

# THE DHS PROGRAM SERVICE PROVISION ASSESSMENT SURVEY

## FAMILY PLANNING CLIENT EXIT INTERVIEW

### FACILITY IDENTIFICATION

QTYPE ..... 

E	F	P
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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: .....

INTERVIEWER'S NAME: \_\_\_\_\_

DAY ..... 

--	--

MONTH ..... 

--	--

YEAR ..... 

2	0	2
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INTERVIEWER'S NUMBER ..... 

--	--	--	--

LANGUAGE OF QUESTIONNAIRE\*\* 

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      LANGUAGE OF INTERVIEW\*\* 

--	--

      NATIVE LANGUAGE OF RESPONDENT\*\* 

--	--

      TRANSLATOR USED 

--

  
(YES = 1, NO = 2)

LANGUAGE OF QUESTIONNAIRE\*\* ENGLISH      \*\*LANGUAGE CODES:  
01 ENGLISH      03 LANGUAGE      05 LANGUAGE  
02 LANGUAGE      04 LANGUAGE      06 LANGUAGE

TEAM  

--	--

  
NUMBER

TEAM SUPERVISOR  
\_\_\_\_\_  
NAME      

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NUMBER

# THE DHS PROGRAM SERVICE PROVISION ASSESSMENT

## FAMILY PLANNING CLIENT EXIT INTERVIEW

### INTRODUCTION AND CONSENT

READ THE FOLLOWING CONSENT STATEMENT

Good day! My name is \_\_\_\_\_. We are here on behalf of the [IMPLEMENTING AGENCY] conducting a survey of health facilities to assist the government in knowing more about health services in [COUNTRY].

This facility was selected to participate in the study. I would like to ask you some questions about your experiences here today to better understand how family planning services are provided in this facility. These questions usually take about 10-15 minutes.

We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. Information from this interview is confidential and will not be shared with anyone other than members of our survey team. The information acquired during this interview may be used by the [IMPLEMENTING AGENCY], other organizations or researchers, for planning service improvements or further studies of services.

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.

Please know that the decision to participate in this interview is completely voluntary and that your decision will not affect the services you receive. If at any point you would prefer to end the interview please feel free to tell me. There is no penalty for refusing to participate, however, we hope you will choose to participate.

In case you need more information about the survey, you may contact the incharge manager of this health facility.

Do you have any questions for me at this time?

Do I have your permission interview you?

