

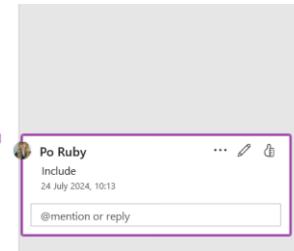
# CLIENT EXIT INTERVIEW QUESTIONNAIRE

## **Instructions for reviewing and returning the questionnaire template to GSO:**

1. **Download and save a copy** of this questionnaire, labelled with your Country Programme name e.g., “2024 Client Exit Interview Questionnaire v MSZ”.
2. **Review the questionnaire** in full (instructions for how to read the questionnaire are outlined below). We recommend that you do this with input from key stakeholders to ensure that all indicators are included for donor reporting, as well as any additional indicators that would be helpful for programmatic and operational strategy.
3. **Indicate the optional questions you would like to include.** All questions in white are mandatory and must be included in each country programme’s CEI. Questions in orange are optional and can be opted in to. To do this, please add a comment stating ‘include’ next to each optional question you would like to add (you do not need to comment on the questions you do not want to include). An example screenshot of this is below.
4. **Indicate if you would like to include any additional questions or response options.** We can customise the CEI questionnaire to fit your research, monitoring, and evaluation needs. If there are additional questions you would like to add, please add a comment where you envision this fitting into the questionnaire, and any skip logic or response option notes.
5. **Indicate what language you would like to use to discuss abortion** in your questionnaire by selecting the appropriate box at the end of this document.
6. **Return the questionnaire to Po at [po.ruby@msichoices.org](mailto:po.ruby@msichoices.org) by 23<sup>rd</sup> August** for review, and cc in your E&I focal point.
7. **Submit reviewed version to local ethics board.** Once approved by GSO, you can make the agreed amendments to the template (e.g. deleting optional questions that you will not be including and changing any language used) and submit this to your local ethics board.
8. **Translate the questionnaire into other languages or dialects.** If you require the questionnaire to be translated into other languages or dialects, you may use the word template of the questionnaire for translation purposes. However, where possible, we recommend waiting until the electronic version of the questionnaire is finalised by GSO, as sometimes small changes are made while we test and refine the sequencing and skip logic.

S5	For the [Insert method received] you received today, do you know of another provider offering this method/ service that you could go to?	Yes (1) No (0) Don't know (999) Refused (888)	If MSTER or FSTER or IUD or IMP or INJ or OC or MC or FC or EC(1)	AVAIL_FP
S6	What was the alternative provider(s)? SELECT AS MANY AS APPLY	Government provider (AVAILGOV) Private provider (AVAILPRIV) Traditional healer/ informal provider (AVAILTRAD) Pharmacy (AVAILPHARM) Other (AVAILOTHPROV)	If AVAIL_FP(1)	AVAILPROV_FF

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### **How to read this questionnaire**

- The questionnaire includes eight modules with unique section codes and corresponding item numbers. For example, Interview and Site information is labelled (I) and included items numbered accordingly (I1, I2, I3,) with questions that comprise key indicators (e.g. Multidimensional Poverty Index) highlighted underneath (**MPI**). Each section includes instructions to the enumerator, entered as text notes across merged rows.
- When the instruction is to be read to the respondent, the note prompts ‘Read out to respondent’. Item prompts and notes for the enumerator are also included underneath the item in grey text ([refer to consent form]).
- For each item, the variable name or name/s are listed in capital letters and pink font (**DATAUSE**). The coding categories that correspond to the variable are listed in pink for string value labels, and in blue brackets (Yes **(1)**) for numerical value labels. Where coding categories may be unique to the country context, we have indicated this by writing ‘**Add country specific response options**’ in the coding categories column.
- Skip logic is detailed in the ‘Skip’ column, which includes instructions on when to ask the current item to a client (If **FPrem(1)**) and suggestions for applying additional conditions in the final questionnaire (Can be filtered by **FACTYPE**). Some in-built calculation suggestions are also included, for example, for automating the method the client received into the follow-up questions. This is signified by grey brackets in the item question ([insert method removed]).
- Finally, some items are highlighted in **orange**. These items are questions that we have left as optional additions to the Client Exit Interviews. **We recommend only selecting 5–10 additional questions to reduce the burden on the client and enumerator.**
- Questions S15–S25 and F10–F13 are for clients accessing safe abortion or post abortion care. These should only be included in circumstances in which there will be a large enough sample of safe abortion or post abortion care clients to analyse the data separately for this sub-group of clients.

## MSI 2024 Client Exit Interview Questionnaire

Item no.	Item	Coding categories	skip	Variable
<p>Welcome to the MSI Client Exit Interview survey questionnaire. Please complete the following information before starting the interview.</p>				
<b>1. Interview and Site Information (i)</b>				
I1	<b>Did the client consent for sharing anonymous (non-identifiable) data with other organisations, partners, and researchers outside of MSI?</b> [Refer to consent form]	Yes (1) No (0)		DATAUSE
I2	<b>Enter today's date</b>	____/____/_____		DATE
I3	<b>Enter the service delivery channel</b>	MSI Centre (1) Outreach (2) Social Franchise (3) MSI Lady (4) Public Sector Strengthening (5)		FACTYPE
I4	<b>Enter the name of the facility or site</b>	<i>We will take these from your sampling generator – no need to complete these here.</i>		NAME
I5	<b>Enter the facility/site region</b>	[Add country specific response options]		REGION
I6	<b>Enter type of location</b>	Urban (1) Rural (2) Peri-urban (3)		LOCATION
I7	<b>Enumerator ID</b>	<i>These can be generated in your electronic questionnaire – no need to complete these here.</i>		ENUMID

**Commented [PR1]:** Please add the appropriate regional / location response options for your country programme as a comment below.

**Commented [ZSH2R1]:** North, South, East, West

2: Service Access and Uptake (s)				
<p>Read to the respondent: "I will ask you some questions about the services you received today and your past service use. I realize some of these questions may be sensitive, but these questions help us to understand what our clients' experiences are with our services, and the more we understand, the better services we can provide. Your answers will not affect the service you receive or the price you pay, now or in the future. If you do not feel comfortable at any point, please let me know. Remember that you may decline to answer any question or end the interview at any time."</p> <p>READ ALL QUESTIONS TO RESPONDENT DO NOT READ OUT ANSWERS UNLESS STATED</p>				
S1 (GAC - MSIA)	<p><b>How long did it take you to travel here today?</b></p> <p>WRITE '999' if THE RESPONDENT DOES NOT KNOW OR '888' if THEY REFUSE TO ANSWER</p>	<p>_____ hours (TR2DH) _____ minutes (TR2DM)</p>		TR2DH TR2DM
S2 (CIFF - CF)	<p><b>Did you receive a contraceptive method and/or have a method of contraception removed today?</b></p> <p>PROBE: CONTRACEPTIVE METHODS INCLUDE: VASECTOMY, TUBAL LIGATION, IUD, IMPLANT, INJECTABLES, PILLS, EMERGENCY CONTRACEPTION AND CONDOMS</p> <p>SELECT ALL THAT APPLY</p>	<p>Contraceptive method(s) (FPmeth) Contraceptive method removal (FPrem) Neither (FPNO) Refused (888)</p>		FPtype
S3	<p><b>What methods of contraception did you receive today?</b></p> <p>SELECT ALL THAT APPLY</p>	<p>Female sterilisation/tubal ligation (FSTER) Male sterilisation/vasectomy (MSTER) Intra-uterine system or device (IUD) Implant (IMP) Injectable contraception (INJ) Oral contraceptive pills, non-emergency (OC) Male condoms (MC) Female condoms (FC) Emergency contraceptive pills (EC) Other modern method – diaphragm, foam tablets, spermicidal jelly, vaginal ring, contraceptive patches   (OMM)</p>	<p>If selected 'FPmeth'</p>	FP
S4	<p><b>Were you told where you could go to have your [insert method received] removed?</b></p>	<p>Yes (1) No (0) Don't know (999) Refused (888)</p>	<p>If selected 'FPmeth'</p>	REMOPT

**Commented [ZSH3]:** MSIA doesn't provide female, male sterilization and female condom, shall we still keep these options? As well as other

**Commented [PR4R3]:** @Zuhal Sulaiman Haares can you please save a copy of this questionnaire and edit offline? This is the global template!

