

Date: 01 March 2021

Version: 5

country specific

**Client Exit Interview (CEI) Follow-Up Questionnaire**

IDENTIFICATION															
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:												
001a	<p><b>Your name: Is this your name?</b></p> <p>[ODK will display the name associated with the phone's serial number]</p>	Yes.....1 No.....0	Always												
001b	<p><b>Enter your name below.</b></p> <p><i>Please record your name</i></p>	Interviewer's Name	001a = 0												
002a	<p><b>Current date and time.</b></p> <p>[ODK will display on screen]</p> <p><b>Is this date and time correct?</b></p>	Yes.....1 No.....0	Always												
002b	<p><b>Record the correct date and time.</b></p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Hours</td> <td style="text-align: center;">Min</td> <td style="text-align: center;">AM/PM</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Day	Month	Year				Hours	Min	AM/PM				002a = 0
Day	Month	Year													
Hours	Min	AM/PM													
003a	<p><b>LOCATION INFORMATION 1</b></p>	LOCATION INFORMATION 1a .....1 LOCATION INFORMATION 1b .....2 LOCATION INFORMATION 1c .....3 LOCATION INFORMATION 1d .....4 LOCATION INFORMATION 1e .....5 LOCATION INFORMATION 1f .....6 LOCATION INFORMATION 1g .....7	Always												
003b	<p><b>LOCATION INFORMATION 2</b></p>	ODK will populate a list of appropriate LOCATION INFORMATION 2 based on the LOCATION INFORMATION 1 selected	Always												
003c	<p><b>LOCATION INFORMATION 3</b></p>	ODK will populate a list of appropriate LOCATION INFORMATION 3 based on the LOCATION INFORMATION 2 selected.	Always												
003d	<p><b>LOCATION INFORMATION 4</b></p>	ODK will populate a list of appropriate LOCATION INFORMATION 4 based on the LOCATION INFORMATION 3 selected	Always												
004	<p><b>Enumeration area</b></p> <p><i>For existing facilities the EA-level is determined from the dataset at a previous phase as a facility may be serving more than one EA.</i></p>	ODK will populate a list of appropriate enumeration areas based on the LOCATION INFORMATION 4 selected	Always												
005	<p><b>Name of facility</b></p> <p><i>Please select the name of the facility from the previous phase.</i></p>	ODK will populate the list of SDPs interviewed at Phase 1.													

Client Exit Interview Follow-up Questionnaire



NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
009	Call attempt number	Call attempt number <input type="text"/>	Always
010	Did someone answer your call?	Yes.....1 No.....0	Always
011	Hello. My name is _____ calling from the [PARTNER ORGANIZATION]. May I speak to [CLIENT NAME]?	Yes.....1 No.....0	010 = 1
012	Do you have the correct person on the phone?	Yes.....1 No.....0	010 = 1
013	Record the result of the phone call.	Reached correct participant.....1 No answer .....2 Wrong number .....3 Phone switched off .....4 Phone no longer working .....5 Participant not available.....6 Participant incapacitated.....7	Always

<b>INFORMED CONSENT</b>															
<i>Read the greeting on the next screen:</i>															
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:												
014	Read the verbal consent text.  Then, ask: <b>May I begin the interview now?</b>	Yes..... 1 No..... 0	013 = 1												
015	<b>May I reschedule the interview for a later time or another day?</b>	Yes..... 1 No 0	014= 0												
016	<b>Record the date and time for the rescheduled interview.</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="width: 30px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Hours</td> <td style="text-align: center;">Min</td> <td style="text-align: center;">AM/PM</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Day	Month					Hours	Min	AM/PM				015= 1
Day	Month														
Hours	Min	AM/PM													

<b>Section 1 – Background Information</b>			
I would like to start by asking a few questions about yourself.			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
101	<p><b>Are you currently married or living together with a man as if married?</b></p> <p>Probe: If no, ask whether the respondent is divorced, separated, or widowed.</p>	Yes, currently married..... 1 Yes, living with a man ..... 2 Not currently in union: Divorced / separated ..... 3 Not currently in union: Widow ..... 4 No, never in union..... 5 No response..... -99	014 = 1
102	<p><b>Are you pregnant now?</b></p>	Yes..... 1 No..... 0 Unsure ..... 2 No response..... -99	014 = 1
103	<p><b>How many months pregnant are you?</b></p> <p><i>Please record the number of completed months. Enter -88 for do not know Enter -99 for no response.</i></p>	Number of months <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	102 = 1

