUMNS?		130
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
129	LACTATIONAL AMENORRHEA (LAM)		
01	Slight risk of pregnancy during the time shortly before regular menstruation resumes		A
02	Must be exclusively (or near-exclusively) breastfeeding		B
03	Not effective after menstruation begins again		C
04	Infant must be less than 6 months		D
05	Method does not protect against STIs, including HIV		E
06	None of the above		Y

ADDITIONAL PROVIDER ACTIONS

130	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING		
01	Look at client's health card at any time before beginning the consultation, while collecting information or while examining the client		A
02	Wrote on the client's health card		B
03	Used any visual aids for health education or counseling about family planning methods		C
04	Discussed a return visit		D
*05	Client provided reading materials to take home		E
06	None of the above		Y

CONFIRM WITH PROVIDER

131	CONFIRM THE FOLLOWING WITH THE PROVIDER AT THE END OF THE CONSULTATION. CHECK THE CLIENT CARD OR REGISTER IF NECESSARY.			
01	Has this client had any previous contact with a family planning provider in this facility?	YES.....	1	
		NO.....	2	
		DON'T KNOW.....	8	
02	Has this client ever been pregnant?	YES.....	1	
		NO.....	2	
		MALE CLIENT.....	3	
		DON'T KNOW.....	8	

5. CLINICAL OBSERVATION

201	INDICATE WHICH OF THE FOLLOWING PROCEDURES WAS CONDUCTED DURING THIS VISIT																		
01	PELVIC EXAMAMINATION	A	→ 301																
02	IUCD INSERTION AND/OR REMOVAL OR IUCD CHECKUP	B																	
03	INJECTABLE GIVEN	C																	
04	IMPLANT INSERTION AND/OR REMOVAL	D																	
05	NONE OF THE ABOVE	Y																	
202	IS THE CLINICAL PROVIDER THE SAME PERSON WHO PROVIDED COUNSELLING?	YES 1 NO 2	→ 206																
<p>READ TO PROVIDER: Hello, I am representing the [IMPLEMENTING ORG]. We are conducting a study of health facilities, with the goal of finding ways to improve the delivery of services. I would like to observe the procedure you will conduct with this client. [Ms. ____] has agreed that she has no objection to my presence. Observing all components of the services provided to [Ms. ____] will help us to better understand how health services are provided.</p> <p>Any information relating to this procedure will be completely confidential. If, at any point, you would prefer I leave, please feel free to tell me.</p> <p>Do you have any questions for me? Do I have your permission to be present during this procedure?</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 50%;"> <p>_____ Interviewer's signature (Indicates respondent's willingness to participate)</p> </div> <div style="width: 40%; text-align: center;"> <table border="1" style="margin: auto; 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 colspan="2" style="text-align: center;">DAY</td> <td colspan="2" style="text-align: center;">MONTH</td> <td colspan="4" style="text-align: center;">YEAR</td> </tr> </table> </div> </div>								2	0	1		DAY		MONTH		YEAR			
				2	0	1													
DAY		MONTH		YEAR															
203	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ 301																
204	RECORD THE TYPE OF PROVIDER PROVIDING MOST OF THE CLINICAL EXAMINATION.	GENERALIST MEDICAL DOCTOR..... 01 SPECIALIST MEDICAL DOCTOR 02 ASSISTANT MEDICAL OFFICER 03 CLINICAL OFFICER..... 04 ASSISTANT CLINICAL OFFICER..... 05 REGISTERED NURSE..... 07 ENROLLED NURSE..... 08 NURSE ASSISTANT / ATTENDANT..... 09 OTHER 96 (SPECIFY)																	
205	RECORD THE SEX OF THE PROVIDER CONDUCTING THE CLINICAL EXAMINATION.	MALE 1 FEMALE 2																	

6. PELVIC EXAMINATION

206	CHECK Q201: WAS A PELVIC EXAMINATION CONDUCTED?	YES. 1 NO. 2	→ 210
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BEFORE PROCEDURE

207	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE	
01	Ensured that client had visual privacy	A
02	Ensured that client had auditory privacy	B
03	Explained procedure to client before starting	C
04	Prepared all instruments before starting procedure	D
05	Washed hands with soap and water or disinfected hands before starting procedure	E
06	Put on latex gloves before starting procedure	F
07	NONE OF THE ABOVE	Y

DURING PROCEDURE

208	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE	
01	Used sterilized or high level disinfected (HLD) instruments	A
02	Asked the client to take slow deep breaths and to relax muscles	B
03	Inspected the external genitalia	C
04	Explained speculum procedure to client (if speculum used)	D
05	Inspected the cervix and vaginal mucosa (using speculum and light)	E
06	Performed a bimanual examination (TWO FINGERS IN VAGINA, OTHER HAND PALPATING ABDOMEN)	F
07	NONE OF THE ABOVE	Y

AFTER PROCEDURE

209	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER THE PROCEDURE	
01	Removed gloves	A
02	Washed or disinfected hands after removing gloves	B
03	Wiped contaminated surfaces with disinfectant	C
04	Placed reusable instruments in chlorine-based disinfecting solution immediately after the procedure	D
05	None of the above	Y

7. IUCD INSERTION AND/OR REMOVAL

210	CHECK 201: WAS AN IUCD EITHER INSERTED OR REMOVED?	IUCD INSERTION A IUCD REMOVAL B IUCD CHECKUP C NONE OF THE ABOVE..... Y	→ 215
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BEFORE PROCEDURE

211	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.	
01	Ensured that client had visual privacy	A
02	Ensured that client had auditory privacy	B
03	Explained procedure to client before starting	C
04	(FOR NEW CLIENT) Reconfirmed client choice of method	D
05	(FOR NEW CLIENT) Confirmed client is not pregnant	E
06	Prepared all instruments before starting procedure	F
07	Washed or disinfected hands before starting procedure	G
08	Put on latex gloves before starting procedure	H
09	Clean cervix and vagina with antiseptic	I
10	None of the above	Y