**Commented [PR5R3]:** Hi Zuhal. To your comment on provision of services, we leave all options in because we need to be able to merge the datasets for global MSI reporting. The enumerators can simply ignore the services that your programme does not offer.

**Commented [ZSH6R3]:** Ok agree

S5 (GAC MSIE/ CIFE/ CF)	<b>For the</b> [insert method received] <b>you received today, do you know of another provider offering this method/ service that you could go to?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If selected 'FPmeth'	AVAIL_FP
S6	<b>What was the alternative provider(s)?</b> SELECT ALL THAT APPLY	Government provider (AVAILGOV) Private provider (AVAILPRIV) Traditional healer/ informal provider (AVAILTRAD) Pharmacy (AVAILPHARM) Other (AVAILOTHPROV)	If AVAIL_FP(1)	AVAILPROV_FP
S7	<b>Which contraceptive method did you have removed?</b>	Intra-uterine device (IUD) Intra-uterine system (IUS) Implant (IMP) Other (REMOTH)	If selected 'FPrem'	FPremtype
S8	<b>Why did you have the [insert method removed] removed?</b> ONE ANSWER ONLY. IF MORE THAN ONE IS GIVEN, SELECT MAIN REASON	It has expired (1) Want to become pregnant (2) Experiencing side effects/ pain / health concerns (3) Family / partner opposition (4) Infrequent or no sex / not fertile (5) IUD / IUS / implant failed (pregnant) (6) Other (7) Refused (888)	If FPrem(1)	REMWHY <b>Commented [ZSH7]:</b> Include
S9	<b>Can you please tell me what kind of side-effects you experienced?</b> DO NOT READ OUT; SELECT ALL THAT APPLY	Changes to menstrual cycle (RCYCLE) Pain or infection (RINFECT) Mood changes (RMOOD) Health concerns (RHLTH) Weight gain (RWEIGHT) Other (RSIDEOOTH) Refused (888)	If REMWHY(3)	RCYCLE RINFEC RMOOD RHLTH RWEIGHT RSIDEOOTH <b>Commented [ZSH8]:</b> include
S10	<b>For the</b> [insert method removed] <b>that you had removed today, please tell me where you had this method inserted?</b>	MSI Centre (1) MSI Outreach Team (2) MSI Lady (3) Bluestar Franchise clinic/provider (4) Government provider (5) Other (non-MSI) private provider (6) Don't know (999) Refused (888)	FPrem(1)	REMWHEN <b>Commented [ZSH9]:</b> include
S11	<b>For the</b> [insert method removed] <b>that you had removed today, please tell me how long ago you had this method inserted?</b>	Years: _____ (REMWHEN_Y) Months: _____ (REMWHEN_M)  ENTER ESTIMATE FOR TIME SINCE INSERTION (e.g. for two and half years, enter '2' for Years and '6' for Months)  Don't know (999)	If FPrem(1)	REMWHEN
S12	<b>For the</b> [insert method removed] <b>that you had removed today, had you tried to have this removed anywhere else before coming here today?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If FPrem(1)	REMATT

S13	<b>If you feel comfortable, can you tell me the reason you didn't get the method removed elsewhere?</b>  Write '888' if the client refuses to answer.	[open text]	If REMATT(1)	REMMATT_REAS
S14	<b>What other service(s) did you receive today?</b> DO NOT READ OUT; SELECT ALL THAT APPLY (WISH)  Abortion/post-abortion care (SAC) Contraceptive counselling (FPcounsel) Pregnancy test (PTEST) HIV testing/treatment (HIV) Other STI testing/ treatment (STI) Cervical cancer screening/treatment (CCS) Antenatal Care (ANC) if FACTYPE(1) Delivery Care (DELC) if FACTYPE(1) Postnatal Care (PNC) if FACTYPE(1) General maternal/child health service (MCH) General health consultation (GEN) Other SRH service (OTHSRH) Other general health service (OTHGEN) None (ADDNONE)			SERVICES
S15	<b>What method of abortion or post-abortion care did you have or begin today?</b>  Medical (1) Surgical (2) Don't know (999) Refused (888)		If SAC(1)	SACTYPE
The following questions are for abortion and post-abortion care clients only, and should only be included when a booster sample is planned to collect enough data on abortion clients for meaningful analysis.				
S16	<b>For the abortion/post abortion care you received today, do you know of another provider offering this method/service that you could go to?</b>  Yes (1) No (0) Don't know (999) Refused (888)		If SAC(1)	AVAIL_SAC
S17	<b>What was the alternative provider(s)?</b> SELECT AS MANY AS APPLY  Government provider (AVAILGOV) Private provider (AVAILPRIV) Traditional healer/ informal provider (AVAILTRAD) Pharmacy (AVAILPHARM) Other (AVAILOTHPROV)		If AVAIL_SAC(1)	AVAILPROV_SAC
S18	<b>Why did you opt for the type of abortion/post abortion care that you had today?</b>  DO NOT READ OUT OPTIONS; SELECT ALL THAT APPLY  It was a cheaper option (SACPRICE) I wanted to avoid pain (SACPAIN) I thought it would be simpler and faster (SACSIMP) I was afraid/wanted to avoid side effects (SACSEFF) I wanted to have more control (SACOWN) I thought it would be more natural (SACNAT) The provider said this was the better option for me/ the provider recommended this option (SACREC) It was the only option for me (SACNOP) Other (SACOTH)		If SAC(1)	SACWHY
S19	<b>Do you think the amount you paid for the abortion or post-abortion care today was affordable?</b>  Yes (1) No (0) Don't know (999) Refused (888)		If SAC(1)	SACCOST

S20	<b>Did the provider explain both options to you for your abortion or post-abortion care today, using pills or having a surgical procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SAC(1)	SACCHOICE
S21	<b>Do you believe the provider gave you quality medications from a reliable source?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SACTYPE (1)	SACMED
S22	<b>Did the provider explain what was happening during each step of the procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SACTYPE(2)	SACINFO
S23	<b>Did you feel reassured throughout the abortion/post abortion care process that the procedure was safe?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SACTYPE(2)	REASSURED
S24	<b>Did the provider explain to you how to know that your abortion/post abortion care is complete?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SACTYPE (1)	MA_COMP
S25	<b>Do you feel confident that you would be able to identify a warning sign of a complication?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SAC(1)	COMP_IDENT
S25	<b>Do you feel that you know what to do if you experience a warning sign of a complication?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SAC(1)	COMP_FOLLOW

The following questions discuss how pain was discussed and managed for the \${calculation\_SAC} service you received [today].

