Beyond Bias Client Exit Interview Questionnaire

Number	Type	Question (Eng)	Answer (Eng)	Skip Pattern
1.	Single select	Did you come here for Family Planning counseling or services today?	1. Yes 2. No	
2. A	Single select	Did a provider give you contraceptive method information and/or services today?	1. Yes 2. No	If 1, skip to 4 If 2 AND Q1=1, continue to 2.B If 2, AND Q1 = 2 end
2. B	Single select	Why did the provider not give you information or services today?	1. Provider was too busy 2. Provider said that I should not be using contraceptive method 3. The method I wanted was not available 4. There was no provider available to perform the service (i.e. IUD or implant insertion) 5. The provider said I needed to do additional tests first (i.e. pregnancy or HIV/STI) 6. Provider said I needed permission from parents/in-laws/husband 7. Provider said it was too early for my next visit/refill/injection/removal etc. 8. I couldn't afford the service/I did not have enough money to pay 9. The materials or tools needed to start the method were unavailable (not the method itself) 10. Other	
3.	Single select	Were you able to schedule an appointment for a later date to receive counseling or services?	1. Yes 2. No	
4.	Numerical	What is your age?	Enter Number	
5.	Single select	What is the highest level of education you have completed?	1. No Education 2. Primary 3. Secondary 4.Intermediate/Diploma (TZ and PK only) 5. University 6. Graduate	

6.	Single select	*Enumerator: Enter sex of client*	1. Male 2. Female 3. Other	
7.	Single select	What is your current relationship status? *Enumerator: probe to ensure that it fits in one of the categories.*	1. single 2. in a relationship, but not living with partner 3. in a relationship, and living with partner 4. married	
8.	Single select	How many living children do you have?	Enter Number	If Q2A = 2 skip to 14
9.	Single select	Would you like to have (a/another) child, or would you prefer not to have any (more) children?	1. Have Another Child 2. No More/None 99. DK	If 1 or 99, continue to 10 If 2, skip to 11
10.	Single select	How long would you like to wait from now before the birth of (a/another) child?	If less than 1 year [Enter number of months] If 1 year or more [Enter number of years] [Do not prompt, enter these only if this is what the respondent says] 777. After I am married 888. After I finish school	
11.	Single select	Did the provider ask you how many children you have?	1. Yes 2. No	
12.	Single select	Did the provider ask you if you would like to have a(nother) child?	1. Yes 2. No	
13.	Single select	Did the provider ask when you would like to have a(nother) child?	1. Yes 2. No	
14.	Single select	Were you ever using a contraceptive method prior to coming into the clinic? *Enumerator: probe to assess if currently using*	1. Yes, currently using 2. Yes, used previously but not currently using 3. No	If 3 and Q2A=1, skip to 20 If 2 or 3 and Q2A=2, skip to 51

15.	Multi select	Which contraceptive method (are/were) you using most recently? *Enumerator: make sure to record most recently used method*	1. Condoms 2. IUD 3. Injection 4. Implant 5. Pills 6. Emergency contraception 7. Natural methods (rhythm, withdrawal)	If not 2 (IUD) or 4 (implant) AND Q2A =2, skip to Q51
16.	Single select	Did you come to the clinic so that you could continue/restart this same method?	1. Yes 2. No	If 1 & Q2A=1, continue to 23 If 1 & Q2A=2, continue to 51 If 2 continue to 17
17.	Single select	Did you come to the clinic so that you could get your current method removed?	1. Yes 2. No	Only ask if 14=1 AND 15 = IUD or Implant AND 17 = No If 2 & Q2A=1, skip to 19 If 2 & Q2A=2, skip to 51
18.	Single select	Did the provider remove your implant or IUD today?	1. Yes 2. No	If 2 and Q2A=2, skip to Q51
19.	Single select	Before you came to the clinic and talked to a provider, did you have a different method in mind that you wanted?	1. Yes 2. No 3. I did not want a FP method	If 1, skip to 21 If 2, skip to 22 If 3, skip to 23
20.	Single select	Before you came to the clinic and talked to a provider, did you have a method in mind that you wanted?	1.Yes 2. No	If 2, skip to 22
21.	Multi select	Which method did you have in mind when you came to the clinic today?	1. No method 2. Condoms 3. IUD 4. Injectables 5. Implant 6. Pills 7. Emergency contraception 8. Natural methods (rhythm, withdrawal, LAM) 9. Permanent method	