SIGNATURE OF INTERVIEWER \_\_\_\_\_

DATE

DAY .....		
MONTH .....		
YEAR .....	2	0 2

CLIENT AGREES  
TO BE INTERVIEWED .. 1  
↓

CLIENT DOES NOT AGREE  
TO BE INTERVIEWED ..... 2 → END

# 1. INFORMATION ABOUT FAMILY PLANNING VISIT

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP								
101	RECORD THE TIME THE INTERVIEW STARTED. USE 24-HOUR FORMAT.	HOURS ..... <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES ..... <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
102	What time did you arrive at the facility today?  IF CLIENT DOESN'T KNOW THE EXACT TIME, ASK HER TO APPROXIMATE. IF SHE CAN'T GIVE AN APPROXIMATE TIME, USE 'DON'T KNOW'.	HOURS ..... <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES ..... <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW ..... 9998									
103	What time did you see the provider?  IF SHE DOESN'T KNOW THE EXACT TIME, ASK HER TO APPROXIMATE. IF SHE CAN'T GIVE AN APPROXIMATE TIME, USE 'DON'T KNOW'.	HOURS ..... <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES ..... <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW ..... 9998									
104	Before coming to this facility today, were you taking any steps or using any methods to prevent a pregnancy?	YES ..... 1 NO ..... 2	→ 110								
105	What method were you (last) using?  PROBE	COMBINED ORAL PILL ..... A PROGESTIN-ONLY ORAL PILL ..... B ORAL PILL (TYPE UNSPECIFIED) ..... C COMBINED INJECTABLE (MONTHLY) ..... D PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) INTRAMUSCULAR ( DMPA-IM) ..... E PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) SUBCUTANEOUS (DMPA-SC) ..... F MALE CONDOM ..... G FEMALE CONDOM ..... H IUD ..... I IMPLANT ..... J EMERGENCY CONTRACEPTIVE PILL ..... K FERTILITY AWARENESS METHODS SUCH AS STANDARD DAYS METHOD (SDM) ..... L MALE STERILIZATION (VASECTOMY) ..... M FEMALE STERILIZATION (TUBAL LIGATION) ..... N LACTATIONAL AMENORRHEA ..... O SPERMICIDE ..... P DIAPHRAGM ..... Q OTHER ..... X									
106	Have you been having (did you have) any problems with the method?	YES ..... 1 NO ..... 2									
107	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								
108	Had you thought about switching methods before you came here today?	YES ..... 1 NO ..... 2	→ 113								
109	Had you thought about what family planning method you wanted to switch to before you came here today?	YES ..... 1 NO ..... 2	→ 112 → 113								
110	Had you thought about starting to use a method of family planning before you came here today?	YES ..... 1 NO ..... 2	→ 113								
111	Had you thought about what family planning method you wanted to use before you came here today?	YES ..... 1 NO ..... 2	→ 113								