Clarify these questions are only for the abortion/post abortion care the client received and not any other service received during their visit. If the client also received a long acting method of contraception (Female serialisation, male serialisation, IUD, IUS, or Implant) they will be asked the same set of questions again later in the questionnaire.

S26	<b>Did the provider explain to you the possibility of experiencing pain during your [SAC] process or procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SAC (1)	PAIN_SAC
S27	<b>Did the provider explain different options to manage the pain throughout the procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If PAIN_SAC (1)	PAINMAN_SAC
S28	<b>What options were explained to you?</b>  Read out options and select all that apply.	Injection intramuscular of analgesic (1) Injection intravenous of analgesic (2) Oral analgesics (3) Rectal analgesics (4) Paracervical block (injection next to the cervix) (5) Sedation (6) Medication for anxiety (7) Vocal local (8) Other (666) Don't know (999)	If PAINMAN_SAC (1) and SACTYPE (2)	PAINOP_SA

**Commented [ZSH13]:** If the following questions are related to booster PAC sample , then exclude.

**Commented [PR14R13]:** Yep, I will exclude

		Refused (888)		
S29	<b>What options were explained to you?</b>  Read out options and tick all that apply.	Oral analgesics (1) Other (666) Don't know (999) Refused (888)	If PAINMAN_SAC (1) and SACTYPE (1)	PAINOP_MA
S30	<b>Were you offered pain medication before the procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SACTYPE (2)	MEDBEF_SAC
S31	<b>From 0-10, what was your pain during the procedure?</b>	0 (0) 1 (1) 2 (2) 3 (2) 4 (2) 5 (2) 6 (2) 7 (2) 8 (2) 9 (2) 10 (10)  Don't know (999) Refused (888)	If SACTYPE (2)	PAINSCALE_D SAC
S32	<b>Were you asked about pain during the procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SACTYPE (2)	PAINDUR_SAC
S33	<b>Were you offered pain medication during the procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SACTYPE (2)	MEDDUR_SAC
S34	<b>From 0-10, what was your pain after the procedure?</b>  PROBE: BY AFTER THE PROCEDURE, WE MEAN WHILE YOU WERE STILL IN THE CLINIC	0 (0) 1 (1) 2 (2) 3 (2) 4 (2) 5 (2) 6 (2) 7 (2) 8 (2) 9 (2) 10 (10)  Don't know (999) Refused (888)	If SACTYPE (2)	PAINSCALE_A SAC
S35	<b>Where you asked about pain after the procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SACTYPE (2)	PAINAFT_SAC
S36	<b>Were you offered pain medication after the procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SACTYPE (2)	MEDAFT_SA

S37	<b>Were you offered pain medication to take home with you?</b>	Yes, oral analgesics (1) No (0) Don't know (999) Refused (888)	If SACTYPE (1)	MEDAFT_MA
S38	<b>Would you have liked more pain treatment than you received?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SAC (1)	PAINSUPP_SA C
S39	<b>Would you have liked more information on pain management than you received?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SAC(1)	PAININFO_SA C
S40	<b>Do you feel you participated actively in decisions about your pain treatment as much as you wanted to?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SACTYPE (2) and PAINSCALE_D SAC or PAINSCALE_A SAC is > 0	PAINDEC_SAC
S41	<b>Did you feel that the provider was respectful and responsive to your pain?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SACTYPE (2) and PAINSCALE_E_DSAC or PAINSCALE_A SAC is > 0	PAINRES_SAC

### Section 3: Contraceptive use history and preferences (F)

Read to respondent: "The following questions ask about any contraception you have used previously and your current preferences."

F1 <small>(C1F1-F1 CE)</small>	<b>Have you ever used a method of contraception before today?</b>  READ OUT ANSWERS  PROBE: Some methods of contraception might include condoms, pills, or natural methods such as withdrawal, or avoiding sex all together.	Yes (1) No (0) Sometimes (2) Don't know (999) Refused (888)		FPEVER
F2	<b>Do you currently want to be using any method of contraception?</b>  READ OUT ANSWERS  PROBE: For instance, people may want to use contraception to avoid pregnancy, prevent STIs, regulate menstruation or other reasons.	Yes (1) No (0) Sometimes (2) Don't know (999) Refused (888)		FPWANT

F3 <b>CIFF - CF</b>	<p><b>Have you or your partner/s used any method of contraception during the past 3 months?</b></p> <p>READ OUT ANSWERS</p> <p>PROBE: Some methods of contraception might include condoms, pills, or natural methods such as withdrawal, or avoiding sex all together</p>	Yes (1) No (0) Don't know (999) Refused (888)		
F4 <b>CIFF - CF</b>	<p><b>What was the main contraceptive method that you were using in the past 3 months prior to your visit today?</b></p>	Female sterilisation (1) Male sterilisation (2) IUD/ IUS (3) Implants (4) Injectables (5) Contraceptive pills (6) Male condoms (7) Female condoms (8) Emergency contraception (9) Breast-feeding: lactational amenorrhea method (10) Other modern method: diaphragm, foam tablets, spermicidal jelly, vaginal ring, contraceptive patches, fertility awareness mobile app, standard days method (11) Traditional methods: Fertility awareness, calendar (rhythm), withdrawal, abstinence (12) Other method (13) Refused (888)		
F5	<p><b>Prior to your visit today, where did you get [insert previous method used] that you were using most recently?</b></p> <p>If the respondent mentions more than one provider, ask which is the main provider they use to procure their method. If given the name of a facility or provider, ask the respondent to clarify if the site is an MSI facility, public service, private service, a traditional healer, or the name of a pharmacy.</p>	MSI – this facility / site (1) MSI – another facility / site (2) Other Bluestar/Social Franchise (3) Government provider (4) Private provider (5) Traditional healer/informal doctor (6) Pharmacy (7) Don't know (999) Refused (888)	If <b>FPCURR(1, 2)</b> and <b>CMETH(1-9)</b>	<b>FPWHERE</b>
F6	<p><b>Have you or your partner/s used any additional methods of contraception in the past 3 months?</b></p> <p>READ OUT ANSWERS</p>	Yes (1) No (0) Don't know (999) Refused (888)	If <b>FPCURR(1, 2)</b>	<b>CMADD</b>

F7	<p><b>Please specify all additional method/s of contraception you or your partner/s have used in the past 3 months.</b></p> <p>SELECT ALL THAT APPLY</p>	<p>Female sterilisation (1)  Male sterilisation (2)  IUD/ IUS (3)  Implants (4)  Injectables (5)  Contraceptive pills (6)  Male condoms (7)  Female condoms (8)  Emergency contraception (9)  Breast-feeding: lactational amenorrhea method (10)  Other modern method: diaphragm, foam tablets, spermicidal jelly, vaginal ring, contraceptive patches, fertility awareness mobile app, standard days method (11)  Traditional methods: Fertility awareness, calendar (rhythm), withdrawal, abstinence (12)  Other method (13)  Refused (888)</p>	If CMADD(1, 2)	CMADDTH
F8	<p><b>Prior to today, did you want to be using [main contraceptive method reported]?</b></p>	<p>Yes (1)  No (0)  Don't know (999)  Refused (888)</p>	If FPCURR(1, 2)	CMCURWNT
F9	<p><b>You said that you sometimes use [main contraceptive method reported]. Have there been times that you wanted to use this contraceptive method but were not able to?</b></p> <p>Probe: Some reasons people might be unable to use a method of contraception is when the method runs out or expires, or when unable to access or afford a service.</p>	<p>Yes (1)  No (0)  Don't know (999)  Refused (888)</p>	If CMCURWNT(1) and FPCURR(2)	CMACCESS
<p><i>The following questions are for abortion and post-abortion care clients only, and should only be included when a booster sample is planned to collect enough data on abortion clients for meaningful analysis.</i></p>				<p><b>Commented [ZSH15]:</b> PAC booster sample questions to be excluded.</p>
F10	<p><b>Some people choose to use a method of contraception soon after an abortion/post abortion care service, others decide to wait to start a method, and others may decide not to use a method of contraception.</b></p> <p><b>Did the provider counsel you on your options for contraceptive use following your abortion service today?</b></p>	<p>Yes (1)  No (0)  Don't know (999)  Refused (888)</p>	If SAC(1)	COUNSEL_PAFP