DURING PROCEDURE

212	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE.	
01	Performed a bimanual examination (TWO FINGERS IN VAGINA, OTHER HAND PALPATING ABDOMEN)	A
02	Conducted a speculum examination before performing bimanual examination	B
03	Inspected the cervix and vaginal mucosa (USING SPECULUM AND LIGHT)	C
04	Used a tenaculum	D
05	Sounded the uterus before inserting IUCD	E
06	Explained any of the above procedures	F
07	Used the no-touch technique for IUCD insertion	G
08	Used sterilized or high level disinfected (HLD) instruments	H
09	None of the above	Y

AFTER PROCEDURE

213	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.	
01	Removed gloves	A
02	Washed or disinfected hands after removing gloves	B
03	Asked client to wait and rest for 5 minutes after inserting IUCD	C
04	Wiped contaminated surfaces with disinfectant	D
05	Placed reusable instruments in chlorine-based disinfecting solution immediately after the procedure	E
06	NONE OF THE ABOVE	Y

CLIENT - PROVIDER INTERACTION

214	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.	
01	Client told that IUCD is good for up to 5 or 12 years	A
02	Client instructed to return to the clinic 3 to 6 weeks after insertion or after first menses	B
03	Client instructed to regularly check the strings after each menstruation	C
04	Client told she may experience side effects (e.g., heavy bleeding for first few months, spotting, or mild abdominal cramps)	D
05	Client instructed to return to clinic if side effects persisted	E
06	Client provided with a card stating the date IUCD was inserted and the follow-up date	F
07	(IF IUCD REMOVED): Show the removed IUCD to client	G
08	NONE OF THE ABOVE	Y

8. INJECTABLE CONTRACEPTIVES

215	CHECK Q201: WAS AN INJECTABLE CONTRACEPTIVE GIVEN?	YES 1 NO 2	→ 220
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BEFORE PROCEDURE

216	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.	
01	(With a new client) Reconfirmed the client's choice of method	A
02	(With a new client) Verified that client was not pregnant	B
03	(Continuing client) Checked the client's card to ensure giving injection at correct time	C
04	Ensured visual privacy	D
05	Ensured auditory privacy	E
06	Washed/disinfected hands before giving the injection	F
07	Prepared injection in area with clean table or tray to set items on	G
08	None of the above	Y

DURING PROCEDURE

217	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE	
01	(If using disposables) Used new syringe and needle from a sterile sealed pack	A
02	Opened new packet of syringe and needle	B
03	Removed needle from multiple dose vial each time	C
04	Stirred or mixed the bottle <i>before</i> drawing dose (Depo)	D
05	Cleaned and air-dried the injection site <i>before injection</i>	E
06	Drew back plunger <i>before</i> giving injection	F
07	Allowed dose to self-disperse instead of massaging the site	G
08	None of the above	Y

AFTER PROCEDURE

218	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER THE PROCEDURE	
01	Disposed of sharps in puncture-resistant container (not overflowing or pierced)	A
02	Tell client not to massage injection site	B
03	Tell the client when to come back for her next injection	C
04	None of the above	Y
219	INDICATE WHETHER THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT.	PROVIDED BY FACILITY..... 1 PROVIDED BY CLIENT..... 2 DON'T KNOW..... 8

9. IMPLANT INSERTION AND/OR REMOVAL

220	CHECK 201: WERE IMPLANTS EITHER INSERTED OR REMOVED?	IMPLANT INSERTION. A IMPLANT REMOVAL. B NONE OF THE ABOVE. Y	→ 301
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BEFORE PROCEDURE

221	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.		
01	(With a new client) Reconfirmed the client's choice of method		A
02	(With a new client) Verified that client was not pregnant		B
03	Ensured visual privacy		C
04	Ensured auditory privacy		D
05	Explained the procedure to client before starting		E
06	Prepared all instruments before the procedure		F
07	Used sterilized or high-level disinfected instruments		G
08	Washed/disinfected hands <i>before</i> the procedure		H
09	Put on sterile gloves and maintain sterility during insertion		I
10	None of the above		Y

DURING PROCEDURE

222	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE.		
01	Cleaned skin where incision was made with antiseptic		A
02	Used sterile towel to protect area		B
03	Used new or sterilized needle and syringe for local anesthetic		C
04	Allowed time for local anesthetic to take effect prior to making incision		D
05	None of the above		Y

AFTER PROCEDURE

223	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.		
01	Disposed of sharps in puncture-resistant containers		A
02	Wiped contaminated surfaces with disinfectant		B
03	Placed instruments in a chlorine solution immediately after completing the procedure		C
04	Removed gloves		D
05	Washed/disinfected hands <i>after</i> removing gloves		E
06	Explained care of incision area and removal of the bandage		F
07	Discussed return visit to remove plaster		G
09	None of the above		Y

PROVIDER/CLIENT INTERACTION

224	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING.	
01	Client instructed that the implant is good for 3-5 years (# OF YEARS DEPENDS ON TYPE)	A
02	Client told about possible menstrual changes and/or side effects	B
03	Client told about other (NON-MENSTRUAL) side effects such as nausea, weight gain, or breast tenderness	C
04	Client instructed to return to clinic if side effects persisted	D
05	(IN THE CASE OF REMOVAL): Client shown each implant stick that was removed and assured that all have been removed	E
06	Provided client with a card stating date that implant was inserted and date when implant should be removed	F
07	None of the above	Y

225	INDICATE WHETHER THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT.	PROVIDED BY FACILITY. 1 PROVIDED BY CLIENT. 2 DON'T KNOW. 8	
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10. CLIENT'S FAMILY PLANNING STATUS
TO BE ASKED OF PROVIDER AFTER CONSULTATION