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP																																																															
112	<p>What method or methods were you thinking about?</p> <p>IF WOMAN MENTIONS MULTIPLE METHODS, CIRCLE AS MANY AS SHE MENTIONS</p>	<p>COMBINED ORAL PILL ..... A</p> <p>PROGESTIN-ONLY ORAL PILL ..... B</p> <p>ORAL PILL (TYPE UNSPECIFIED) ..... C</p> <p>COMBINED INJECTABLE (MONTHLY) ..... D</p> <p>PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) INTRAMUSCULAR (DMPA-IM) ..... E</p> <p>PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) SUBCUTANEOUS (DMPA-SC) ..... F</p> <p>MALE CONDOM ..... G</p> <p>FEMALE CONDOM ..... H</p> <p>IUD ..... I</p> <p>IMPLANT ..... J</p> <p>EMERGENCY CONTRACEPTIVE PILL ..... K</p> <p>FERTILITY AWARENESS METHODS SUCH AS STANDARD DAYS METHOD (SDM) ..... L</p> <p>MALE STERILIZATION (VASECTOMY) ..... M</p> <p>FEMALE STERILIZATION (TUBAL LIGATION) ..... N</p> <p>LACTATIONAL AMENORRHEA ..... O</p> <p>SPERMICIDE ..... P</p> <p>DIAPHRAGM ..... Q</p> <p>OTHER _____ ..... X</p>																																																																
113	<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>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>PRE- SCRIBED</u></th> <th style="text-align: center;"><u>RECE- IVED</u></th> </tr> </thead> <tbody> <tr><td>COMBINED ORAL PILL ..... A</td><td style="text-align: center;">A</td><td style="text-align: center;">A</td></tr> <tr><td>PROGESTIN-ONLY ORAL PILL ..... B</td><td style="text-align: center;">B</td><td style="text-align: center;">B</td></tr> <tr><td>ORAL PILL (TYPE UNSPECIFIED) ..... C</td><td style="text-align: center;">C</td><td style="text-align: center;">C</td></tr> <tr><td>COMBINED INJECTABLE (MONTHLY) ..... D</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td></tr> <tr><td>PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) INTRAMUSCULAR (DMPA-IM) ..... E</td><td style="text-align: center;">E</td><td style="text-align: center;">E</td></tr> <tr><td>PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) SUBCUTANEOUS (DMPA-SC) ..... F</td><td style="text-align: center;">F</td><td style="text-align: center;">F</td></tr> <tr><td>MALE CONDOM ..... G</td><td style="text-align: center;">G</td><td style="text-align: center;">G</td></tr> <tr><td>FEMALE CONDOM ..... H</td><td style="text-align: center;">H</td><td style="text-align: center;">H</td></tr> <tr><td>IUD ..... I</td><td style="text-align: center;">I</td><td style="text-align: center;">I</td></tr> <tr><td>IMPLANT ..... J</td><td style="text-align: center;">J</td><td style="text-align: center;">J</td></tr> <tr><td>EMERGENCY CONTRACEPTIVE PILL ..... K</td><td style="text-align: center;">K</td><td style="text-align: center;">K</td></tr> <tr><td>FERTILITY AWARENESS METHODS SUCH AS STANDARD DAYS METHOD (SDM) ..... L</td><td style="text-align: center;">L</td><td style="text-align: center;">L</td></tr> <tr><td>MALE STERILIZATION (VASECTOMY) ..... M</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td></tr> <tr><td>FEMALE STERILIZATION (TUBAL LIGATION) ..... N</td><td style="text-align: center;">N</td><td style="text-align: center;">N</td></tr> <tr><td>LACTATIONAL AMENORRHEA ..... O</td><td style="text-align: center;">O</td><td style="text-align: center;">O</td></tr> <tr><td>SPERMICIDE ..... P</td><td style="text-align: center;">P</td><td style="text-align: center;">P</td></tr> <tr><td>DIAPHRAGM ..... Q</td><td style="text-align: center;">Q</td><td style="text-align: center;">Q</td></tr> <tr><td>OTHER _____ ..... X</td><td style="text-align: center;">X</td><td style="text-align: center;">X</td></tr> <tr><td>CONTINUING WITH METHOD IN Q10: ..... Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> <tr><td>NO METHOD ..... Z</td><td style="text-align: center;">Z</td><td style="text-align: center;">Z</td></tr> </tbody> </table>		<u>PRE- SCRIBED</u>	<u>RECE- IVED</u>	COMBINED ORAL PILL ..... A	A	A	PROGESTIN-ONLY ORAL PILL ..... B	B	B	ORAL PILL (TYPE UNSPECIFIED) ..... C	C	C	COMBINED INJECTABLE (MONTHLY) ..... D	D	D	PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) INTRAMUSCULAR (DMPA-IM) ..... E	E	E	PROGESTIN-ONLY INJ. (2 TO 3-MONTHLY) SUBCUTANEOUS (DMPA-SC) ..... F	F	F	MALE CONDOM ..... G	G	G	FEMALE CONDOM ..... H	H	H	IUD ..... I	I	I	IMPLANT ..... J	J	J	EMERGENCY CONTRACEPTIVE PILL ..... K	K	K	FERTILITY AWARENESS METHODS SUCH AS STANDARD DAYS METHOD (SDM) ..... L	L	L	MALE STERILIZATION (VASECTOMY) ..... M	M	M	FEMALE STERILIZATION (TUBAL LIGATION) ..... N	N	N	LACTATIONAL AMENORRHEA ..... O	O	O	SPERMICIDE ..... P	P	P	DIAPHRAGM ..... Q	Q	Q	OTHER _____ ..... X	X	X	CONTINUING WITH METHOD IN Q10: ..... Y	Y	Y	NO METHOD ..... Z	Z	Z	