F11	<b>Did you want a method of contraception from this health facility / site?</b>	Yes, wanted a method (1) No, didn't want a method (0) Don't know (999) Refused (888)	If SAC(1)	WAMETH_PAFP
F12	<b>Did you receive a method of contraception, or a referral for a method of contraception, from this facility / site?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If SAC(1)	PAFP
F13	<b>You mentioned that you did not want or weren't sure if you wanted a method of contraception, but you still got a method from this facility.</b>  <b>Why did you get a method even though you did not want one?</b>  DO NOT READ OPTIONS OUT, SELECT OPTION THAT BEST MATCHES THE REASON THE CLIENT PROVIDES.	Felt pressured to take a method (1) Changed mind (2) Other reason (3) Don't know (999) Refused (888)	If PAFP(1) and WAMETH_PAFP(2, 999)	PAFP_REASON
F13b	<b>Enter other reason provided for receiving method of contraception:</b>		If PAFP_REASON(3)	PAFP_REASON
F14	<b>When you came here today, did you want to receive a method of contraception from this facility/site?</b>	Yes(1) No(0) Don't know (999) Refused (888)	If SAC (0)	WNTMETH
F15	<b>Was there a specific method of contraception you wanted to get?</b>  PROBE: Before your consultation with the health care provider today, did you have a specific method of contraception in mind?	Yes (1) No (0) Don't know (999) Refused (888)	If SAC(0) and WNTMETH(1)	SPCMTH

F16	<p><b>Which method did you want to get when you came here today?</b></p> <p>ONE ANSWER ONLY. IF MORE THAN ONE IS NAMED SELECT METHOD HIGHEST IN LIST</p>	<p>Female sterilisation (1) Male sterilisation (2) IUD/ IUS (3) Implants (4) Injectables (5) Contraceptive pills (6) Male condoms (7) Female condoms (8) Emergency contraception (9) Breast-feeding: lactational amenorrhea method (10) Other modern method: diaphragm, foam tablets, spermicidal jelly, vaginal ring, contraceptive patches, fertility awareness mobile app, standard days method (11) Traditional methods: Fertility awareness, calendar (rhythm), withdrawal, abstinence (12)</p>	<p>If <b>SPCMTH(1)</b> or <b>WAMETH_PAFP(1)</b></p>	WAMETH
F17	<p><b>Did you receive a method of contraception, or a referral to receive a method of contraception, today?</b></p>	<p>Yes (1) No (0) Don't know (999) Refused (888)</p>	<p>If <b>WNTMTH(1)</b> and not selected 'FPMETH'</p>	RECMETH
F18	<p><b>Did you receive the method you wanted, or a referral for the method you wanted?</b></p> <p>READ OUT ANSWERS</p>	<p>Yes, got the method wanted (1) Yes, got a referral for the method wanted (2) No, got a different method than the one wanted (3) No, got a referral for a method other than the one wanted (4) No, got no method or referral (5) Don't know (999) Refused (888)</p>	<p><b>SPCMTH(1)</b></p>	CHMETH
F19	<p><b>What was the main reason you didn't receive a method of contraception, or a referral for a method of contraception today?</b></p> <p>If RESPONDENT MENTIONS MORE THAN ONE REASON, ENCOURAGE THEM TO GIVE THE MAIN REASON</p>	<p>The method that I wanted/was recommended to me was unavailable (1) I wanted more time to consider my choices (2) I decided not to receive a method (3) Decided not to receive a method (4) The provider advised me to come back another day to receive the service (5) Not eligible for method (6) The method was too costly (7) There was not enough time to receive a method (8) Other (9) Don't know (999) Refused (888)</p>	<p>If <b>WNTMETH(1)</b> and <b>RECMETH(0)</b></p>	METHNO

	<b>What was the main reason why you didn't receive the method that you wanted?</b>	Did not offer the method I wanted (1) Felt pressured to take a different method (2) Changed mind about which method I wanted (3) Decided not to receive a method (4) Provider recommended a different method to receive today (5)  IF RESPONDENT MENTIONS MORE THAN ONE REASON, ENCOURAGE THEM TO GIVE THE MAIN REASON	CHMETH (3, 4, 5)	METHDIFF
F21	<b>You mentioned that you did not want or weren't sure if you wanted a method of contraception, but you still got a method from this facility.</b>  <b>Why did you get a method even though you did not want one?</b>	Felt pressured to take a method (1) Changed mind (2) Other reason, please specify (3) Don't know (999) Refused (888)  Do not read out options. Select the option that best matches the response the respondent provides.	If RECMETH(1) or selected 'FPMETH' and WNTMETH (0)	CMREASON

Section 4: Contraceptive Counselling (c)				
C1  (MII+) (WIS) H Y4H GAC (CIE) -CR)	<b>Did the provider tell you about any potential side effects or problems you may experience from the [insert main method received] you received today?</b>  REFER TO MAIN CONTRACEPTIVE SERVICE RECEIVED	Yes (1) No (0) Don't know (999) Refused (888)	If SAC or MSTER or FSTER or IUD or IMP or INJ or OC or MC or FC or EC(1)	RECCOUN
C2  (MII+) (WIS) H Y4H GAC (CIE) -CR)	<b>Were you told what to do if you experience any side effects or problems as a result of the [insert main method received] service you received today?</b>  REFER TO MAIN CONTRACEPTIVE SERVICE RECEIVED	Yes (1) No (0) Don't know (999) Refused (888)	If SAC or MSTER or FSTER or IUD or IMP or INJ or OC or MC or FC or EC (1)	FOLLUP

C3 (MII+) (WIS H/ Y4H/ GAC/ CIFF -CR)	<b>Were you told about the possibility of switching to another method if the [insert main method received] you selected was not suitable?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If MSTER or FSTER or IUD or IMP or INJ or OC or MC or FC or EC (1)	CONTUSE
C4 (MII+) (WIS H/ Y4H/ GAC/ CIFF -CR)	<b>Were you told by the provider about methods of contraception besides the [insert main method received] that you could use?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If MSTER or FSTER or IUD or IMP or INJ or OC or MC or FC or EC (1)	OTHERMETH
C5	<b>Which of the following contraceptive methods were you told about during your consultation with the provider today?</b>  PLEASE READ EACH OPTION ALOUD SELECT ALL THAT APPLY	Female sterilisation (CHFSTER) Male sterilisation (CHMSTER) IUD/ IUS (CHIUD) Implants (CHIMP) Injectables (CHINJ) Contraceptive pills (CHCOP) Male condoms (CHMC) Female condoms (CHFC) Emergency contraception (CHEC) Breast-feeding: lactational amenorrhea method (CHLAM) Other modern method: diaphragm, foam tablets, spermicidal jelly, vaginal ring, contraceptive patches, fertility awareness mobile app, standard days method (CHOMM) Traditional methods: Fertility awareness, calendar (rhythm), withdrawal, abstinence (CHTRAD)	If OTHERMETH (1)	TOLDABOUT  <b>Commented [ZSH16]:</b> Include

## 5. Client experience (E)

Read to the respondent: "The following questions ask more generally about your experience accessing our services today."

