

Exit Interview for RTI/STI Clients

Section 1. Visit Information

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
100	<p>INTERVIEWER: INTRODUCE YOURSELF TO THE CLIENT</p> <p>Hello. In order to improve the services offered by this facility, we would like to know about your experience here. All the information given to me will be kept strictly confidential and future care that you receive at this facility will in no way be affected by your participation or non-participation in this interview. You can refuse to answer any question and may stop the interview at any time.</p> <p>Do you have any questions for me at this time? Do I have your agreement to participate?</p> <p style="text-align: center;">_____ INTERVIEWER'S SIGNATURE (Indicates respondent' willingness to participate)</p> <p style="text-align: center;">_____ DATE</p>		
100a	May I begin the interview?	CLIENT AGREES 1 CLIENT REFUSES 2	→ STOP
101	Did the health worker give you a diagnosis for your problem today, that is, did he/she tell you what is causing the problem?	YES 1 NO 2 DON'T KNOW 8	
102	Were you given a prescription or medications today?	YES 1 RECEIVED INJECTION BUT NO OTHER MEDICATIONS OR PRESCRIPTION 2 NO 3	→ 105 → 105
103	ASK TO SEE ALL MEDICATIONS WHICH WERE RECEIVED AND ANY PRESCRIPTIONS WHICH HAVE NOT YET BEEN FILLED. CIRCLE THE RESPONSE DESCRIBING THE MEDICATIONS OR PRESCRIPTIONS SEEN	HAS ALL MEDS 1 HAS SOME MEDS, SOME PRESCRIPTIONS NOT SUPPLIED 2 NO MEDICATIONS SEEN, HAS PRESCRIPTIONS ONLY 3	
104	How long do you plan to take these medications?	UNTIL SYMPTOMS DISAPPEAR 1 UNTIL MEDICATION IS COMPLETED 2 OTHER 6 (SPECIFY) DON'T KNOW 8	
105	Did the health worker talk to you about how to protect yourself against reproductive tract infections or HIV/AIDS?	YES 1 NO 2 DON'T KNOW 8	
106	What are some of the ways that you can protect yourself from reproductive tract infections transmitted through sexual activity?	USE CONDOMS A HAVE ONLY ONE PARTNER B OTHER X (SPECIFY) DON'T KNOW Z	

NO.	QUESTIONS	CODING CLASSIFICATION		GO TO				
107	Have you ever used condoms before?	YES.....	1					
		NO	2					
108	Some people do not want to use condoms. I would like to hear your opinion on reasons that some people would not want to use condoms or issues that might inhibit people from using condoms? FOR EACH ITEM MENTIONED, ASK: Do you think that is a big or a small problem for using condoms? PROBE WITHOUT PROVIDING ANY ANSWERS. AFTER IT APPEARS THE RESPONDENT HAS NO MORE ANSWER, ASK: I want to ask you about your opinion now about some other reasons people may <u>not</u> use a condom. As I mention each item, please tell me if you think that it might be, or has been, a reason you might not use condoms. Tell me if you think it has been or could be a big problem, a small problem, or not a problem for you to when deciding whether to use condoms or not..							
	POSSIBLE PROBLEMS WITH USING CONDOMS		SPONTANEOUS		PROMPT			
	1)	It is embarrassing to purchase/obtain condoms?	BIG	SMALL	BIG	SMALL	NO	DK
	2)	Disposal of the condom is a problem	1	2	3	4	5	8
	3)	It is embarrassing to discuss use of condom with partner?	1	2	3	4	5	8
	4)	The condom reduces your own [RESPONDENT] sexual satisfaction?	1	2	3	4	5	8
	5)	The condom reduces partner's sexual satisfaction?	1	2	3	4	5	8
	6)	OTHER _____ (SPECIFY)	1	2			5	
109	Did you discuss any of the issues related to using condoms that were mentioned above with the provider?	YES.....	1	→111				
		NO	2					
		NA.....	8					
110	Did the provider talk to you about condoms or mention condoms today?	YES.....	1					
		NO	2					
		DON'T KNOW.....	8					
111	Were you given any condoms today?	YES.....	1					
		NO	2	→113				
112	Did a provider demonstrate to you how the condom is used?	YES.....	1					
		NO	2					
113	Did you receive a blood test or did the health worker take a specimen for laboratory examination today?	YES.....	1					
		NO	2	→201				
114	Did the health worker explain to you what the laboratory test was for? IF YES, What was the test for?	YES, INFECTION/STI.....	A					
		YES, HIV/AIDS	B					
		YES, OTHER _____ (SPECIFY)	X					
		NO	Y					
		DON'T KNOW.....	Z					

Section 2. Client Satisfaction

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

Section 3. Personal Characteristics of Client

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