22.	Multi select	Before you came to the clinic and talked to a provider, was there anything specific that you wanted out of your method? *Enumerator: Ask about each item individually*	1. Easy to hide 2. Easy to stop using 3. Easy to become pregnant in the future 4. Last long time 5. Highly effective at preventing pregnancy 6. Few side effects 7. Does not require taking a pill 8. Does not require a procedure 9. Able to skip my period 10. Able to keep getting my period 11. I do not need to rely on my partner to use it 12. Other 13. No preference	If 14=3, skip to 24
23.	Single select	Did the provider discuss any other contraceptive methods with you besides the method you were previously using?	1. Yes 2. No	If 1, skip to 25 If 2, skip to 26
24.	Single select	Did the provider discuss any contraceptive methods with you?	1. Yes 2. No	If 2, skip to 26
25.	Multi select	Which contraceptive methods did the provider discuss with you? *Enumerator: Ask about each question individually*	1. Condoms 2. IUD 3. Injectables 4. Implant 5. Pills 6. Emergency contraception 7. Abstinence 8. Natural methods (rhythm, withdrawal, LAM) 9. Permanent methods	
26.	Single select	Did the provider ask about your family planning method preferences?	1. Yes 2. No	

27.	Single select	Did the provider ask you if there were any specific features that you wanted out of your method? *Enumerator: explain that this could be things like "lasts a long time" or "easy to stop using in the future"*	1. Yes 2. No	
28.	Single select	Did the provider strongly encourage that you use one method in particular?	1. Yes 2. No [Do not prompt, enter these only if this is what the respondent says] 888. The provider discouraged use of any FP method	If 2 or 888, skip to 30
29.	Multi select	If so, which method did the provider strongly encourage you to use?	1. Condoms 2. IUD 3. Injectables 4. Implant 5. Pills 6. Emergency contraception 7. Abstinence 8. Natural methods (rhythm, withdrawal, LAM) 9. Permanent methods	
30.	Single select	Were there any methods that the provider discouraged you from using?	1. Yes 2. No	If 2, skip to 33
31.	Multi select	Which method(s) did the provider discourage you from using? *Enumerator: Probe to make sure you mark all methods*	1. Condoms 2. IUD 3. Injectables 4. Implant 5. Pills 6. Emergency contraception 7. Natural methods (rhythm, withdrawal, LAM) 8. Permanent methods	
32.	Multi select	Did the provider say why that method(s) was not good for you?	1. I'm too young 2. I am not married yet 3. Have not had a child yet 4. Will affect my fertility in the future 5. I have a health/medical condition that is not compatible 6. Thought I will use FP method incorrectly 7. FP method not available in the clinic 8. FP method too expensive 9. Need for additional lab test / services 10. Doesn't protect against HIV/STIs	

			11. Method has side effects 12. The method didn't match my fertility intentions 13. Other 14. No reason given	
33.	Single select	Did the provider ask you if you had any questions?	1. Yes 2. No	
34.	Single select	Did the provider answer all of your questions to your satisfaction?	1. Not at all 2. Somewhat 3. Mostly 4. Completely 99. did not have any questions	
35.	Single select	Did the provider ask you if you had permission from your parents, in-laws, or spouse/partner to receive FP services?	1. Yes 2. No	
36.	Single select	Did you receive a contraceptive method today?	1. Yes 2. No	If 2, skip to 50
37.	Multi select	Which contraceptive method(s) have you received today? *Enumerator: Probe to make sure you mark all methods*	1. Condoms 2. IUD 3. Injectables 4. Implant 5. Pills 6. Emergency contraception 7. Natural methods (rhythm, withdrawal, LAM) 8. Permanent methods	
38.	Single select	Did you get the method that was right for you?	1. Yes 2. No	
39.	Single select	After talking with the provider, is there a method that you would prefer more than the one that you received?	1. Yes 2. No	If 2, skip to 42

40.	Multi select	If yes, which method(s) would you prefer more than the one you received?	1. Condoms 2. IUD 3. Injectables 4. Implant 5. Pills 6. Emergency contraception 7. Natural methods (rhythm, withdrawal)
41.	Single select	Why did you not take your preferred method?	1. Provider would not give it to me 2. The method is not available in the clinic 3. It was too expensive 4. It requires additional lab test / services 5. Provider advised against it 6. Other
42.	Single select	Were you informed about other methods of family planning aside from the one you received?	1. Yes 2. No
43.	Single select	Were you informed about possible side effects or problems with the method you took?	1. Yes 2. No
44.	Single select	Were you told what to do if you experienced side effects or problems?	1. Yes 2. No
45.	Single select	Did the provider talk about how to use the method you selected?	1. Yes 2. No
46.	Single select	Did the provider, talk about how the method you selected works?	1. Yes 2. No
47.	Single select	Could you understand how to use the method(s) the provider talked about during the consultation?	1. Not at all 2. Somewhat 3. Mostly 4. Completely
48.	Single select	Did the provider, talk about the possibility of switching to another method if the method you selected was not suitable?	1. Yes 2. No