<b>Section 2 – Family Planning Follow-up</b>			
Now i would like to ask about your experiences with family planning since we last spoke to you..			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
201	We interviewed you at [FACILITY NAME] on [DATE OF FIRST INTERVIEW]. At that time were you given a family planning method or a prescription for a method?	Yes.....1 No .....0 No response ..... -99	014 = 1
201a	The last time we spoke, you said you received [BASELINE METHOD] to prevent pregnancy. Since that visit, did you start using [BASELINE METHOD]?	Yes.....1 No .....2 Incorrect baseline method recorded.....3 No response ..... -99	201 = 1 AND method reported at baseline CEI
202	Are you still using [BASELINE METHOD]?	Yes.....1 No .....0 No response ..... -99	201a = 1
203	Why did you stop using [BASELINE METHOD]?  <i>Do not read aloud response options. Multiple select.</i>	Became pregnant while using ..... 1/0 Infrequent sex/husband/partner away ..... 1/0 Wanted to become pregnant ..... 1/0 Side effects you experienced ..... 1/0 Side effects you were worried about, but did not experience ..... 1/0 Husband did not approve ..... 1/0 Other person did not approve..... 1/0 Wanted more effective method ..... 1/0 No method available..... 1/0 Lack of access / too far ..... 1/0 Costs too much..... 1/0 Inconvenient to use ..... 1/0 Fatalistic ..... 1/0 Difficult to get pregnant/menopausal ..... 1/0 Other ..... 1/0 Don't know ..... -88 No Response ..... -99	202 = 0
204	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	Yes.....1 No .....0 No response ..... -99	102 ≠ 1 OR 201 ≠ 1 OR (201a = 2 or 3) OR 202 = 0

Client Exit Interview Follow-up Questionnaire



205	<p><b>Which method or methods are you using?</b></p> <p><b>Probe: Anything else?</b></p> <p><i>Select all methods mentioned. Be sure to scroll to bottom to see all choices.</i></p>	<p>Female sterilization ..... 1/0</p> <p>Male sterilization ..... 1/0</p> <p>Implant ..... 1/0</p> <p>IUD ..... 1/0</p> <p>Injectables ..... 1/0</p> <p>Pill ..... 1/0</p> <p>Emergency Contraception ..... 1/0</p> <p>Male Condom ..... 1/0</p> <p>Female Condom ..... 1/0</p> <p>Diaphragm ..... 1/0</p> <p>Foam/Jelly ..... 1/0</p> <p>Std. Days/Cycle beads ..... 1/0</p> <p>LAM ..... 1/0</p> <p>Rhythm method ..... 1/0</p> <p>Withdrawal ..... 1/0</p> <p>Other traditional methods ..... 1/0</p> <p>No response ..... -99</p>	204 = 1
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Client Exit Interview Follow-up Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
206	<p><b>You indicated that you stopped using [BASELINE METHOD] and starting using [METHOD IN 205]. How many months ago did you stop using [BASELINE METHOD]?</b></p> <p><i>Enter -88 if respondent does not know. Enter -99 if there is no response.</i></p>	<p>Number of months <input data-bbox="1070 342 1238 416" type="text"/></p>	<p>202 = 0 AND 204 = 1</p>
207	<p><b>Where did you or your partner get [METHOD IN 205]?</b></p>	<p>Same place as initial interview .....01 Public sector Govt. Hospital/polyclinic .....11 Govt. Health center .....12 Govt. Health post.....13 Family planning clinic .....14 Mobile clinic .....15 Fieldworker/outreach/peer educator.....16 Community event .....17 Private medical sector Private hospital/clinic .....21 Private doctor .....22 Pharmacy .....23 Chemical/drug store .....24 FP/PPAG clinic.....25 Maternity home.....26 Community event .....27 Other source Shop/market .....31 Church .....32 Community volunteer .....33 Friend / relative .....34 Other .....96 Don't know ..... -88 No Response ..... -99</p>	<p>204 = 1</p>
208	<p><b>You indicated that you stopped using [BASELINE METHOD]. How many months ago did you stop using [BASELINE METHOD]?</b></p> <p><i>Enter -88 if respondent does not know. Enter -99 if there is no response.</i></p>	<p>Number of months <input data-bbox="1070 1384 1238 1458" type="text"/></p>	<p>202 = 0 AND 204 ≠ 1</p>
209	<p><b>Have you experienced any problems or side effects while using [CURRENT METHOD]?</b></p>	<p>Yes.....1 No .....0 No response ..... -99</p>	<p>202 = 1 OR 204 = 1</p>