AFTER THE CONSULTATION, ASK THE PROVIDER THE FOLLOWING QUESTIONS			
301	What was the client's family planning status at the beginning of this consultation?	CURRENT USER 1 NONUSER, USED IN PAST ... 2 NONUSER, NO PAST USE ... 3 NOT DETERMINED 8	→ 304 → 304 → 304
302	What was the client's principal reason for the visit?	RESUPPLY/ROUTINE FOLLOW-UP 1 DISCUSS PROBLEM WITH METHOD..... 2 DESIRE TO CHANGE METHOD (NO PROBLEM)..... 3 DESIRE TO DISCONTINUE FP (NO PROBLEM)..... 4 DISCUSS OTHER PROBLEM.... 5	
303	What was the outcome of the visit? (FOR CURRENT USER)	CONTINUED WITH CURRENT METHOD 1 SWITCHED METHOD 2 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, CONTINUED USE OF CURRENT METHOD 3 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, DISCONTINUED CURRENT METHOD 4 DECIDED TO STOP USING FAMILY PLANNING 5	→ 305 → 305 → 305 → 305 → 306
304	What was the outcome of the visit? (IF NOT A CURRENT USER)	ACCEPTED TO START METHOD 1 DID NOT DECIDE ON METHOD 2	→ 306
305	Did the client leave the facility with a method? IF NO, RECORD THE REASON THE CLIENT DID NOT RECEIVE METHOD.	YES, LEFT WITH METHOD ... 1 NO, METHOD NOT IN STOCK .. 2 NO, REQUIRES APPOINTMENT 3 NO, DELAY RECEIVING DUE TO HEALTH PROBLEM ... 4 NO, PREGNANCY STATUS UNCERTAIN 5 OTHER..... 6	

306	INDICATE WHETHER THE PROVIDER WROTE IN OR ON AN INDIVIDUAL CLIENT'S CARD AFTER THE CONSULTATION.	YES 1 NO 2 NO INDIVIDUAL CARD USED .. 3 DON'T KNOW 8	
307	RECORD THE TIME THE OBSERVATION ENDED.	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> : <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	
308	Observer's comments:		

TANZANIA 2014-2015 SERVICE PROVISION ASSESSMENT SURVEY

FP CLIENT EXIT INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER

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PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]

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CLIENT CODE (FROM CLIENT LISTING FORM)

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INFORMATION ABOUT INTERVIEW

DATE:	DAY	<table border="1"><tr><td></td><td></td></tr></table>			
	MONTH	<table border="1"><tr><td></td><td></td></tr></table>			
YEAR	<table border="1"><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"><tr><td></td><td></td><td></td></tr></table>				
Name of the interviewer: _____					

1. Information About Visit - FAMILY PLANNING

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																
	<p>READ TO CLIENT: 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;"> <table border="1" style="display: inline-table;"> <tr> <td></td><td></td><td></td><td></td><td>2</td><td>0</td><td>1</td><td></td> </tr> <tr> <td colspan="2">DAY</td> <td colspan="2">MONTH</td> <td colspan="4">YEAR</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;"> <tr> <td></td><td></td><td>:</td><td></td><td></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? PROBE	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	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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>	<div style="display: flex; justify-content: space-between;"> <div> 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 </div> <div style="text-align: center;"> <u>PRES</u> A B C D E F G H I J K L M N O X </div> <div style="text-align: center;"> <u>REC</u> A B C D E F G H I J K L M N O X </div> </div> <div style="margin-top: 10px;"> CONTINUING WITH METHOD IN Q105. W NO METHOD. Y </div> <div style="text-align: right; margin-top: 10px;"> W Y </div> <div style="text-align: center; margin-top: 10px;"> 201 </div> <p>[ONLY SKIP TO 201 IF BOTH "Z" ARE CIRCLED IE, NO METHOD EITHER RECEIVED OR PRESCRIBED] OTHERWISE CONTINUE TO Q117</p>	
117	During your consultation today, did the provider	YES NO DK	
01	Explain how to use the method?	HOW TO USE 1 2 8	
02	Talk about possible side effects?	TELL SIDE EFFECTS 1 2 8	
03	Tell you what to do if you have any problems?	TELL PROBLEMS 1 2 8	
04	Tell you when to return for follow-up?	TELL WHEN RETURN 1 2 8	

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)	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 can 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	For how long will 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 [obvs. section asks if provider counsels on slight risk]	How long must you wait before you can rely on your vasectomy to protect against pregnancy?	IMMEDIATE PROTECTION 1 1 - 3 MONTHS 2 ONLY AFTER 3 MONTHS OR AFTER 30 EJACULATIONS 3 DON'T KNOW..... 8	
J	TUBAL LIGATION [obvs. section asks if provider counsels on slight risk]	How long must you wait before you can rely on your tubal ligation to protect against pregnancy?	IMMEDIATE PROTECTION 1 1 - 3 MONTHS 2 ONLY AFTER 3 MONTHS 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	<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>TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS.</p>	<p>MINUTES </p> <p>SAW PROVIDER IMMEDIATELY 000 DON'T KNOW 998</p>																																																																		
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 major or minor problems for you.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> <tr> <th></th> <th style="text-align: center;">MAJOR</th> <th style="text-align: center;">MINOR</th> <th style="text-align: center;">NO PROB- LEM</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>01 Time you waited to see a provider</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> <tr> <td>02 Ability to discuss problems or concerns about your method</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> <tr> <td>03 Amount of explanation you received about the problem or treatment</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> <tr> <td>04 Privacy from having others see the examination</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> <tr> <td>05 Privacy from having others hear your consultation discussion</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> <tr> <td>06 Availability of medicines at this facility</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> <tr> <td>07 The hours of service at this facility, i.e., when they open and close</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> <tr> <td>08 The number of days services are available to you</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> <tr> <td>09 The cleanliness of the facility</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> <tr> <td>10 How the staff treated you</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> <tr> <td>11 Cost for services or treatments</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>									MAJOR	MINOR	NO PROB- LEM	DK	01 Time you waited to see a provider	1	2	3	8	02 Ability to discuss problems or concerns about your method	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
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203	<p>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?</p>	<p>YES..... 1 NO..... 2 DON'T KNOW..... 8</p>																																																																		
204	<p>Were you charged, or did you pay fees for any services your received or were provided today?</p>	<p>YES 1 NO 2</p>	→ 206																																																																	