49.	Single select	Did the provider give you information about what to do if you wanted to stop using a method?	1. Yes 2. No
50.	Single select	Did the provider tell you when to return to the health facility for a follow-up visit?	1. Yes 2. No
51.	Single select	Would you recommend this clinic to a friend who needs a contraceptive method or advice on contraception?	1. Not at all 2. Somewhat 3. Mostly 4. Completely
52.	Single select	Is this your first time coming to this clinic?	1. Yes, my first time ever for any service (FP or other) 2. Yes, my first time for FP services (but I've been here for other services) 3. No, I've been here for FP services before but never any other services 4. No, I've been here before for both FP and other services
53.	Multi select	Why did you choose to come to this clinic today rather than another clinic?	1. Heard good things about this clinic from friend/sister 2. Heard good things about this clinic from someone else (not friend/sister) 3. Closest clinic to my home 4. I liked the services I received here in the past 5. Only facility available 6. Other_____
54.	Single select	During your time in the health facility did the provider you saw for family planning introduce themselves to you when they first came to see you?	1. Yes 2. No

Enumerator Script:
"Now I will ask you some questions about how you were treated at the health facility during your family planning visit today. Tell me if the following things happened all the time, most of the time, a few times, or it never happened. You can say a few times if it happened one or two times, and most of the time will be if it happened three or more times, but not always."

55.	Single select	Did the provider you saw for family planning treat you with disrespect?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time

56.	Single select	Did the provider you saw for family planning treat you in an unfriendly manner?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time
57.	Single select	Did you feel the provider you saw for family planning paid attention to you during your stay in the facility?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time
58.	Single select	Were you allowed to have someone you wanted to stay with you during your visit?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time 5. I did not want someone to stay with me. 99. No one accompanied me
59.	Single select	Did you feel the provider you saw for family planning cares about you as a person?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time
60.	Single select	Did you feel you could completely trust the provider you saw for family planning with regards to your care?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time
61.	Single select	In general, did you feel safe in the health facility?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time
62.	Single select	Did you feel the provider judged you?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time
63.	Single select	Did you feel the provider scolded you?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time
64.	Single select	Did the provider make you feel uncomfortable because of your sex life (e.g. when I started having sex, my sexual preferences, the number of partners I have, the number of children I have)?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time
65.	Single select	Were you given enough information about your care in order for you to feel like you understood what happened?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time
66.	Single select	Did you feel the provider you saw for family planning at the facility clearly explained things to you?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time

67.	Single select	Did you feel you could ask the provider you saw for family planning at the facility any questions you had?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time
68.	Single select	Did the provider you saw for family planning support your anxieties and fears about your family planning procedure or your choice?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time 99. I had no fears or anxieties
69.	Single select	Did the provider you saw for family planning talk to you about how you were feeling?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time
70.	Single select	Did you feel like the provider you saw for family planning involved you in decisions about your FP choice?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time 5. Did not have to make any decisions
71.	Single select	Did the provider you saw for family planning allow you to give your opinion about what you needed?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time
72.	Single select	Did the provider you saw for family planning give you enough information to make the best decision about your birth control method?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time
73.	Single select	When meeting with the provider during your visit, do you think other clients could see you?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time
74.	Single select	When meeting with the provider during your visit, do you think other clients could hear what you said?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time
75.	Single select	Did the provider make an effort to make sure that others in the facility could not see or hear your conversation with her/him?	1. No, never 2. Yes, a few times 3. Yes, most of the time 4. Yes, all of the time
76.	Single select	Did the provider pressure you to use the method they wanted you to use?	1. No, not at all 2. Yes, somewhat 3. Yes, mostly 4. Yes, completely
77.	Single select	Was the provider interested in your opinions?	1. No, not at all 2. Yes, somewhat 3. Yes, mostly 4. Yes, completely

78.	Single select	Did you feel listened to by the provider?	1. No, not at all 2. Yes, somewhat 3. Yes, mostly 4. Yes, completely	
79.	Single select	Did the provider you saw for family planning consider your personal situation when advising you about FP methods?	1. No, not at all 2. Yes, somewhat 3. Yes, mostly 4. Yes, completely	
80.	Single select	Did the provider you saw for family planning give you the time you needed to consider the contraceptive options they discussed?	1. No, not at all 2. Yes, somewhat 3. Yes, mostly 4. Yes, completely	
81.	Single select	Did the provider you saw for family planning let you say what mattered to you about your FP method?	1. No, not at all 2. Yes, somewhat 3. Yes, mostly 4. Yes, completely	
82.	Single select	Do you feel like your personal information was or will be kept confidential at this facility?	1. No, not at all 2. Yes, somewhat 3. Yes, mostly 4. Yes, completely	
83.	Single select	Imagine six steps, where on the bottom, the first step, stand the poorest people, and on the highest step, the sixth, stand the rich. On which step are you today? SHOW THE PICTURE OF THE STEPS BELOW.	Step 1 Step 2 Step 3 Step 4 Step 5 Step 6	
	We truly appreciate the time you have taken to answer these questions today. Thank you and have a good day.			
84.	Single select	Could anyone else hear you during the survey with the client?	It's possible other clients could hear It's possible the provider could hear It's possible the provider AND other clients could hear Definitely no one could hear us	[Enumerator answers question without asking client]