Client Exit Interview Follow-up Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
210	<p><b>What were the problems or side effects?</b></p> <p><i>Do not read option choices aloud. Multiple responses are possible.</i></p>	No bleeding ..... 1/0 Less bleeding ..... 1/0 Heavier bleeding..... 1/0 Irregular bleeding..... 1/0 Spotting/bleeding..... 1/0 Uterine cramping/lower abdominal pain.... 1/0 Increased menstrual cramping ..... 1/0 Gained weight..... 1/0 Lost weight ..... 1/0 Facial spotting/facial pigmentation ..... 1/0 Headaches ..... 1/0 Got infection ..... 1/0 Nausea/vomiting..... 1/0 Lowered sex drive ..... 1/0 Vaginal dryness..... 1/0 General weakness..... 1/0 Diarrhea ..... 1/0 Mood swings..... 1/0 Other..... 96 Don't know ..... -88 No response ..... -99	209 = 1
211	<p><b>Are you currently experiencing any of these problems or side effects?</b></p>	Yes.....1 No .....0 No response ..... -99	209 = 1
212	<p><b>Did you seek help for these problems or side effects?</b></p>	Yes.....1 No .....0 No response ..... -99	209 = 1
212a	<p><b>From whom did you seek help?</b></p>	Same place as initial interview .....01 <u>Public sector</u> Govt. Hospital/polyclinic .....11 Govt. Health center .....12 Govt. Health post.....13 Family planning clinic .....14 Mobile clinic.....15 Fieldworker/outreach/peer educator.....16 Community event .....17 <u>Private medical sector</u> Private hospital/clinic .....21 Private doctor .....22 Pharmacy .....23 Chemical/drug store .....24 FP/PPAG clinic.....25 Maternity home.....26 Community event .....27 <u>Other source</u> Shop/market .....31 Church .....32 Community volunteer .....33 Friend / relative.....34 Other.....96 Don't know ..... -88 No Response..... -99	212 = 1



Client Exit Interview Follow-up Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
213	<b>Did you you experience any problems or side effects while using [BASELINE METHOD]?</b>	Yes.....1 No .....0 No response ..... -99	202 = 0
214	<b>What were the problems or side effects?</b>  <i>Do not read option choices aloud. Multiple responses are possible.</i>	No bleeding ..... 1/0 Less bleeding ..... 1/0 Heavier bleeding..... 1/0 Irregular bleeding..... 1/0 Spotting/bleeding..... 1/0 Uterine cramping/lower abdominal pain.... 1/0 Increased menstrual cramping ..... 1/0 Gained weight..... 1/0 Lost weight ..... 1/0 Facial spotting/facial pigmentation ..... 1/0 Headaches ..... 1/0 Got infection ..... 1/0 Nausea/vomiting..... 1/0 Lowered sex drive ..... 1/0 Vaginal dryness ..... 1/0 General weakness..... 1/0 Diarrhea ..... 1/0 Mood swings..... 1/0 Other..... 96 Don't know ..... -88 No response ..... -99	213 = 1
215	<b>Are you currently experiencing any of these problems or side effects?</b>	Yes..... 1 No ..... 0 No response ..... -99	213 = 1
216	<b>Did you seek help for these problems or side effects?</b>	Yes..... 1 No ..... 0 No response ..... -99	213 = 1

Client Exit Interview Follow-up Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES				Relevant if:
216a	From whom did you seek help?	Same place as initial interview .....01 <u>Public sector</u> Govt. Hospital/polyclinic .....11 Govt. Health center .....12 Govt. Health post.....13 Family planning clinic .....14 Mobile clinic .....15 Fieldworker/outreach/peer educator.....16 Community event .....17 <u>Private medical sector</u> Private hospital/clinic .....21 Private doctor .....22 Pharmacy .....23 Chemical/drug store .....24 FP/PPAG clinic .....25 Maternity home .....26 Community event .....27 <u>Other source</u> Shop/market .....31 Church .....32 Community volunteer .....33 Friend / relative.....34  Other.....96 Don't know ..... -88 No Response..... -99				216 = 1
217	At your initial family planning visit, do you feel you received too much, too little, or just enough information about:  a) side effects you might experience b) what to do if you experience problems c) how to switch methods d) how to stop using your method	<b>TOO MUCH</b>  1  1  1  1	<b>JUST ENOUGH</b>  2  2  2  2	<b>TOO LITTLE</b>  3  3  3  3	<b>NO REPOSE</b>  -99  -99  -99  -99	014 = 1

