

## Client Exit Interview

### INSTRUCTIONS TO INTERVIEWER:

Ask each female client of reproductive age as they leave the health facility if they would be willing to take a short survey. A client has the option to not take the survey, and her decision should be respected. The interview should be administered in a private area away from the health facility to ensure confidentiality. Care should be taken to discuss the anonymous nature of the interview when recruiting clients to take the survey. It is essential that you gain her informed consent before beginning the interview, so the following introduction should be given.

### GREETING/ VERBAL CONSENT FORM

Good morning/afternoon. My name is \_\_\_\_\_

Thank you for taking the time to talk with me. This survey is meant to take only 5 to 10 minutes. I am, on behalf of Save the Children, asking questions of women such as yourself in order to improve the quality of health services offered at this health facility. If you agree to be interviewed, I will be asking you questions about your ideas and attitudes regarding your experience at the health center today. Some of the questions I will ask you are questions about family planning. This information will only be used to help develop better health services for women at this health facility.

If you decide that you do not want to participate in the study, or decide at any time in the future that you do not want to participate, it will not affect the services you receive at this health facility now or in the future. Your privacy will be protected and your name will not be linked to your responses. No one, including the health provider you saw today will know your answers are linked to you.

Your opinions and experiences are important to us, so please be honest and truthful in answering our questions. Your answers will be confidential and kept secret. If you agree to be interviewed, we will go to a place where no one can hear us talking. If you are uncomfortable with a question, you do not have to answer it if you do not want. You may also stop the interview at any time.

It will take about 5 to 10 minutes for us to complete the questionnaire. Do you have any questions about the study?

Signature of Person Administering Consent: \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Respondent Number: \_\_\_\_\_

***If client consents to be interviewed, please check this box:*** ☐

***If client refuses to be interviewed, please check this box:*** ☐

## Client Exit Interview

Date of Interview: \_\_\_\_\_ Time of Interview: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_ District: \_\_\_\_\_  
 Interviewer Name: \_\_\_\_\_ Interviewer Number: \_\_\_\_\_  
 Respondent Number: \_\_\_\_\_

### Section 1 General Questions

Thank you for letting me ask you some questions about your experience at the health facility today. Let's begin: **(YES, NO, DON'T KNOW, NO RESPONSE)**

1. Do you think that the time you waited to be seen by a health care provider today is reasonable? Y N DK NR

2. Do you feel satisfied with the comfort and cleanliness of the waiting place? Y N DK NR

3. Do you feel satisfied with the comfort and cleanliness of the consultation room or of the room for procedure? Y N DK NR

4. Was the examination conducted in a room where other people were present or could hear your conversation? Y N DK NR

5. Was the time spent in consultation with the health care provider sufficient to discuss your needs? Y N DK NR

6. Did the healthcare worker treat you politely and with respect? Y N DK NR

7. Do you believe that the information that you shared about yourself with the provider will be kept confidential? Y N DK NR

8. Do you feel you had the opportunity to ask questions and clarify doubts? Y N DK NR

9. Do you feel comfortable discussing your health care problems with the healthcare worker? Y N DK NR

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**10.** Would you recommend this health facility to your family and friends? Y N DK NR

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**11.** Did you receive any family planning service (FP method or FP counselling) from this health center, either during today's visit or a prior visit? Y N DK NR

**If YES → go to Section 2.**

**If No, DK or NR → go to Question 12.**

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**12.** Did a health provider discuss family planning services with you today? Y N DK NR

**If YES → go to question 13.**

**If NO, DK or NR → go to question 14.**

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**13.** Can you please share the reason why you did NOT start a method of family planning today? (Ask as open question, do not offer answer options)

Circle One:

- a) Trying to become pregnant
- b) Breastfeeding
- c) absence of the husband
- d) Opposition to use (by respondent, husband, someone else)
- e) Lack of knowledge about methods
- f) Method-related concerns (fear side effects, inconvenient, interference with body processes, etc.)
- g) Difficulty accessing methods of birth control (cost, waiting time, etc.)
- h) Other (**please write in reason**) \_\_\_\_\_

**Circle one  
response at left**

**(Skip to Question 15 now and end survey).**

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**14.** Would you have liked to receive information regarding family planning services from the health provider today? Y N DK NR

If yes, offer to refer to the facility focal point for family planning.

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**15.** Please tell us anything that you think we need to know in order to improve the services provided here.

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**Section 2 Family Planning**

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**This section should only be asked of those clients who started a method of family planning at this health center either today or on a previous visit– those who answered “YES” to Question 10.**

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**16.** What method of family planning did you receive today or on a previous visit to this health center?

Circle one:

- a) Oral Contraceptive Pills
- b) Injectable
- c) Implant
- d) IUD
- e) Tubal Ligation
- f) Condom

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**17.** Did you receive the family planning method that you wanted?

**If YES → go to Question 19.**

**If NO, DK or NR → go to Question 18.**

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Y N DK NR

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**18.** If you did not receive the family planning method you wanted, what method did you want? **(Ask as open question, do not offer answer options)**

Circle one:

a) Oral Contraceptive Pills

b) Injectable

c) Implant

d) IUD

e) Tubal Ligation

f) Condom

g) Other **(please write in)** \_\_\_\_\_

**Circle one  
Response at  
left**

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**19.** Did you participate in the decision about the method you received?

Y N DK NR

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**20.** Did the health worker teach you how to use the method you were given?

Y N DK NR

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**21.** Did the health worker talk to you about the common side effects with that method?

Y N DK NR

**If NO, DK, or NR → go to Question 23.**

**If YES, → go to Question 22.**

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**22.** Did the health worker tell you how to take care of those side effects?

Y N DK NR

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**23.** Did the health worker tell you about any possible serious complications for which you should come back to the health facility for treatment?

Y N DK NR

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**24.** Did the health worker give you a date when you should come back for additional doses of family planning or for a check-up?

Y N DK NR

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**25.** Did you have to pay for any family planning services (commodities or counselling) that you received from the facility?

Y N DK NR

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For which service did you pay?

- a) Family Planning Method
- b) Consultation Card
- c) Pregnancy Test
- d) Medication (for side effects, infection prevention, etc)
- e) Other (write)
- f) Don't Know
- g) No Response

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Who did you pay for the services you received?

- a) In-Charge
- b) Nurse
- c) Pharmacist
- d) Receptionist / Cashier
- e) Other (write)
- f) Don't Know
- g) No Response

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**26.** Overall, how satisfied would you say you were with the family planning services you received at this health facility? Would you say you were: (check the right box)

- 1 ) Very Satisfied ☐
- 2) Somewhat Satisfied ☐
- 3) Somewhat Dissatisfied ☐
- 4) Very Dissatisfied ☐

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**27.** Would you recommend the family planning services offered at this facility to your friends and family?

Y N DK NR

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**28.** Please tell us anything that you think we need to know in order to improve the services provided here.

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End the interview by saying:

Thank you very much for your time, and for your willingness to help improve the health services at this health facility. Do you have any other questions?