

FACILITATOR REFERENCE: SAMPLE QUESTIONNAIRE ON MATERNAL HEALTH SERVICES

I. INVESTIGATOR INFORMAT	ION
Name of Investigator:	Starting Time:
Date:	Ending Time:
II. LEAD-IN/INTRODUCTION	1
Hello, my name is	, and I work for Healthy Mothers, Healthy
Children, a coalition of organization	ns and citizens collecting information on maternal health
services in Swellentsia.	
(Modify the introduction to sound a	as natural as possible.) Instruction to investigator: please use
pencils and circle the code where applicable	e and write the answers in legible handwriting in the spaces provided
for responses.	
III. FILTER QUESTIONS	
1) Have any women in your house	hold given birth in the last two years?
2) If yes, may I speak with her/the	em?
IV. DEMOGRAPHIC QUESTIO	NS
1) What is your name?	
2) What is your age? years	
3) Location/Address:	



4) What is your monthly household income? 1 - < D 2,500

2- D 2,501-7,000

3 - D 7,000

V. QUESTIONS ON MATERNAL HEALTH SERVICES

GENERAL

- 5) Which type of health facility did you visit for maternal health services during your most recent pregnancy?
- 1- Government clinic/hospital (Skip to Q.7)
- 2- Private clinic/hospital
- 3-NGO
- 4- Traditional birth attendant
- 6) If you did not use a government clinic/hospital, what was the primary reason?
- 1- Service not satisfactory
- 2- Long waiting periods
- 3- Doctors are not available
- 4- Medicines are not available
- 5- Long distance
- 6- Treatment is costly

(If respondent has not used a government clinic, the interview ends here).

ACCESSIBILITY

- 7) How long does it take you to travel to the government primary health clinic?
- 1- Less than 30 min.
- 2-30 min. to 1 hour
- 3-1 hour to $1\frac{1}{2}$ hours



5- More than 2 hours
8) Which mode of transport do you use to go to the government primary health clinic?
1- Walking
2- Bicycle
3- Public transportation
4- Car
9) What was the average amount of time that you waited to see medical staff when you
visited the clinic?
1- Less than 30 min.
2- 30 min. to 1 hour
3- 1 hour to 1 ½ hours
4- 1 ½ to 2 hours
5- More than 2 hours
HEALTH SERVICES RECEIVED DURING PREGNANCY
10) Did you receive medical care during your pregnancy at the government primary health
clinic?
1- Yes
2- No (Skip to Q.15)
11) How many times did you visit the clinic during your pregnancy?
1- 1 to 3 visits

4- 1 ½ to 2 hours

2- More than 3 visits



- 12) What health services did you receive when you visited the clinic during your pregnancy? (multiple responses)
- 1- Physical examination (including weight, blood pressure, heart rate)
- 2- Gynaecological examination
- 3- Ultrasound
- 4- HIV/STD testing
- 5- Blood tests
- 6- Nutritional supplements
- 7- Tetanus vaccine
- 13) Were any complications detected during your pregnancy?
- 1-Yes
- 2- No (Skip to Q.15)
- 14) Were you referred to a secondary hospital for treatment of these complications?
- 1-Yes
- 2- No

HEALTH SERVICES RECEIVED DURING DELIVERY

- 15) During delivery, were you attended by a skilled birth attendant (doctor, nurse, or midwife)?
- 1- Yes
- 2- No



16) Who were you attended by?
1- Doctor
2- Nurse
3- Midwife
17) How satisfied were you with the care you received from the skilled birth attendant?
1- Completely Satisfied
2- Partially Satisfied
3. Neither satisfied nor dissatisfied
4- Dissatisfied
18) What were the reasons for your dissatisfaction? (open-ended)
19) Did you experience any complications during delivery?
1- Yes
2- No (Skip to Q.24)
20) Did the primary clinic provide emergency care for these complications?
1- Yes (Skip to Q.24)
2- No
21) Were you taken to a secondary hospital for emergency care?
1- Yes (Skip to Q. 24)
2- No



22) What was the primary reason you did not receive emergency care?
1- No skilled birth attendant
2- Necessary drugs unavailable
3- Necessary medical supplies/equipment unavailable
4- No transport to secondary hospital 5- Other (Please specify:)
23) What happened as a result of not receiving emergency care? (open-ended question)
HEALTH SERVICES RECEIVED AFTER DELIVERY
24) Did you receive medical care after delivery?
1- Yes
2- No (Skip to Q.29)
25) How many times did you visit the clinic after delivery?
1- 1 to 2 visits
2- More than 2 visits
26) What health services did you receive when you visited the clinic after your delivery?
(multiple responses)
1- Physical examination
2- Counselling on breastfeeding
3- Contraceptives
4- Blood test for anemia



5- Nutritional supplements
6- Information on warning signs of problems
27) Did you experience any problems after your delivery?
1- Yes
2- No (Skip to Q.29)
28) Did you receive a referral to a secondary hospital? 1- Yes
2- No
<u>COSTS</u>
29) In total, how much did your household spend for maternal health services during your las
pregnancy?
1- Less than D100
2- D200–D400
3- More than D400
30) Did you pay any bribes for maternal health services?
1- Yes
2- No (Skip to Q.33)
31) For what purpose was the bribe paid? (open-ended)



32) Was it demanded or did you pay it on your own?
1- Demanded
2- Paid on my own
SATISFACTION
33) Overall, how satisfied were you with the maternal health services you received?
1- Completely satisfied
2- Partially satisfied
3- Dissatisfied
SUGGESTIONS
34) What are your suggestions for improving maternal health services at government primar
health clinics? (open-ended)