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NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
<b>2. FAMILY PLANNING EXPERIENCE OF CARE</b>			
NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
201	<p>Thank you for answering my questions about your family planning consultation. Now I am going to ask you about specific services that you received in your family planning visit today. I know some of these are difficult to remember, so it is ok if you don't remember, but do try to tell me what you remember as it will be very useful in checking the quality of family planning provided in the facilities around here.</p> <p>During your consultation today, did the provider:</p>		
01	Ask about whether you would like to have a/nother child?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
02	Ask about when you would like to have a/another child?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
03	Ask about your previous family planning experience?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
04	Ask about your family planning method preference?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
05	Talk about possible side effects or problems with the method you selected?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
06	Tell you what to do if you experience any side effects or problems with the method you selected?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
07	Talk about warning signs associated with the method you selected?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
08	Talk about the possibility of switching to another method if the method you selected was not suitable?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
202	<p>Did you feel that during your consultation, no other clients or patients at the facility could see you?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p>	YES, ALL OF THE TIME ..... 1 YES, MOST OF THE TIME ..... 2 YES, A FEW TIMES ..... 3 NO, NEVER ..... 4 DON'T KNOW/CAN'T REMEMBER ..... 8	
203	<p>Did you feel you could discuss your problems with the doctors, nurses or other providers, without others not involved in your care overhearing your conversations?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p>	YES, ALL OF THE TIME ..... 1 YES, MOST OF THE TIME ..... 2 YES, A FEW TIMES ..... 3 NO, NEVER ..... 4 DON'T KNOW/CAN'T REMEMBER ..... 8	
204	<p>Did the doctors, nurses or other staff treat you with respect?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p>	YES, ALL OF THE TIME ..... 1 YES, MOST OF THE TIME ..... 2 YES, A FEW TIMES ..... 3 NO, NEVER ..... 4 DON'T KNOW/CAN'T REMEMBER ..... 8	
205	<p>Did the doctors, nurses or other staff at the facility treat you in a friendly manner?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p>	YES, ALL OF THE TIME ..... 1 YES, MOST OF THE TIME ..... 2 YES, A FEW TIMES ..... 3 NO, NEVER ..... 4 DON'T KNOW/CAN'T REMEMBER ..... 8	
206	<p>Did you feel the health facility environment, including the washrooms were clean?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p>	YES, ALL OF THE TIME ..... 1 YES, MOST OF THE TIME ..... 2 YES, A FEW TIMES ..... 3 NO, NEVER ..... 4 DON'T KNOW/CAN'T REMEMBER ..... 8	
207	<p>Did you feel you could ask the doctors, nurses or other staff at the facility any questions you had?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p>	YES, ALL OF THE TIME ..... 1 YES, MOST OF THE TIME ..... 2 YES, A FEW TIMES ..... 3 NO, NEVER ..... 4 DON'T KNOW/CAN'T REMEMBER ..... 8	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
208	<p>Did you feel like the doctors, nurses or other staff at the facility involved you in decisions about your care?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p> <p>IF CLIENT SAYS THEY DID NOT MAKE ANY DECISIONS: CIRCLE 9</p>	<p>YES, ALL OF THE TIME ..... 1</p> <p>YES, MOST OF THE TIME ..... 2</p> <p>YES, A FEW TIMES ..... 3</p> <p>NO, NEVER ..... 4</p> <p>DON'T KNOW/CAN'T REMEMBER ..... 8</p> <p>NOT APPLICABLE ..... 9</p>	
209	<p>Would you say you were treated differently because of any personal attribute, like your age, marital status, number of children, your education, wealth, or something like that?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p>	<p>YES, ALL OF THE TIME ..... 1</p> <p>YES, MOST OF THE TIME ..... 2</p> <p>YES, A FEW TIMES ..... 3</p> <p>NO, NEVER ..... 4</p> <p>DON'T KNOW/CAN'T REMEMBER ..... 8</p>	
