

MEASURE Service Provision Assessment

EXIT INTERVIEW FOR RTI/STI CLIENT

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

INFORMATION ABOUT INTERVIEW	
Date: _____	DAY <input type="text"/> <input type="text"/>
	MONTH <input type="text"/> <input type="text"/>
	YEAR..... <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 4
Name of the interviewer _____	INTERVIEWER CODE.. <input type="text"/> <input type="text"/>
Time interview started: _____	HOUR..... <input type="text"/> <input type="text"/>
	MINUTES <input type="text"/> <input type="text"/>
STI Client Code _____	CLIENT CODE <input type="text"/> <input type="text"/>

*Use country-specific categories.

<p align="center">Exit Interview for RTI/STI Clients</p>

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>_____ INTERVIEWER'S SIGNATURE (Indicates respondent' willingness to participate)</p>	<p>_____ 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 SUPPLIED2 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 NO 2 NA..... 8	→111	
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 X (SPECIFY) 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..... 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		
		<div style="display: flex; justify-content: space-around;"> <div>SPONTANEOUS</div> <div>PROMPT</div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <div>BIG</div> <div>SMALL</div> <div>BIG</div> <div>SMALL</div> <div>NO</div> <div>DK/NA</div> </div>	
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 <div style="background-color: #cccccc; width: 40px; height: 20px; display: inline-block;"></div> <div style="background-color: #cccccc; width: 40px; height: 20px; display: inline-block;"></div> 5 <div style="background-color: #cccccc; width: 40px; height: 20px; display: inline-block;"></div>	

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

Section 3. Personal Characteristics of Client

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
301	Could you tell me how old are you?	AGE IN YEARS <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON'T KNOW 98	
302	Have you ever attended school?	YES 1 NO 2	→ 304
303	What is the highest level of school (certificate) you have successfully completed?	NONE 1 PRIMARY 2 PREPARATORY 3 SECONDARY 4 ABOVE SECONDARY 5 UNIVERSITY 6 ABOVE UNIVERSITY 7	→ 306 → 306 → 306 → 306 → 306
304	Have you ever attended any literacy classes?	YES 1 NO 2	
305	Can you read or write?	YES, READ ONLY 1 YES, READ AND WRITE 2 NO 3	
306	Are you currently employed?	YES 1 NO 2	→ 309
307	Do you work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 FOR HERSELF 3	
308	Do you earn your wage or salary in the form of cash or kind or both, or you don't take any?	CASH 1 BOTH 2 KIND 3 NOTHING 4	
309	Do you live in a city or a village?	CITY 1 VILLAGE 2	
310	Which governorate do you live in?	<div style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	
311	TIME INTERVIEW ENDED.	HOUR <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> MINUTES <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	
312	INTERVIEWER COMMENTS		