205	What is the total amount you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT <table border="1" style="display: inline-table; vertical-align: middle;"> <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;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> DON'T KNOW 999998							
206	Is this the closest health facility to your home?	YES..... 1 → 208 NO..... 2 DON'T KNOW..... 8 → 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 VERY SATISFIED WITH THE SERVICES I RECEIVED IN FACILITY 1 02) I AM MORE OR LESS SATISFIED WITH THE SERVICES I RECEIVED..... 2 03) I AM NOT SATISFIED WITH THE SERVICES I RECEIVED 3								
209	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
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.			
302	How old were you at your last birthday?	AGE IN YEARS <input type="text"/> <input 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. 01 SECONDARY O-LEVEL. 02 SECONDARY A-LEVEL. 03 VOCATIONAL TRAINING. 04 COLLEGE (TECHNICAL). 05 UNIVERSITY. 06	→ 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 type="text"/> <input type="text"/> : <input type="text"/> <input 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!		
Interviewer's comments:			

4. OBSERVATION OF SICK CHILD CONSULTATION

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																
<p>BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.</p>																			
	<p>READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing the [IMPLEMENTING ORG] We are conducting a study of health facilities in [COUNTRY] with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how services for sick children are provided in this facility.</p> <p>Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.</p> <p>Do I have your permission to be present at this consultation?</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 50%;"> <p>_____ Interviewer's signature (Indicates respondent's willingness to participate)</p> </div> <div style="width: 30%; text-align: center;"> <table border="1" style="border-collapse: collapse; margin: 0 auto;"> <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 colspan="2">DAY</td> <td colspan="2">MONTH</td> <td colspan="4">YEAR</td> </tr> </table> </div> </div>							2	0	1		DAY		MONTH		YEAR			
				2	0	1													
DAY		MONTH		YEAR															
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ END																
	<p>READ TO CLIENT: Hello, I am _____. I am representing the [IMPLEMENTING ORG] We are conducting a study of health services in [COUNTRY]. I would like to be present while you are receiving services today in order to understand how sick child services are provided in this facility.</p> <p>We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.</p> <p>After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?</p> <p>_____ Interviewer's signature (Indicates respondent's willingness to participate)</p>																		
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CARETAKER.	YES 1 NO 2	→ END																
102	RECORD THE TIME THE OBSERVATION STARTED <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> : <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																		
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2																	
104	RECORD SEX OF THE CHILD. CONFIRM SEX OF CHILD WITH THE PROVIDER	MALE 1 FEMALE 2																	

5. PROVIDER INTERACTION WITH CARETAKER AND CHILD

NO.	QUESTIONS / OBSERVATIONS	CODES
FOR EACH OF THE GROUPS THAT FOLLOW, CIRCLE ANY ACTIONS TAKEN BY THE PROVIDER OR THE CLIENT. IF NO ACTION IN THE GROUP IS TAKEN, CIRCLE "Y" FOR EACH GROUP AT THE END OF THE OBSERVATION		

CLIENT HISTORY

105	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED THAT THE CHILD HAD ANY OF THE FOLLOWING MAIN SYMPTOMS	
01	Fever	A
02	Cough or difficult breathing (e.g., fast breathing or chest in-drawing)	B
03	Diarrhea	C
04	Ear pain or discharge	D
05	None of the above	Y
106	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED ANY OF THE FOLLOWING GENERAL DANGER SIGNS	
01	Child is unable to drink or breastfeed	A
02	Child vomits everything	B
03	Child has had convulsions with this illness	C
04	None of the above	Y
107	RECORD WHETHER A PROVIDER CHECKED FOR SUSPECTED SYMPTOMATIC HIV INFECTION BY ASKING FOR ANY OF THE FOLLOWING:	
01	Mother's HIV status	A
02	TB disease in any parent in the last 5 years	B
03	Two or more episodes of diarrhea in child each lasting 14 days or more	C
04	None of the above	Y

PHYSICAL EXAMS

108	RECORD WHETHER A PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS ON THE SICK CHILD	
01	Took child's temperature by thermometer	A
02	Felt the child for fever or body hotness	B
03	Counted respiration (breaths) for 60 seconds	C
04	Auscultated child (listen to chest with stethoscope) or count pulse	D
05	Checked skin turgor for dehydration (e.g., pinch abdominal skin)	E
06	Checked for pallor by looking at palms	F
07	Checked for pallor by looking at conjunctiva	G
08	Looked into child's mouth	H
09	Checked for neck stiffness	I
10	Looked in child's ear	J
11	Felt behind child's ear	K
12	Undressed child to examine (up to shoulders/down to ankles)	L
13	Pressed both feet to check for edema	M
14	Weighed the child	N
15	Plotted weight on growth chart	O
16	Checked for enlarged lymph nodes in 2 or more of the following sites: neck, axillae, groin	P
17	None of the above	Y

OTHER ASSESSMENTS

109	RECORD WHETHER A PROVIDER ASKED ABOUT OR PERFORMED OTHER ASSESSMENTS OF THE CHILD'S HEALTH BY DOING ANY OF THE FOLLOWING:	
01	Offered the child something to drink or asked the mother to put the child to the breast MARK AS YES IF YOU OBSERVE CHILD DRINKS OR BREASTFEEDS DURING VISIT	A
02	Asked about normal feeding habits or practices when the child is not ill	B
03	Asked about normal breastfeeding habits or practices when the child is not ill	C
04	Asked about feeding or breastfeeding habits or practices for child during this illness	D
05	Mentioned the child's weight or growth to the caretaker, or discussed growth chart	E
06	Looked at the child's vaccination card or asked caretaker about child vaccination history	F
07	Asked if child received Vitamin A within past 6 months	G
08	Looked at the child's health card (e.g., RCH card no.1) either before beginning the consultation, or while collecting information from the caretaker, or while examining the child THIS ITEM MAY BE EITHER THE VACCINATION CARD OR OTHER HEALTH CARD	H
09	Wrote on the child's health card (e.g. RCH card #1)	I
10	Asked if child received any de-worming medication in last 6 months	J
11	None of the above	Y