E1	<b>On a scale of 0-10, how important do you think the [main contraceptive method received] you received today is in having control over your own body?</b>  Where 0 is 'not at all important' and 10 is 'extremely important'	(0) – Not at all important (1)(2)(3)(4)(5)(6)(7)(8)(9) (10) – Extremely important  Don't know (999) Refused (888)	If MSTER or FSTER or IUD or IMP or INJ or OC or MC or FC or EC (1)	CMAUTO
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E2	<p><b>Do you feel that the service/s you received today will have a positive impact on any of the following areas of your life?</b></p> <p><b>READ OUT OPTIONS; SELECT ALL THAT APPLY</b></p>	<p>Education (continue education, return to education, support a child through school) (IMPEDU)</p> <p>Work (continue work, return to work, progress in work) (IMPWRK)</p> <p>Family (support family, increased resources for family, manage family) (IMPFAM)</p> <p>Health (better personal health, better family health) (IMPHLTH)</p> <p>Other (IMPOTH)</p> <p>None/No (IMPNONE) Don't know (999)</p> <p>Refused (888)</p>		IMPACT
E3 (N PS )	<p><b>Based on your experience today, how likely are you to recommend our services to your friends or family?</b></p> <p>PROBE: By recommend, we mean suggest our services to friends or family if they have similar healthcare needs.</p> <p>On a scale from 0 to 10 where 0 is not likely and 10 is very likely.</p>	<p>(0) – Not at all likely (1)(2)(3)(4)(5)(6)(7)(8)(9)</p> <p>(10) – Extremely likely</p> <p>Don't know (999)</p> <p>Refused (888)</p>		REC
E4 (NPS)	<p><b>Based on your experience today, if you needed a similar service in the future, how likely is it that you would return to this site or provider?</b></p> <p>On a scale from 0 to 10 where 0 is not likely and 10 is very likely.</p>	<p>(0) – Not at all likely (1)(2)(3)(4)(5)(6)(7)(8)(9)</p> <p>(10) – Extremely likely</p> <p>Don't know (999)</p> <p>Refused (888)</p>		RET
Read out to respondent: "Now I would like you to score different aspects of the services provided at this facility. Please let me know, for each of these statements whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree."				
E5	<p><b>I had enough privacy during my visit today</b></p>	<p>Strongly disagree (1)</p> <p>Disagree (2)</p> <p>Neither agree nor disagree (3)</p> <p>Agree (4)</p> <p>Strongly agree (5)</p> <p>Don't know (999)</p> <p>Refused (888)</p>		PRIV
	<p><b>I was treated with respect by all staff during my visit today</b></p>	<p>Strongly disagree (1)</p> <p>Disagree (2)</p> <p>Neither agree nor</p>		

E6		disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		REST
E7	<b><i>The time I waited to see a provider today was acceptable</i></b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		WAIT
E8	<b><i>The provider was easy to understand</i></b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		CARE
E9	<b><i>The provider gave me enough information to make the best decisions about my method or service</i></b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		ENOUGH
E10	<b><i>The provider took my preferences seriously</i></b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		SERIOUS
E11	<b><i>The provider gave me the opportunity to explain my needs and ask questions</i></b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		RPRT
E12	<b><i>The provider let me explain what mattered to me about my method or procedure</i></b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		MATTER
	<b><i>A staff member did or</i></b>	Strongly disagree (1)		

E13	<p><b>said something to make me feel judged or uncomfortable</b></p>	Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		JUDGE
E14	<p><b>All staff members made me comfortable during my visit</b></p>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		COMFORT
<p>Read out to respondent: "We have finished the questions that require you to score questions according to an agreement scale, and will now ask a few more questions about your experience with us."</p>				
E15	<p><b>Overall, how satisfied are you with your experience with us today?</b></p>	Not at all satisfied (1) Somewhat dissatisfied (2) Neutral (3) Somewhat satisfied (4) Very satisfied (5) Don't know (999) Refused (888)		GEN_SAT
E16	<p><b>Was it clear to you what hours the facility was open/when you could come to receive services today?</b></p>	Yes (1) No (0) Don't know (999) Refused (888)		HOURS
E17	<p><b>Were you informed on how to give feedback or complain about your experience today?</b></p>	Yes (1) No (0) Don't know (999) Refused (888)		FEED
E18	<p><b>Do you trust the provider to keep your personal information private?</b></p>	Yes (1) No (0) Don't know (999) Refused (888)		PRIVINFO
<p>Read to the respondent: "The following questions discuss how pain was discussed and managed for the \$(calculation_FP) service you received today."</p>				
<p>Clarify that these questions relate to the method of long acting contraception the client received during their visit, and no other service.</p>				
E19	<p><b>Did the provider explain to you the possibility of experiencing pain during your process or procedure?</b></p>	Yes (1) No (0) Don't know (999) Refused (888)	If FPREM (1) or FSTER (1) or MSTER (1) or IUD or IUS (1) or	PAIN_CM

			IMP (1)	
E20	<b>Did the provider explain different options to manage the pain throughout the procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If PAIN_CM (1)	PAINMAN_CM
E21a	<b>What options were explained to you?</b>  Read out options and tick all that apply.	Local anaesthesia (1) Medication for anxiety (2) Vocal local (3) Other (666) Don't know (999) Refused (888)	If PAINMAN_CM (1) and IMP (1) or FSTER (1) or MSTER (1) or selected FPretype 'IMP'	PAINOP_IMP
E21b	<b>What options were explained to you?</b>  Read out options and tick all that apply.	Oral analgesics (1) Local cream/spray on cervix (2) Paracervical block (3) Vocal local (4) Other (666) Don't know (999) Refused (888)	If PAINMAN_CM (1) and IUD (1) or IUS (1) or selected FPretype 'IUD' or 'IUS'	PAINOP_IUD
E22	<b>Were you offered pain medication before the procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If FPREM (1) or FSTER (1) or MSTER (1) or IUD (1) or IMP (1) or IUS (1) or selected FPretype 'IUD' or 'IUS' or 'IMP'	MEDBEF_CM
E23	<b>From 0-10, what was your pain during the procedure?</b>	0 (0) 1 (1) 2 (2) 3 (2) 4 (2) 5 (2) 6 (2) 7 (2) 8 (2) 9 (2) 10 (10)  Don't know (999) Refused (888)	If SACTYPE (2) or if FPREM (1) or FSTER (1) or MSTER (1) or IUD (1) or IMP (1) or selected FPretype 'IUD' or 'IUS' or 'IMP'	PAINSCALE_D_CM
E24	<b>Were you asked about pain during the procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If FPREM (1) or FSTER (1) or MSTER (1) or IUD (1) or IMP (1) or selected FPretype 'IUD' or 'IUS' or 'IMP'	PAINDUR_CM
E25	<b>Were you offered pain medication during the procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If FPREM (1) or FSTER (1) or MSTER (1) or IUD (1) or IMP (1) or selected FPretype 'IUD' or 'IUS' or 'IMP'	MEDDUR_CM

