



Interviewer Name & Tel No: \_\_\_\_\_ Questionnaire No \_\_\_\_\_

**EXIT INTERVIEW FOR FAMILY PLANNING CLIENTS**

<b>Name of Facility:</b> _____		<b>District</b> _____	
<b>Activity:</b>	<b>In-reach</b> [ ]	<b>Outreach</b> [ ]	<b>Name of venue:</b> _____
<b>City:</b>	<b>Date:</b> _____		
<p><b>Introduction to participant:</b>          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 [ ] <i>terminate interview</i></p>			
<b>1.</b>	How old are you?	18-20 [ ] 20-30 [ ] 30-40 [ ] over 40 years [ ]	
<b>2.</b>	How did you get to know that this event was happening?	<i>(Tick all that apply)</i> 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) _____	
<b>3.</b>	Before today, had you heard any messages or information about or from Tupange?		
<b>4.</b>	Yes [ ] No [ ] <i>(skip to Q5)</i>		
<b>5.</b>	<b>If yes:</b> Where did you hear or see these message or information about Tupange? <i>(Tick all that apply)</i>		
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 [ ]		
<b>6.</b>	What made you decide to come for the services here today? Services are free [ ] Venue is convenient for me [ ] Other _____		
<b>7.</b>	What health service(s) had you come to receive when you came here today? <i>[Tick all that apply].</i> Family Planning [ ] Child Welfare [ ] Immunization [ ] De-worming [ ] Cervical Cancer screening [ ] Treatment for illness [ ] Other(specify) _____		
<b>8.</b>	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 [ ]		
<b><i>If no service received end interview here.</i></b>			



Interviewer Name & Tel No: \_\_\_\_\_

Questionnaire No \_\_\_\_\_

**ASK Qn 9-16 only** to those that received Family Planning services; for other services, **SKIP to Qn 17**

<b>9.</b>	<b>For Family Planning</b> , did you come - To start FP [ ] For review [ ] To change FP method [ ] To remove implant [ ] To remove IUCD [ ] Other _____
<b>10.</b>	<b>ASK ONLY IF</b> Client came to remove implant or IUCD: Why did you want the <b>implant or IUCD removed?</b> To have another child [ ] Discomfort with method [ ] Pressure from spouse [ ] Other [ ] _____
<b>11.</b>	Were you given the FP method that you came for? Yes [ ] No [ ] If no, why? _____
<b>12.</b>	Are you satisfied with the information you were given about how to use the FP method you received? Yes [ ] No [ ]
<b>13.</b>	Did the service provider tell about any side effects that you might experience with your FP method? Yes [ ] No [ ]
<b>14.</b>	Did the service provider tell you what to do if you experience any side effects with your FP method? Yes [ ] No [ ]
<b>15.</b>	Were you given any educational materials on family planning to take home? Yes [ ] No [ ]
<b>16.</b>	Did the service provider give you a date when you should come back for more family planning or for a check-up? Yes [ ] No [ ]
<b>Qns 16-21, ASK ALL CLIENTS WHO RECEIVED ANY HEALTH SERVICE, INCLUDING FP</b>	
<b>17.</b>	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 [ ] <b>If YES:</b> What you did <b>NOT</b> like about the services today? _____
<b>18.</b>	How long did you have to wait before you were first seen by a service provider? _____ hrs _____ min
<b>19.</b>	Was the time spent in consultation enough to discuss your needs? Yes [ ] No [ ]
<b>20.</b>	Did you feel you had enough privacy during your consultation? Yes [ ] No [ ]
<b>21.</b>	Did you find the service area to be clean? Yes [ ] No [ ]
<b>22.</b>	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.