COUNSELING OF CARETAKER

110	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING	
01	Provided general information about feeding or breastfeeding the child even when not sick	A
02	Told the caretaker to give extra fluids to the child during this illness	B
03	Told the caretaker to continue feeding the child during this illness	C
04	Told the caretaker what illness(es) the child has (Diagnosis)	D
05	Described signs and/or symptoms in the child for which to immediately bring child back	E
06	Used a visual aid to educate caretaker	F
07	None of the above	Y

ADDITIONAL COUNSELING

111	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING THIS REFERS ONLY TO MEDICINES THAT THE CARETAKER WILL GIVE TO THE SICK CHILD AT HOME AND DOES NOT INCLUDE STAT DOSES OR ONE TIME MEDS GIVEN TO THE CHILD DURING THE VISIT (E.G., ORS OR PAIN MEDICINE) FOR URGENT TREATMENT OF SYMPTOMS.	
01	Prescribed or provided oral medications during or after consultation	A
02	Explained how to administer oral treatment(s)	B
03	Asked the caretaker to repeat the instructions for giving medications at home	C
04	Gave the first dose of the oral treatment	D
05	Discuss follow-up visit for the sick child	E
06	None of the above	Y

REFERRALS AND ADMISSIONS

112	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING		
01	RECOMMEND THAT CHILD BE HOSPITALIZED URGENTLY (I.E., ADMITTED TO THE HOSPITAL OR REFERRED TO ANOTHER HOSPITAL)		A
02	REFERRED CHILD TO ANOTHER PROVIDER WITHIN FACILITY FOR OTHER CARE		B
03	REFERRED CHILD FOR A LABORATORY TEST OUTSIDE FACILITY		C
04	EXPLAINED THE REASON FOR (ANY) REFERRAL		D
05	GAVE REFERRAL SLIP TO CARETAKER		E
06	EXPLAINED WHERE (OR TO WHOM) TO GO		F
07	PROVIDER EXPLAINED WHEN TO GO FOR REFERRAL		G
08	NONE OF THE ABOVE		Y
113	WHAT WAS THE OUTCOME OF THIS CONSULTATION? [THIS IS THE POINT WHEN THE OBSERVATION IS CONCLUDED]	TREATED AND SENT HOME. 1 CHILD REFERRED TO PROVIDER, SAME FACILITY. 2 CHILD ADMITTED, SAME FACILITY. 3 CHILD SENT TO LAB. 4 CHILD REFERRED TO OTHER FACILITY. 5	

NO.	QUESTIONS / OBSERVATIONS	CODES
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6. DIAGNOSIS

ASK THE PROVIDER TO TELL YOU THE DIAGNOSIS FOR THE SICK CHILD. IF A DIAGNOSIS OF DEHYDRATION WAS MADE, ASK IF IT WAS SEVERE, MILD, OR MODERATE AND INDICATE ACCORDINGLY. FOR ANY OTHER DIAGNOSIS, SIMPLY CIRCLE THE DIAGNOSIS MADE.

DIAGNOSIS (OR MAIN SYMPTOM, IF NO DIAGNOSIS)		
201	DEHYDRATION	
	SEVERE DEHYDRATION.	1
	MODERATE DEHYDRATION.	2
	MILD DEHYDRATION.	3
	NONE OF THE ABOVE/NO DEHYDRATATION.	0
202	RESPIRATORY SYSTEM	
	PNEUMONIA / BRONCHOPNEUMONIA	A
	BRONCHIAL SPASM / ASTHMA.	B
	UPPER RESPIRATORY ILLNESS(URI)/ACUTE RESPIRATORY ILLNESS (ARI).	C
	RESPIRATORY ILLNESS, DIAGNOSIS UNCERTAIN.	D
	COUGH, DIAGNOSIS UNCERTAIN.	E
	NONE OF THE ABOVE.	Y
203	DIGESTIVE SYSTEM / INTESTINAL	
	ACCUTE WATERY DIARRHEA.	A
	DYSENTERY.	B
	AMEBIASIS.	C
	PERSISTENT DIARRHEA.	D
	OTHER DIGESTIVE / INTESTINAL (SPECIFY)_____	X
	NONE OF THE ABOVE.	Y
204	MALARIA	
	MALARIA (CLINICAL DIAGNOSIS).	1 → 205
	MALARIA (BLOOD SMEAR)	2
	MALARIA (RAPID DIAGNOSTIC TEST)	3
	NONE OF THE ABOVE.	0 → 205
204A	ASK TO SEE RECORD FOR TEST RESULTS AND RECORD IF THE INFORMATION IS AVAILABLE	
	ARE TEST RESULTS AVAILABLE?	
	YES, AT THE PROVIDER SITE	1
	YES, AT THE LAB	2 → 205
204B	OBSERVE AND RECORD TEST RESULTS	
	BLOOD SMEAR POSITIVE	1
	RAPID TEST POSITIVE	2 → 205
204C	RECORD DENSITY	
	ONE PLUS	1
	TWO PLUS	2
	THREE PLUS	3
205	FEVER/MEASLES	
	FEVER OF UNKNOWN ORIGIN.	A
	MEASLES WITH NO COMPLICATIONS.	B
	MEASLES WITH COMPLICATIONS (E.G., MOUTH/EYE OR SEVERE).	C
	TYPHOID FEVER	D
	URINARY TRACK INFECTION	E
	SEPTICEMIA	F
	MENINGITIS	G
	NONE OF THE ABOVE.	Y
206	EAR	
	MASTOIDITIS.	A
	ACUTE EAR INFECTION.	B
	CHRONIC EAR INFECTION.	C
	OTHER EAR INFECTION.	X
	NONE OF THE ABOVE.	Y