E26	<b>From 0-10, what was your pain after the procedure?</b>  PROBE: BY AFTER THE PROCEDURE, WE MEAN WHILE YOU WERE STILL IN THE CLINIC	0 (0) 1 (1) 2 (2) 3 (2) 4 (2) 5 (2) 6 (2) 7 (2) 8 (2) 9 (2) 10 (10)  Don't know (999) Refused (888)	If FPREM (1) or FSTER (1) or MSTER (1) or IUD (1) or IMP (1) or selected FPremtype 'IUD' or 'IUS' or 'IMP'	PAINSCALE_A_CM
E27	<b>Where you asked about pain after the procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If FPREM (1) or FSTER (1) or MSTER (1) or IUD (1) or IMP (1) or selected FPremtype 'IUD' or 'IUS' or 'IMP'	PAINAFT_CM
E28	<b>Were you offered pain medication after the procedure?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If FPREM (1) or FSTER (1) or MSTER (1) or IUD (1) or IMP (1) or selected FPremtype 'IUD' or 'IUS' or 'IMP'	MEDAFT_CM
E29	<b>Would you have liked more pain treatment than you received?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If MSTER or FSTER or IUD or IMP or IUS or FPrem(1)	PAINSUPP_CM
E30	<b>Would you have liked more information on pain management than you received?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If MSTER or FSTER or IUD or IMP or IUS or FPrem(1)	PAININFO_CM
E31	<b>Do you feel you participated actively in decisions about your pain treatment as much as you wanted to?</b>	Yes (1) No (0) Don't know (999) Refused (888)	If MSTER or FSTER or IUD or IMP or IUS or FPrem(1) and PAINSCALE_D_CM or PAINSCALE_A_CM is > 0 If MSTER or FSTER or IUD or IMP or FPrem(1) and PAINSCALE_D_CM or PAINSCALE_A_CM is > 0	PAINDEC_CM
E32	<b>Did you feel that the provider was respectful and responsive to your pain?</b>	Yes (1) No (0) Don't know (999) Refused (888)	PAINRES	Commented [ZSH17]: Include

## 6. Marketing (M)

Read to the respondent: "Now I will ask you some questions about how you heard about the service(s) that you accessed today."

M1 (WISH )	<p><b>Did any of the following play a part in making you aware of the services you received today, or influence your decision to visit today?</b></p> <p>READ OUT OPTIONS SELECT AS MANY AS APPLY</p>	<p>TV advert or programme (IADVERT) Radio advert or programme (IRADIO) Newspaper/magazine (INEWS) Community meeting or event (IMEET) Website/google (INET) Social media (ISOCMED) Outdoor sign (ISIGN) Loudspeaker (ISPKR) Posters/leaflets /flyers (IPRMAT) None (INFONO) [Add country specific marketing activities]</p>		IADVERT IRADIO INEWS IMEET INET ISOCMED ISIGN ISPKR IPRMAT INFONO	<p><b>Commented [PR18]:</b> Indicate any additional marketing activities you would like us to include as options here</p> <p><b>Commented [ZSH19R18]:</b> Community health workers (CHWs), and Religious leaders</p> <p><b>Commented [PR20R18]:</b> Referrals from people (community workers) are addressed in question M3 below. Would you like me to add religious leaders as an option here?</p> <p><b>Commented [ZSH21R18]:</b> yes</p>
M2	<p><b>How long ago did you become aware that MSI would be providing these services at this site today?</b></p>	<p>Today (1) Yesterday (2) Within the past 3 days (3) Within this week (4) Last week (5) Within the last two weeks (6) Over two weeks ago (7) Don't know (999) Refused (888)</p>	<p>If FACTYPE(2) and IADVERT or IRADIO or INEWS or IMEET INET or ISOCMED or ISIGN or ISPKR or IPRMAT (1)</p>	AWRTIM	
M3 (Y4R)	<p><b>Did anyone refer you to, or recommend, that you visit this site or provider today?</b></p> <p>READ OUT OPTIONS SELECT AS MANY AS APPLY</p>	<p>Community based mobiliser (RCBM) Provider/staff member at a public health facility (RPUBPROV) Provider/staff member at a private health facility (RPRIVPROV) Friend/family member who had used this service from this site (RREFU) Friend/family member who has not used MSI services (RREFNU) None (REFNONE)</p>		RCBM RPUBPROV RPRIVPROV RREFU RREFNU REFNONE	
M4	<p><b>Did you speak to the MSI contact centre through phone or messaging at any point before your visit?</b></p> <p>REFER TO THE CONTACT CENTRE BY NAME/NUMBER</p>	<p>Yes (1) No (0) Refused (888)</p>		CCUSE	
M5	<p><b>What was your main reason for speaking to the contact centre?</b></p>	<p>Information about when the team will come to deliver services (CCARRIV) if FACTYPE (2) Information about the facility/site location (CCLOC) Information about the site opening times (CCOPEN) Other information about the site (CCINFO) Information about types of services offered (CCSERV) Advice about specific service(s) (CCADV) Referral (CCREF) Booking (CCBOOK) if FACTYPE (1, 3) Other (CCOTH)</p>	<p>If CCUSE (1)</p>	CCREASON	

M6	<b>Were you given a contact number for if you need any follow-up care or advice?</b>	Yes (1) No (0) Refused (888)		CCCOM
M7	<b>What contact details were you given?</b> READ OUT AND SELECT AS MANY AS APPLY	MSI Contact centre number (CCCOM_CC) The facility number (CCCOM_FAC) The provider number (CCCOM_PROV) Other (CCCOM_OTH)	if CCCOM (1)	CCCOMS
M8	<b>Do you have your own cell phone?</b>	Yes (1) No (0) Refused (888)		CELLOW <b>Commented [ZSH22]:</b> include

### 7. Social and Community Context (SC)

Read out to respondent: "I am now going to read out some statements about perceptions of contraception and health in your community. Please let me know, for each of these statements whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree."

SC1	<b>In my community, I hear positive stories about using contraception</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		POSIPC
SC2	<b>In my community, women are stigmatised if people know that they use contraception</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		KSANCTI <b>Commented [ZSH23]:</b> Include
SC3 (CIFF -CF)	<b>In my community, most men are supportive of their partner(s) using contraception</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		KMENSUPP
SC4 (WISH -CIFF -CF)	<b>In my community, using modern contraception is accepted</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		KCOMSUPP
SC5 (CIFF -CF)	<b>In my community, local leaders encourage the use of contraception</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)		KLEADSUP

SC6	<b>In my community, people believe that the male household head should have the final decision in all matters related to family health</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)	KMENDEC
SC7	<b>In my community, most women would tolerate violence at home to keep the family together</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)	KGBVTOL
SC8	<b>In my community, couples decide together if and when they want to use contraception</b>	Strongly disagree (1) Disagree (2) Neither agree nor disagree (3) Agree (4) Strongly agree (5) Don't know (999) Refused (888)	KCOUDEC
SC9	<b>Who usually makes decisions about using any methods of contraception for yourself?</b>	Respondent her/himself (1) Husband/partner (2) Respondent husband/ partner jointly (3) Someone else (4) Don't know (999) Refused (888)	FPDECMAK

READ OPTIONS OUT

### 8. Demographics (D)

READ TO RESPONDENT: "I would like to ask you some questions about yourself including your age and marital status, in order for us to ensure our services are reaching everyone in the community."

