

Client Exit Interview questionnaire

General Information

District Name	
Name of Facility:	Type of Facility: Pvt Hospital/Clinic/Trust Hospital (Tick one)
ICC name:	Type of day : <input type="checkbox"/> Routine day <input type="checkbox"/> FDS – FP <input type="checkbox"/> FDS – Ca Cx
Date of Interview (DD/MM/YYYY)	Name and Designation of the Observer:

Client Information

Client S. no.:	Age:	# of living children:	Age of youngest child:
Religion			<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Others _____
1. How did you come to know about this facility/FDS?		<input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Newspaper <input type="checkbox"/> Posters/ Banners/ Hoardings <input type="checkbox"/> Religious leaders <input type="checkbox"/> Friends/ relatives <input type="checkbox"/> Health worker / CM <input type="checkbox"/> Other _____	
2. Which services did you receive from this facility /FDS?		<input type="checkbox"/> FST <input type="checkbox"/> NSV <input type="checkbox"/> IUCD-5yrs <input type="checkbox"/> IUCD-10yrs <input type="checkbox"/> DMPA <input type="checkbox"/> Condom <input type="checkbox"/> OCP <input type="checkbox"/> Ca Cx screening <input type="checkbox"/> Ca Cx treatment <input type="checkbox"/> Others (specify) _____	
3. Did an ASHA, AWW, ANM, or CM visit you to provide counselling and referral to this facility for family planning/Ca Cx service? (tick all that applies)		<input type="checkbox"/> Family planning <input type="checkbox"/> Ca Cx <input type="checkbox"/> Not told	
4. Were you provided with the informed choice on FP methods or options on Ca Cx screening methods?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Were you counselled on pre procedure's side effects and complications?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Was the waiting time alright or too long?		<input type="checkbox"/> Alright <input type="checkbox"/> too long	
7. While waiting -			
<ul style="list-style-type: none"> • Did you have a place to sit? • Was drinking water available? • Was the facility clean? • Functional toilet facility available? 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Was the behavior of the staff polite and courteous? Did you feel free to ask questions?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Did you feel free to ask questions with facility provider/Counsellor?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Did you have adequate privacy during counselling and examination?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Did you receive post procedure counselling, written/verbal instructions / cards?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Do You know that you need to get treated/referred if screened positive for Ca Cx?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Do You know when to come back for rescreening if screened negative for Ca Cx?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. When can you resume sexual intercourse (in case of Sterilization/ IUCD/treatment by Cryotherapy)?		<input type="checkbox"/> Knows well <input type="checkbox"/> Does not know	
15. When should You report to the facility immediately (in case of complication after treatment by Cryotherapy/ in case of complication post acceptance of FP methods)?		<input type="checkbox"/> Knows well <input type="checkbox"/> Does not know	
16. In the case of NSV: Do you need to use some other method of contraception for a certain period? If yes, for how long?		<input type="checkbox"/> Yes, _____(specify time) <input type="checkbox"/> No	
17. Did you know when to visit the facility for post procedure follow up?		<input type="checkbox"/> Yes, ____ days <input type="checkbox"/> doesn't know <input type="checkbox"/> no follow up required	
18. Did your CM/Paramedics/ASHA/AWW accompany you to the facility? If yes, who?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Did someone pay or arrange for your transportation to reach this facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. In case of sterilization, did you get any compensation money? If yes, How much?		<input type="checkbox"/> Yes, Amount..... <input type="checkbox"/> No	