206A	MALNUTRITION		
	SEVERE MALNUTRITION.	1	
	MODERATE MALNUTRITION.	2	
	MILD MALNUTRITION.	3	
	NONE OF THE ABOVE.	0	
206B	ANEMIA		
	SEVERE ANEMIA.	1	
	MODERATE ANEMIA.	2	
	NONE OF THE ABOVE.	0	
207	THROAT		
	SORE THROAT/PHARYNGITIS.	1	
	OTHER THROAT DIAGNOSIS (SPECIFY).....	2	
	NONE OF THE ABOVE.	0	

NO.	QUESTIONS / OBSERVATIONS	CODES
208	OTHER DIAGNOSIS	
	ABSESS.	A
	BACTERIAL CONJUNCTIVITIS.	B
	SKIN CONDITIOIN.	C
	OTHER DIAGNOSIS (SPECIFY)	X
	NO OTHER DIAGNOSIS.	Y

7. TREATMENT

ASK ABOUT THE TREATMENT THAT WAS EITHER PRESCRIBED OR PROVIDED. PROMPT IF NECESSARY.			
209	Did you prescribe any treatment today for this child? IF YES, CIRCLE ALL TREATMENTS THAT WERE PRESCRIBED OR PROVIDED TO CHILD IN THE FOLLOWING QUESTIONS	YES. 1 NO. 2	→ 215
210	GENERAL TREATMENT		
01	BENZYL PENICILLIN INJECTION		A
02	OTHER ANTIBIOTIC INJECTION		B
03	OTHER INJECTION		C
04	CO-TRIMOXAZOLE TABLETS		D
05	CO-TRIMOXAZOLE SYRUP		E
06	AMOXICILLIN CAPSULES		F
07	AMOXICILLIN SYRUP		G
08	OTHER ANTIBIOTIC TABLET/SYRUP		H
09	PARACETAMOL		I
10	OTHER FEVER REDUCING MEDICINE		J
11	ZINC		K
12	VITAMINS (OTHER THAN VITAMIN A)		L
13	COUGH SYRUPS/OTHER MEDICATION		M
14	NONE OF THE ABOVE		Y
211	RESPIRATORY		
01	NEBULISER OR INHALER		A
02	INJECTABLE BRONCHODILATOR (E.G., ADRENALINE)		B
03	ORAL BRONCHODILATOR		C
04	DRY EAR BY WICKING		D
05	NONE OF THE ABOVE		Y
212	MALARIA		
01	INJECTABLE QUININE		A
02	INJECTABLE ARTEMETHER / ARTESUNATE		B
03	OTHER INJECTABLE ANTIMALARIAL (E.G., FANSIDAR)		C
04	SUPPOSITORY ARTEMETHER / ARTESUNATE		D
05	ORAL ACT/AL (E.G., COARTEM, ARTESUNATE + AMODIAQUINE))		E
06	ORAL ARTEMETER / ARTESUNATE		F
07	ORAL AMODIAQUINE		G
08	ORAL FANSIDAR (SP)		H
09	ORAL QUININE		I
10	OTHER ORAL ANTIMALARIAL		J
11	NONE OF THE ABOVE		Y

NO.	QUESTIONS / OBSERVATIONS	CODES
212A	CHECK Q212: IS "B, D, E or F" CIRCLED ? <div> <div>YES <input type="checkbox"/></div> <div>NO <input type="checkbox"/></div> </div> <div> <div>↓</div> <div>→</div> </div>	213
212B	CHECK PRESCRIPTION OR PROVIDER REGISTER OR CHILD BOUKLET RECORD TYPE OF MEDECINE PRESCRIBED OR RECEIVED	
01	INJECTABLE ARTEMETHER / ARTESUNATE	A
02	SUPPOSITORY ARTEMETHER / ARTESUNATE	B
03	ORAL ACT/AL (E.G., COARTEM, ARTESUNATE + AMODIAQUINE))	C
04	ORAL ARTEMETER / ARTESUNATE	D

NO.	QUESTIONS / OBSERVATIONS	CODES
213	DEHYDRATION	
01	HOME ORT (PLAN A)	A
02	INITIAL ORT IN FACILITY (4 HOURS - PLAN B)	B
03	INTRAVENOUS FLUIDS (PLAN C)	C
04	HOME ORT (PLAN A) WITH ZINC	D
05	NONE OF THE ABOVE	Y
214	OTHER TREATMENT & ADVICE	
01	VITAMIN A (MAY ALSO BE FOR IMMUNIZATION)	A
02	FEEDING SOLID FOODS	B
03	FEEDING EXTRA LIQUIDS	C
04	FEEDING BREAST MILK	D
05	PRESCRIBED/GAVE DEWORMING TABLETS	E
06	ANY OTHER TREATMENT _____	X
07	NONE OF THE ABOVE	Y

ASK PROVIDER

215	Is this [NAME'S] first visit to this facility for this illness, or is this a follow-up visit?	FIRST VISIT 1 FOLLOW-UP 2 DON'T KNOW..... 8	
216	Did you vaccinate the child during this visit or refer the child for vaccination today other than VITAMIN A supplementation? IF NO: Why not?	YES, VACCINATED CHILD. 01 YES, REFERRED 02 NOT DUE FOR VACCINATION..... 03 VACCINE NOT AVAILABLE. 04 CHILD TOO SICK..... 05 NOT DAY FOR VACCINATION..... 06 DID NOT CHECK FOR VACCINATION..... 07 VACCINATION COMPLETED. . . 08	
217	RECORD THE TIME THE OBSERVATION ENDED.	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
217A	CHECK Q204A, INFORMATION AVAILABLE AT THE LAB, RESPOSE 2 CIRCLES GO TO THE LAB AND COMPLETE QUESTIONS 204B and 204C.	<input type="checkbox"/>	
Observer's comments: 			