<b>Section 3 – Future Use</b>			
Now I would like to ask about your future use of family planning.			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
301	<b>Do you think you will use a contraceptive method to delay or avoid getting pregnant in the next 12 months?</b>	Yes..... 1 No ..... 0 Don't know ..... -88 No response ..... -99	(202 = 0 AND 204 = 0) OR 102 = 1
302	<b>When do you think you will start using a method?</b>	Months (1) <input type="text"/> Years (2) <input type="text"/> Soon / now ..... 3 After the birth of this child ..... 4 Don't know ..... -88 No response ..... -99	301 = 1
303	<b>What method do you think you will use?</b>	Female Sterilization ..... 1 Male Sterilization ..... 2 Implant ..... 3 IUD ..... 4 Injectables..... 5 Pill ..... 7 Emergency Contraception ..... 8 Male Condom ..... 9 Female Condom ..... 10 Diaphragm ..... 11 Foam/Jelly ..... 12 Std. Days/Cycle beads ..... 13 LAM..... 14 Rhythm method ..... 30 Withdrawal ..... 31 Other traditional methods ..... 39 No response ..... -99	301 = 1

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	Relevant if:
304	<p><b>Where will you or your partner get [METHOD IN 303]?</b></p>	<p>Same place as initial interview .....01</p> <p><u>Public sector</u></p> <p>Govt. Hospital/polyclinic .....11</p> <p>Govt. Health center .....12</p> <p>Govt. Health post.....13</p> <p>Family planning clinic .....14</p> <p>Mobile clinic .....15</p> <p>Fieldworker/outreach/peer educator.....16</p> <p>Community event .....17</p> <p><u>Private medical sector</u></p> <p>Private hospital/clinic .....21</p> <p>Private doctor .....22</p> <p>Pharmacy .....23</p> <p>Chemical/drug store .....24</p> <p>FP/PPAG clinic .....25</p> <p>Maternity home .....26</p> <p>Community event .....27</p> <p><u>Other source</u></p> <p>Shop/market .....31</p> <p>Church .....32</p> <p>Community volunteer .....33</p> <p>Friend / relative.....34</p> <p>Other.....96</p> <p>Don't know ..... -88</p> <p>No Response..... -99</p>	301 = 1
305	<p><b>Can you tell me why you do not intend to use a method in the next 12 months?</b></p> <p><i>RECORD ALL REASONS MENTIONED</i></p> <p><i>Cannot select "Do Not Know" or "No response" with other options.</i></p> <p><i>Scroll to the bottom to see all choices.</i></p>	<p>Wants a/another child.....1/0</p> <p>Infrequent sex / not having sex .....1/0</p> <p>Menopausal / Hysterectomy .....1/0</p> <p>Subfecund / infecund.....1/0</p> <p>Not menstruated since last birth.....1/0</p> <p>Breastfeeding .....1/0</p> <p>Husband away for multiple days .....1/0</p> <p>Up to God / fatalistic .....1/0</p> <p>Respondent opposed .....1/0</p> <p>Husband / partner opposed.....1/0</p> <p>Others opposed .....1/0</p> <p>Religious prohibition .....1/0</p> <p>Knows no source .....1/0</p> <p>Fear of side effects.....1/0</p> <p>Health concerns.....1/0</p> <p>Lack of access / too far .....1/0</p> <p>Costs too much.....1/0</p> <p>Preferred method not available .....1/0</p> <p>No method available.....1/0</p> <p>Inconvenient to use .....1/0</p> <p>Interferes with body's processes .....1/0</p> <p>Other.....1/0</p> <p>Don't know ..... -88</p> <p>No response ..... -99</p>	301 = 0

<b>QUESTIONNAIRE RESULT</b>			
<p><b>Thank the respondent for her time.</b>  <i>The respondent is finished, but there are still more questions for you to complete.</i></p>			
098	<b>In what language was this interview conducted?</b>	English ..... 1 French ..... 2 Language 3 ..... 3 Language 4 ..... 4 Language 5 ..... 5 Language 6 ..... 6 Other ..... 96	014 = 1
099	<b>Record the result of the Client Exit Interview Follow-Up Questionnaire.</b>	Completed ..... 1 Postponed ..... 2 Refused ..... 3 Partly completed ..... 4 Other ..... 5	Always