**EXIT INTERVIEW FOR FAMILY PLANNING CLIENTS**

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|  | **Name of Facility:**  **District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|  | **Activity: In-reach [ ] Outreach [ ]**  Name of venue**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|  | **City: Date:** | | |
|  | **Introduction to participant:**  We are trying to learn from the people who use family planning services in order to do our work in a better way. This is not a test. We only have a few questions and this should only take a few minutes of your time. Your participation is completely voluntary and there is no pay. Are you willing to answer a few questions about the service(s) you received today?  Yes **[ ]** No **[ ]** *terminate interview* | | |
|  | How old are you? | | 18-20 [ ] 20-30 [ ] 30-40 [ ] over 40 years [ ] |
|  | How did you get to know that this event was happening? | | *(Tick all that apply)*  On a sign at a health facility [ ] At a road show rally [ ]  At a community meeting [ ] On a street banner [ ]  Community health worker [ ] Youth member [ ]  Friend [ ] Spouse [ ] Relative [ ]  Leaflet/Fliers [ ] Internet/Facebook [ ]  Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Before today, had you heard any messages or information about or from Tupange? | | |
|  | Yes **[ ]** No **[ ]** (*skip to Q5)* | | |
|  | **If yes:** Where did you hear or see these message or information about Tupange? (Tick all that apply) | | |
|  | Mass media and print | Radio **[ ]** Television **[ ]** Newspaper/magazine **[ ]**  Booklet **[ ]** Poster/leaflet/fliers **[ ]**  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Social media | Facebook **[ ]** SMS **[ ]** Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Materials | Umbrella **[ ]** Calendar **[ ]** T-shirt **[ ]**  Health worker’ uniform/coat **[ ]**  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Outdoor promotions | On a sign at a health facility **[ ]** At a road show / rally **[ ]**  At a community meeting **[ ]** On a street banner **[ ]**  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Interpersonal/ word of mouth | Community/health worker **[ ]**  Youth/women groups **[ ]**  Friend **[ ]** Relative and other persons **[ ]**  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | Don’t know/Don’t remember **[ ]** | |
|  |  | | |
|  | What made you decide to come for the services here today?  Services are free [ ] Venue is convenient for me [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | What health service(s) had you come to receive when you came here today? *[Tick all that apply].*  Family Planning **[ ]** Child Welfare **[ ]** Immunization **[ ]** De-worming [ ]  Cervical Cancer screening **[ ]** Treatment for illness **[ ]** Other(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | What service(s) did you actually receive? Tick all that apply  Family Planning **[ ]** Child Welfare **[ ]** Immunization **[ ]** De-worming **[ ]** Cancer screening **[ ]**  Curative services **[ ]** Other(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ None/no service [ ]  ***If no service received end interview here.*** | | |

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|  | **ASK Qn 9-16 only** to those that received Family Planning services; for other services, **SKIP to Qn 17** |
|  | **For Family Planning**, did you come - To start FP [ ] For review [ ] To change FP method [ ]  To remove implant [ ] To remove IUCD [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **ASK ONLY IF** Client came to remove implant or IUCD: Why did you want the **implant or IUCD removed**?  To have another child [ ] Discomfort with method [ ] Pressure from spouse [ ]  Other [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Were you given the FP method that you came for? Yes [ ] No [ ]  If no, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Are you satisfied with the information you were given about how to use the FP method you received?  **Yes** **[ ] No [ ]** |
|  | Did the service provider tell about any side effects that you might experience with your FP method?  **Yes** **[ ] No [ ]** |
|  | Did the service provider tell you what to do if you experience any side effects with your FP method?  **Yes** **[ ] No [ ]** |
|  | Were you given any educational materials on family planning to take home? **Yes** **[ ] No [ ]** |
|  | Did the service provider give you a date when you should come back for more family planning or for a check-up? **Yes** **[ ] No [ ]** |
|  | **Qns 16-21, ASK ALL CLIENTS** WHO RECEIVED ANY HEALTH SERVICE, INCLUDING FP |
|  | In general, were you satisfied with the service(s) you received today? **Yes [ ] No [ ]**  Is there anything you did not like about the services today? **Yes** **[ ] No [ ]**  **If YES:** What you did **NOT** like about the services today?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | How long did you have to wait before you were first seen by a service provider? \_\_\_\_\_\_\_**hrs** \_\_\_\_ **min** |
|  | Was the time spent in consultation enough to discuss your needs? **Yes** **[ ] No [ ]** |
|  | Did you feel you had enough privacy during your consultation? **Yes** **[ ] No [ ]** |
|  | Did you find the service area to be clean? **Yes** **[ ] No [ ]** |
|  | Please tell us anything else that you think we could do in order to improve the family planning services we are providing in your community  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Thank you very much for your time. This information is very helpful for us. And thank you for choosing to use family planning.