TANZANIA 2014-2015 SERVICE PROVISION ASSESSMENT SURVEY

SICK CHILD CARETAKER EXIT INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER

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PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]

--	--

CLIENT CODE (FROM CLIENT LISTING FORM)

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INFORMATION ABOUT INTERVIEW

DATE:	DAY	<table border="1"><tr><td></td><td></td></tr></table>			
	MONTH	<table border="1"><tr><td></td><td></td></tr></table>			
YEAR	<table border="1"><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"><tr><td></td><td></td><td></td></tr></table>				
Name of the interviewer: _____					

1. Information About Visit - CARETAKER OF SICK CHILD

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																
	<p>READ TO CLIENT: 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>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td>2</td><td>0</td><td>1</td><td></td> </tr> <tr> <td colspan="4">DAY</td> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> </table>					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"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> </table>			:														
		:																	
102	What is the name of the sick child?	NAME _____																	

CLIENT AGE

103	What month and year was [NAME] born?	MONTH <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW MONTH 98 YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW YEAR 9998							
104	How old is [NAME] in completed months?	AGE IN MONTHS <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98							

SIGNS AND SYMPTOMS OF CURRENT ILLNESS					
105	Has [NAME] had fever with this illness or any time in the past two days?	YES..... 1 NO..... 2			
106	Has [NAME] had a convulsion with this illness?	YES..... 1 NO..... 2			
107	Does [NAME] have cough or difficulty breathing with this illness?	YES..... 1 NO..... 2			
108	Can [NAME] drink, eat or breastfeed?	YES..... 1 NO..... 2			
109	Does [NAME] vomit everything when he/she eats or breastfeeds during this illness?	YES..... 1 NO..... 2			
110	Has [HE/SHE] had watery and frequent stools with this illness or any time in the past two days?	YES..... 1 NO..... 2			
111	Has [HE/SHE] been excessively sleepy during this illness?	YES..... 1 NO..... 2			
112	For what other reason(s) did you bring [NAME] to this health facility today? CIRCLE ALL ITEMS THE RESPONDENT MENTIONS PROBE: Anything else?	EAR PROBLEMS..... A SKIN SORE/PROBLEMS..... B INJURY..... C EYE PROBLEM..... D OTHER _____ X (SPECIFY) NO OTHER REASON Y			
113	Has [NAME] been brought to this facility before for this same illness? IF YES, ASK: How long ago was that?	WITHIN THE PAST WEEK..... 1 WITHIN THE PAST 2-4 WEEKS.... 2 MORE THAN 4 WEEKS AGO..... 3 NO..... 4 DON'T KNOW..... 8			
114	How many days ago did the illness for which you brought [NAME] here begin? IF LESS THAN 1 DAY, ENTER 00	DAYS AGO..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> IF MORE THAN 90 DAYS 95 DON'T KNOW..... 98			

INFORMATION PROVIDED TO CARETAKER

115	Did the provider tell you what illness [NAME] has?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
116	What would you do if [NAME] does not get completely better or becomes worse?	RETURN TO FACILITY.....01 GO TO OTHER FACILITY.....02 GO TO OTHER HEALTH WORKER OR /PHARMACY.....03 GO TO TRADITIONAL HEALER. . . .04 NOTHING, JUST WAIT.05 CHILD REFERRED 06 CHILD ADMITTED 07 DON'T KNOW. 8	
117	Did the provider tell you about any signs or symptoms you may see for which you must immediately bring the child back? IF YES, ASK: Can you tell me what these are? IF NECESSARY, PROBE: Were there any serious symptoms or danger signs for which you were told to bring [NAME] back immediately?	FEVER A BREATHING PROBLEMS B BECOMES SICKER C BLOOD IN STOOL D VOMITING E POOR/NOT EATING F POOR/NOT DRINKING G CONVULSION H OTHER X (SPECIFY) NO, NONE Y DON'T KNOW Z	
118	Did the provider tell you anything about bringing [NAME] back to the health facility for follow-up or non-emergency reasons? IF YES: Why were you to return?	MORE MEDICINES A IF SYMPTOMS INCREASE OR BECOME WORSE B FOLLOW-UP APPOINTMENT. C VIT. A SUPPLEMENTATION. D LAB TEST RESULTS. E ROUTINE IMMUNISATION F OTHER X (SPECIFY) NO..... Y DON'T KNOW Z	