D1	<b>What is your gender?</b>	Male (0) Female (1)		GENDER
D2	<b>How old are you?</b>  ENTER '999' if THEY DO NOT KNOW OR '888' if THEY REFUSE TO RESPOND	_____ years		AGE
D3	<b>What is the main language you use at home?</b>	[List country specific languages/dialects, including regional sign language/s where appropriate.]  Refused (888)		LANG_M

**Commented [PR25]:** If including these questions, please list regional languages and dialects to include as response options in your survey

D4	<b>Which language do you prefer to receive spoken or signed information in?</b>	[List country specific languages/dialects, including regional sign language/s where appropriate.] Refused (888)	If LANG_MAIN is not (888) <span style="color: pink;">LANG_S</span>	<b>Commented [PR26]:</b> If including these questions, please list regional languages and dialects to include as response options in your survey
D5	<b>Which language do you prefer to receive written or signed information in?</b>	[List country specific languages/dialects, including regional sign language/s where appropriate.] Refused (888)	If LANG_MAIN and LANG_SPK is not (888) <span style="color: pink;">LANG_W</span>	<b>Commented [PR27]:</b> If including these questions, please list regional languages and dialects to include as response options in your survey
D6	<b>What is your highest level of education?</b>  PROBE: Ask if the respondent completed this level of education, or attended some of it, and select corresponding number.	None / non-formal (1) Some primary (2) Completed primary (3) Some secondary, vocational or technical (4) Completed secondary, vocational or technical (5) Some tertiary or higher (6) Refused (888)	<span style="color: pink;">EDUCATION</span>	
D7	<b>What is your marital status?</b>	Single (1) Married (2) Living with partner (3) Widowed / Divorced / Separated (4) In a relationship but not living together (5) Refused (888)	<span style="color: pink;">MARITAL</span>	
D8	<b>How many living children do you have?</b>  WRITE '0' if THE CLIENT HAS NO CHILDREN. ENTER '999' if THEY DO NOT KNOW OR '888' if THEY REFUSE TO RESPOND	_____ no. of living children		<span style="color: pink;">CHILD</span>
D9	<b>When did you last give birth?</b>	Has never given birth (0) In the last 3 months / 3 months ago or less (1) 3 – 6 months ago (2) 6 – 12 months ago (3) 12 months (1 year) ago (4) Refused (888)		<span style="color: pink;">PPART</span>

D10	<p><b>What is your ideal number of children?</b></p> <p>PROBE: If you could choose exactly the number of children to have in your whole life, how many would that be? ENTER '999' if THEY DO NOT KNOW OR '888' if THEY REFUSE TO RESPOND</p>	_____ideal no. of children	If SAC (0)	IDEALFS
D11	<p><b>What is your current occupation?</b></p> <p>Read out options and ask the respondent to select the option that best matches any work they are doing currently.</p> <p>Probe: what work do you do on a regular basis? This can be paid or unpaid labour.</p> <p><b>What job do you hope to have when you have finished your studies?</b></p> <p>For example: teacher, scientist, government official, technology/IT, social care, healthcare professional, lawyer, other. Write '888' if the respondent refuses to answer.</p>	Unemployed, not looking for paid work (1) Unemployed, looking for work (2) Agriculture – paid (3) Agriculture – unpaid (4) Unskilled manual – paid (5) Unskilled manual – unpaid (6) Skilled manual (7) Sales & services (8) Homemaker (9) Professional/ technical / managerial (10) Student (11) Refused (888)  [Open Text]		JOB <b>Commented [ZSH28]:</b> Include
D12			If JOB(11) and AGE[14-20]	JOB_ADO
D13	<p><b>Have you ever been forced or obliged to leave your place of origin to relocate to another region in the same country or across an international border?</b></p>	Yes (1) No (0) Don't know (999) Refuse (888)		DISPLACE <b>Commented [PR29]:</b> We strongly encourage that you include this module on displacement in your questionnaire this year until we can incorporate into routine data collection systems. If not including, please provide an explanation below.
D14	<p><b>Where did you move from and where did you move to?</b></p> <p>SELECT THE APPROPRIATE DISPLACEMENT STATUS BASED ON THE INTERVIEWEE'S RESPONSE</p>	Refugee (country of origin is in a different country) (1) IDP (habitual residence is a different area) (2) Returned refugee (returned to country of origin) (3) Returned IDP (returned to habitual area of residence) (4) Don't know (999) Refuse (888)	If DISPLACED (1)	WHERE <b>Commented [ZSH30R29]:</b> Include <b>Commented [PR31R29]:</b> I will include the full set on displacement! <b>Commented [ZSH32R29]:</b> ok
D15	<p><b>If you feel comfortable, can you share the main reason for leaving your country / place of origin?</b></p>	Yes (1) No (0) Don't know (999) Refuse (888)	If DISPLACED (1)	WHY_DISPA

D16	<p><b>I will read out some reasons to you, can you please let me know what your main reason for leaving was.</b></p> <p>Read out answers. If the respondent gives more than one answer, ask them to confirm what the main reason for leaving was.</p>	<p>Forced displacement due to armed conflict and violence (1)  Displacement due to natural disaster/climate concerns (2)  Economic reasons (3)  Education (4)  Other (5)  Don't know (999)  Refuse (888)</p>	If WHY_DISPA (1)	WHY_DISPB
<p>Read to the respondent: "I would like to ask you some questions about difficulties you may have doing certain activities due to a health condition, as well as about your living situation more generally. I realize some of these questions seem unrelated to healthcare and may be sensitive, but they help us to understand what our clients' living situations are like, and the more we understand the better services we can provide. Your answers will not affect the service you receive or the price you pay, now or in the future. If you do not feel comfortable at any point during the questions, please let me know. Remember that you may decline to answer any question or end the interview at any time.</p> <p>Could you please indicate for the following questions whether you have no difficulty, some difficulty, a lot of difficulty, or you cannot do the activity at all?"</p>				
<p><b>D11 (WG-SS) (WS HY4 HGA)</b></p> <p><b>Do you have difficulty seeing?</b></p> <p>For example, when reading books, newspapers, smart phone or signs, or identifying people across the road</p> <p><b>D12 (WG-SS) (WS H Y4H GAO)</b></p> <p><b>Do you have difficulty hearing?</b></p> <p>For example, hearing when others talk, or when answering the phone</p>				
D13 (WG-SS) (WS H Y4H GAO)	<p><b>Do you have difficulty sitting, standing, walking or climbing steps?</b></p> <p>For example, sitting without support, standing up from a chair, walking independently inside, or outside the house, or climbing steps</p> <p><b>Do you have difficulty remembering or concentrating?</b></p> <p>For example, forgetting appointments or medication, losing track of time, or difficulty finding places</p>	<p>No – no difficulty (0)  Yes – some difficulty (1)  Yes – a lot of difficulty (2)  Cannot do at all (3)  Don't know (999)  Refused (888)</p> <p>No – no difficulty (0)  Yes – some difficulty (1)  Yes – a lot of difficulty (2)  Cannot do at all (3)  Don't know (999)  Refused (888)</p> <p>No – no difficulty (0)  Yes – some difficulty (1)  Yes – a lot of difficulty (2)  Cannot do at all (3)  Don't know (999)  Refused (888)</p> <p>No – no difficulty (0)  Yes – some difficulty (1)  Yes – a lot of difficulty (2)  Cannot do at all (3)  Don't know (999)  Refused (888)</p>	DIS1	Commented [ZSH33]: Include D11-D16
D14 (WG-SS) (WS H Y4H GAO)			DIS2	
			DIS3	
			DIS4	

D15 (WG- SS) (WIS H Y4H GAC)	<p><b>Do you have difficulty with self-care?</b></p> <p>For example, with eating, dressing, bathing, or toileting</p>	No – no difficulty (0) Yes – some difficulty (1) Yes – a lot of difficulty (2) Cannot do at all (3) Don't know (999) Refused (888)	DIS5
D16 (WG- SS) (WIS H Y4H GAC)	<p><b>Using your usual language, do you have difficulty communicating?</b></p> <p>For example, understanding others or being understood</p>	No – no difficulty (0) Yes – some difficulty (1) Yes – a lot of difficulty (2) Cannot do at all (3) Don't know (999) Refused (888)	DIS6

For the following questions about living conditions read the questions to the respondent exactly as they are written. Do not read the answer options. Select the answer that best matches the respondent's answer. Please complete all questions.