210	<p>Did you feel like you were treated roughly, for instance were you pushed, beaten, slapped, pinched, physically restrained or gagged, or physically mistreated in any other way?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p>	<p>YES, ALL OF THE TIME ..... 1</p> <p>YES, MOST OF THE TIME ..... 2</p> <p>YES, A FEW TIMES ..... 3</p> <p>NO, NEVER ..... 4</p> <p>DON'T KNOW/CAN'T REMEMBER ..... 8</p>	
211	<p>Did you feel the doctors, nurses or other healthcare providers shouted at you, scolded you, insulted, threatened or talked to you rudely?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p>	<p>YES, ALL OF THE TIME ..... 1</p> <p>YES, MOST OF THE TIME ..... 2</p> <p>YES, A FEW TIMES ..... 3</p> <p>NO, NEVER ..... 4</p> <p>DON'T KNOW/CAN'T REMEMBER ..... 8</p>	
212	<p>Did you feel that you received all of the information you wanted to know about your options for contraceptive methods?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p>	<p>YES, ALL OF THE TIME ..... 1</p> <p>YES, MOST OF THE TIME ..... 2</p> <p>YES, A FEW TIMES ..... 3</p> <p>NO, NEVER ..... 4</p> <p>DON'T KNOW/CAN'T REMEMBER ..... 8</p>	
213	<p>During your consultation today, did the provider strongly recommend one method over others?</p> <p>IF YES, PROBE: Would you say all the time, most of the time, or a few times?</p>	<p>YES, ALL OF THE TIME ..... 1</p> <p>YES, MOST OF THE TIME ..... 2</p> <p>YES, A FEW TIMES ..... 3</p> <p>NO, NEVER ..... 4</p> <p>DON'T KNOW/CAN'T REMEMBER ..... 8</p>	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
<b>3. ACCESS TO CARE</b>			
NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
	Thank you for answering my questions about your family planning visit. Now I am going to ask you a few questions 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 <b>major</b> or <b>minor</b> problems for you.		
301	Was the time you waited to see a provider a problem?  IF YES, PROBE: Would you say this was a major problem or a minor problem?	YES, MAJOR PROBLEM ..... 1 YES, MINOR PROBLEM ..... 2 NO, NOT A PROBLEM ..... 3 DON'T KNOW ..... 8	
302	Were the hours of service at this facility, that is when the facility opens and closes, a problem?  IF YES, PROBE: Would you say this was a major problem or a minor problem?	YES, MAJOR PROBLEM ..... 1 YES, MINOR PROBLEM ..... 2 NO, NOT A PROBLEM ..... 3 DON'T KNOW ..... 8	
303	Were the number of days services are available to you at this facility a problem?  IF YES, PROBE: Would you say this was a major problem or a minor problem?	YES, MAJOR PROBLEM ..... 1 YES, MINOR PROBLEM ..... 2 NO, NOT A PROBLEM ..... 3 DON'T KNOW ..... 8	
304	Was the cost for services or treatments at this facility a problem?  IF YES, PROBE: Would you say this was a major problem or a minor problem?	YES, MAJOR PROBLEM ..... 1 YES, MINOR PROBLEM ..... 2 NO, NOT A PROBLEM ..... 3 DON'T KNOW ..... 8	
305	Is this the closest health facility to your home?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 401 → 401
306	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 SERVICE NOT OFFERED AT FACILITY NEAREST TO HOME ..... 08 OTHER ..... 96 DON'T KNOW ..... 98	
<b>4. FAMILY PLANNING CLIENT CHARACTERISTICS</b>			
NO.	QUESTIONS	CODING CLASSIFICATION	SKIP
Thank you for answering my questions about your experience at this facility. My final questions are about yourself.			
401	How old were you at your last birthday?	AGE IN YEARS ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
402	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 404
403 (FN1)	What is the highest level of school you attended: primary, secondary or higher? [COUNTRY SPECIFIC]	PRIMARY ..... 1 SECONDARY ..... 2 HIGHER ..... 3	
404	How many times have you been pregnant?  IF NONE, ENTER "00"	NUMBER OF PREGNANCIES ..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS	CODING CLASSIFICATION	SKIP								
405	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A MAN ..... 2 NO, NOT IN UNION ..... 3									
406	RECORD THE TIME THE INTERVIEW ENDED	HOURS ..... <table border="1" data-bbox="1268 197 1393 239"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MINUTES ..... <table border="1" data-bbox="1268 247 1393 289"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
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!											
<b>Interviewer's comments:</b>											



FAMILY PLANNING CLIENT EXIT INTERVIEW: FOOTNOTES

(FN1) Adapt according to the local educational categories