TREATMENT AND CARETAKER COMFORT LEVEL

119	Did the provider give or prescribe any medicines for [NAME] to take at home?	YES, GAVE MEDS. 1 YES, GAVE PRESCRIPTION. 2 GAVE MEDS AND PRESCRIPTION. 3 NO 4	→ 124
120	ASK TO SEE ALL MEDICATIONS THAT THE CARETAKER RECEIVED AND ANY PRESCRIPTIONS THAT HAVE NOT YET BEEN FILLED. CIRCLE THE RESPONSE DESCRIBING THE MEDICATIONS AND PRESCRIPTIONS YOU SEE.	HAS ALL MEDS. 1 HAS SOME MEDS, SOME UNFILLED PRESCRIPTIONS. 2 NO MEDICATIONS SEEN, HAS PRESCRIPTIONS ONLY. 3	
121	Did a provider at the facility explain to you how to give these medicines to [NAME] at home? IF "2" OR "8" SEND CLIENT BACK TO PROVIDER AT THE END OF THE INTERVIEW	YES. 1 NO. 2 DON'T KNOW. 8	
122	Do you feel comfortable or confident that you know how much of each medication to give [NAME] each day and for how many days to give it? IF "2" OR "8" SEND CLIENT BACK TO PROVIDER AT THE END OF THE INTERVIEW	YES. 1 NO. 2 DON'T KNOW. 8	
123	Has [NAME] been given a dose of any of these medications here at the facility already?	YES. 1 NO. 2 DON'T KNOW. 8	
124	Did [NAME] receive an injection for treating the sickness here at the facility today? IF NO, CHECK PRESCRIPTIONS AND RECORD IF THERE IS A PRESCRIPTION FOR AN INJECTION.	YES, RECEIVED INJECTION. 1 YES, RECEIVED PRESCRIPTION FOR INJECTION. 2 NO 3 DON'T KNOW 8	
125	Did anyone at the health facility weigh [NAME] today?	YES 1 NO 2	
126	Did anyone talk to you today about [NAME]'s weight and how [NAME] is growing?	YES 1 NO 2	
127	Did any provider ask you today about the types of foods and amounts that you normally feed [NAME] when [NAME] is not sick?	YES 1 NO 2 CANNOT REMEMBER 8	
128	What did the provider tell you about feeding solid foods to [NAME] during this illness?	GIVE LESS THAN USUAL 1 GIVE SAME AS USUAL 2 GIVE MORE THAN USUAL 3 GIVE NOTHING/DON'T FEED 4 DIDN'T DISCUSS 6 NOT CERTAIN/CAN'T REMEMBER 8	
129	What did the provider tell you about giving fluids (or breast milk, if the child is breastfed) to [NAME] during this illness?	GIVE LESS THAN USUAL 1 GIVE SAME AS USUAL 2 GIVE MORE THAN USUAL 3 GIVE NOTHING/DON'T FEED 4 DIDN'T DISCUSS 6 DON'T KNOW/CAN'T REMEMBER 8	

130	Was [NAME] given a vaccination today? IF YES, ASK TO SEE THE HEALTH CARD OR BOOKLET TO VERIFY.	YES, OBSERVED. 1 REPORTED, NOT SEEN. 2 NO. 3 DON'T KNOW. 8	
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REFERRAL

131	Did the provider instruct you to take [NAME] to see another provider or to a laboratory in this facility for a finger or heel stick for blood to be taken for a test?	YES. 1 NO. 2	→ 134
132	Did you take [NAME] to the provider or laboratory for the finger or heel stick?	YES. 1 NO. 2	→ 134
133	Were you told the result of the test that was done?	YES. 1 NO. 2	
134	Did the provider instruct you to take [NAME] to see a provider in another facility, or for a laboratory test outside of this facility, for further care for [NAME]?	YES. 1 NO. 2	→ 136
135	Regarding this referral, please tell me:	YES NO DK	
01	Were you given any paper or record to take with you for the referral?	1 2 8	
02	Were you told where to go for the referral?	2 2 8	
03	Were you told who to see for the referral?	1 2 8	
04	Were you told why you are to go for the referral?	1 2 8	
05	Do you intend to go to this (these) referral(s)?	1 2 8	
136	Did you take [NAME] to see another health provider or traditional healer before coming here? IF YES, ASK: Whom did you see and where? CIRCLE ALL THAT APPLY	YES, OTHER PROVIDER THIS FACILITY. A YES, OTHER PROVIDER DIFFERENT FACILITY. . B YES, TRADITIONAL HEALER. C SAW NO ONE Y	

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	<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>TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS.</p>	<p>MINUTES </p> <p>SAW PROVIDER IMMEDIATELY 000 DON'T KNOW 998</p>																																																																		
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 major or minor problems for you.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> <tr> <th></th> <th>MAJOR</th> <th>MINOR</th> <th>NO PROB- LEM</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>01 Time you waited to see a provider</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>02 Ability to discuss problems or concerns about [CHILD'S] illness</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>03 Amount of explanation you received about the problem or treatment</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>04 Privacy from having others see the examination</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>05 Privacy from having others hear your consultation discussion</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>06 Availability of medicines at this facility</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>07 The hours of service at this facility, i.e., when they open and close</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>08 The number of days services are available to you</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>09 The cleanliness of the facility</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>10 How the staff treated you</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>11 Cost for services or treatments</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> </tbody> </table>									MAJOR	MINOR	NO PROB- LEM	DK	01 Time you waited to see a provider	1	2	3	8	02 Ability to discuss problems or concerns about [CHILD'S] illness	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
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203	<p>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?</p>	<p>YES. 1 NO. 2 DON'T KNOW. 8</p>																																																																		
204	<p>Were you charged, or did you pay fees for any services your received or were provided today?</p>	<p>YES 1 NO 2</p>	→ 206																																																																	

205	What is the total amount you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT <table border="1" style="display: inline-table; vertical-align: middle;"> <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;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> 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 HOURS01 BAD REPUTATION 02 DON'T LIKE PERSONNEL ...03 NO MEDICINE04 PREFERS TO REMAIN ANONYMOUS 05 IT IS MORE EXPENSIVE 06 WAS REFERRED07 OTHER 96 (SPECIFY) DON'T KNOW98							
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 VERY SATISFIED WITH THE SERVICES I RECEIVED IN FACILITY 1 02) I AM MORE OR LESS SATISFIED WITH THE SERVICES I RECEIVED..... 2 03) I AM NOT SATISFIED WITH THE SERVICED I RECEIVED 3								
209	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
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.			
301	What is your relationship to [SICK CHILD]?	MOTHER 1 FATHER 2 SIBLING 3 AUNT OR UNCLE 4 GRAND MOM/GRAND DAD.... 5 OTHER 6 (SPECIFY)	
302	How old were you at your last birthday?	AGE IN YEARS <input type="text"/> <input 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. 01 SECONDARY O-LEVEL. 02 SECONDARY A-LEVEL. 03 VOCATIONAL TRAINING. 04 COLLEGE (TECHNICAL). 05 UNIVERSITY. 06	→ 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 type="text"/> <input type="text"/> : <input type="text"/> <input 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!			
Interviewer's comments:			