D18 (MPI) (W SH Y4H GAC CIFI)	<p><b>Have any household members completed 6 years or more of schooling?</b></p>	Yes – (1) No – (0) Other (666) Refused (888)	MPI_YS
D19 (MPI) (W SH Y4H GAC CIFI)	<p><b>Are all household members aged [Enter country-specific government-required school years] currently attending school [or, during school breaks:] Did all household members aged [Enter country-specific government-required school years] attend school during the most recent school year?</b></p>	Yes – (1) No – (0) Don't know (999) Not applicable (no household member in the age range) (998) Refused (888)	MPI_SC
D20 (MPI) (WIS H Y4H GAC CIFI)	<p><b>Has a household member under 18 died in your household in the past five years?</b></p>	Yes – (1) No – (0) Refused (888)	MPI_C

For the next questions: read questions to respondent exactly as written and try to match the respondents answer to the options. If the respondent is struggling to answer then read out the first set of options as a prompt and use visual aids to improve respondents' comprehension. All questions must be answered.

**Commented [PR34]:** Remember to update this in your final questionnaire template.

**Commented [PR35R34]:** Country specific government required school years:

**7-15** : AF, ETH, MALI, NIGER, SA, TZN, ZAM

**6-14** : BAN, BF, CAM, DRC, GHN, IN, KEN, MAD, MALAWI, MX, NIGERIA, PNG, SEN, SL, TL, UG, VT,

YEM, ZIM,

**5-13** : MYA, NEP, PAK, SRL

D21 (MPI) (W) SH Y4H GAC CIFI	<b>Thinking of your home, what is the main material of your floor?</b>  USE THE TOP SET/DEPRIVED OF OPTIONS AND VISUAL AID PROMPTS IF RESPONDENT STRUGGLES TO ANSWER.	Earth/sand, dung, wood planks, palm/bamboo (natural floor) (1) Parquet or polished wood, Vinyl or asphalt strips, ceramic tiles, cement, carpet (Finished floor) (0) Other (666) Refused (888)		MPI_FLR
D22 (MPI) (WIS) H Y4H GAC CIFI	<b>Thinking of your home, what is the main materials of your walls?</b>  USE THE TOP SET/DEPRIVED OF OPTIONS AND VISUAL AID PROMPTS if RESPONDENT STRUGGLES TO ANSWER.	No wall, cane/ palm/ trunks, dirt, bamboo with mud, stone with mud, uncovered adobe, plywood, cardboard, reused wood (natural or rudimentary walls) (1) Cement, stone with lime/cement, bricks, cement blocks, covered adobe, wood planks / shingles (finished walls) (0) Other (666) Refused (888)		MPI_WALL
D23 (MPI) (WIS) H Y4H GAC CIFI	<b>Thinking of your home, what is the main material of your roof?</b>  USE THE TOP SET/DEPRIVED OF OPTIONS AND VISUAL AID PROMPTS if RESPONDENT STRUGGLES TO ANSWER.	No roof, thatch/ palm/ leaf, sod, rustic mat, palm/bamboo, wood planks, cardboard (natural roofing) (1) Metal, wood, calamine/cement fiber, ceramic tiles, cement, roofing shingles (finished roofing) (0) Other (666) Refused (888)		MPI_ROOF
D24 (MPI) (WIS) H GAC CIFI	<b>Is the toilet or latrine shared with other households?</b>	Yes (1) No (0) Refused (888)		MPI_TOSHR
D25 (MPI) (WIS) H Y4H GAC CIFI	<b>What kind of toilet facility do members of your household usually use?</b>  USE THE TOP SET/DEPRIVED OF OPTIONS AND VISUAL AID PROMPTS if RESPONDENT STRUGGLES TO ANSWER.	Flush to unknown, pit latrine without slab / open pit, composting toilet, bucket, hanging toilet / hanging latrine, no facilities, bush/field (natural / rudimentary toilet) (1) Flush to piped sewer system / septic tank / pit – latrine, Ventilated improved pit latrine – VIP, pit latrine with slab pit latrine without slab/open pit (improved toilet) (0) Other (666) Refused (888)	If MPI_TOSHR (0)	MPI_TO

D26 (MPI) (WIS) H Y4H GAC CFI	<b>What type of fuel does your household mainly use for cooking?</b>  USE THE TOP SET/DEPRIVED OF OPTIONS AND VISUAL AID PROMPTS IF RESPONDENT STRUGGLES TO ANSWER.	Straw/shrubs/grass, agricultural crop, animal dung (1) Electricity, liquid propane gas (LPG), natural gas, biogas, kerosene, coal/lignite, charcoal, wood (0) Other fuel (666) No food cooked in the household (998) Refused (888)		MPI_CF
D27 (MPI) (WIS) H Y4H GAC CFI	<b>How long does it take to get to your drinking water source, get water and come back?</b>	More than a 30-minute walk (1) Less than a 30-minute walk (0) Refused (888)		MPI_WADIS
D28 (MPI) (WIS) H Y4H GAC	<b>What is the source of drinking water in your household?</b>	Unprotected well or spring, tanker truck, surface water (river/ lake), cart with small tank (1)  Piped to house or yard, public tap, borehole or tube well, a protected well or spring, rainwater, or bottled or sachet water (0) Refused (888)	If MPI_WATDIS (0) or (999)	MPI_WAT
D29 (MPI) (WIS) H Y4H	<b>Do you have electricity at home?</b>	Yes (1) No (0) Refused (888)		MPI_ELEC
D30 (MPI) (WIS) H Y4H GAC	<b>Does your household own a car or truck?</b>	Yes (1) No (0) Refused (888)		MPI_TRUCK
D31 (MPI) (WIS) H Y4H GAC	<b>Does your household own more than one of the following assets?</b>  <b>Telephone, radio, TV, bicycle, motorbike, computer, animal cart, or refrigerator?</b>	Yes (1) No (0) Refused (888)	If MPI_TRUCK (1)	MPI_ASSETS

*Please indicate what language you would like us to use for questions on abortion care into your 2024 questionnaire this year.*

- **Abortion/Safe Abortion Care**

**Commented [PR36]:** Don't forget to indicate here your preferred language for us to use on abortion!

**Commented [ZSH37R36]:** MSIA preferred language is post abortion care.

- **SA/PAC**
- **MSP/MSMP**
- **Other**   
*Please specify:*
- **Remove all references to abortion entirely**   
*Please explain:*