



Women Exit Interview for Family Planning and Potential Integration Clients – Nigeria 2011 (Hausa)

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WOMEN AND CHILDREN HOSPITAL..... 12				MISSION HOSPITAL..... 31																																																			
CHILD WELFARE CLINIC..... 13				FAITH-BASED HOME/HEALTH																																																			
GOVT. HEALTH CENTRE..... 14				CENTRE..... 32																																																			
GOVT. HEALTH POST/DISPENSARY..... 15				OTHER																																																			
MATERNITY HOME..... 16				OTHER NGO HOSPITAL..... 41																																																			
OTHER PUBLIC..... 18				OTHER NGO CLINIC..... 42																																																			
(SPECIFY)				OTHER..... 96																																																			
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NURSING/MATERNITY HOME..... 24				(SPECIFY)																																																			
OTHER PRIVATE..... 29				(SPECIFY)																																																			
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PARTICIPANT ELIGIBILITY/SCREENING QUESTIONS			
No.	Questions	Coding	Skip
Q1.	Did you see a provider today for health care services? <i>Shin yau kin ga ma'aikaciyar lafiya saboda ayyukan inganta lafiya?</i>	YES.....1 NO.....2→	END INTERVIEW
Q2.	How old were you at your last birthday? <i>Shekarun ki nawa cikakku?</i>	AGE IN YEARS [] []	STOP IF YOUNGER THAN 15 OR OLDER THAN 49

INFORMATION ABOUT VISIT			
	QUESTIONS	CODING	SKIP/NOTES
Q3.	RECORD THE TIME THE INTERVIEW STARTED [24-HOUR TIME]	[] [] : [] []	
Now I would like to talk to you about the health services for which you had come today to this facility. <i>Yanzu ina so nayi miki Magana a kan ayyukan tsarin iyali da kika zo yi a yau a wannan asibiti.</i>			
Q4.	What was the <u>main service</u> that you came for today? <i>Wanne muhimmin aiki kika zo ayi miki a yau?</i>	FAMILY PLANNING----- 01 ANTENATAL CARE----- 02 DELIVERY SERVICES ----- 03 POSTNATAL CARE ----- 04 POST-ABORTION CARE ----- 05 GROWTH MONITORING----- 06 CHILD IMMUNIZATION ----- 07 STI MANAGEMENT ----- 08 HIV/AIDS MANAGEMENT ----- 09 CURATIVE SERVICES ----- 10 VCT ----- 11 OTHER ----- 96 (SPECIFY)	Q22
Q5.	What was the <u>main purpose</u> of coming for a family planning visit today? <i>Wanne muhimmin dalili ya sa ki ka zo tsarin iyali a yau?</i> IF RESPONDENT DOES NOT SPONTANEOUSLY MENTION ANY OF THE OPTIONS LISTED. PROBE BY READING THE LIST & SAYING WHICH OPTION BEST DESCRIBES WHY YOU VISITED THE FACILITY TODAY. IF NONE OF THE OPTIONS APPLY, WRITE IN THE PURPOSE IN "OTHER". CIRCLE ONLY ONE RESPONSE.	START USING FAMILY PLANNING FOR THE FIRST TIME.....01 RESUPPLY OF CONTRACEPTIVE.....02 FOLLOW-UP WITHOUT ANY PROBLEM.....03 FOLLOW-UP WITH PROBLEM04 STOP CONTRACEPTIVE.....05 RESTART FAMILY PLANNING.....06 SWITCH TO A DIFFERENT METHOD.....07 Other ----- 96 (SPECIFY)	

Q6.	<p>Before today's visit, what are all of the things you have done or methods you have used to avoid a pregnancy?</p> <p><i>Kafin ziyarar yau,wanne irin hanya (hanyoyi) na tsarin iyali ki ka yi amfani da shi?</i></p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>DAILY PILLA MALE CONDOM B FEMALE CONDOM C IUD..... D SPERMICIDE/FOAM/JELLY..... E DIAPHRAGM F INJECTABLES.. . . . G IMPLANT H NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL)I BREASTFEEDING/LAM J MALE STERILIZATION K FEMALE STERILIZATION..... L EMERGENCY CONTRACEPTION M OTHER X (SPECIFY) NONE..... Y →</p>	Q16
Q7.	<p>Were you using any FP method the last time you had sex?</p> <p><i>Kina da wani kariya da ki ke amfani dashi ne kafin ki sadu da mijin ki?</i></p>	<p>Yes 1 No 2 →</p>	Q9
Q8.	<p>Which method(s) were you using?</p> <p><i>Wacce hanya(hanyoyi) kike amfani da ita?</i></p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>DAILY PILLA MALE CONDOM B FEMALE CONDOM C IUD..... D SPERMICIDE/FOAM/JELLY..... E DIAPHRAGM F INJECTABLES.. . . . G IMPLANT H NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL)I BREASTFEEDING/LAM J MALE STERILIZATION K FEMALE STERILIZATION..... L EMERGENCY CONTRACEPTION M OTHER X (SPECIFY)</p>	
Q9.	<p>Are you currently using a FP method?</p> <p><i>A halin yanzu wacce hanya kike amfani da ita?</i></p>	<p>YES..... 1 NO..... 2 →</p>	Q13
Q10.	<p>Which method(s) are you using?</p> <p><i>Wacce hanya(hanyoyi) kike amfani da ita?</i></p> <p>CIRCLE ALL MENTIONED</p>	<p>DAILY PILLA MALE CONDOM B FEMALE CONDOM C IUD..... D SPERMICIDE/FOAM/JELLY..... E DIAPHRAGM F INJECTABLES.. . . . G IMPLANT H NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL)I BREASTFEEDING/LAM J MALE STERILIZATION K FEMALE STERILIZATION..... L EMERGENCY CONTRACEPTION M OTHER X (SPECIFY)</p>	

Current User				
Q11. During your consultation today, did the provider: <i>Yayin da ake duba ki yau, shin ko ma'aikaciya:</i>	YES	NO	DON'T KNOW	NOT APPLIC
a. Ask the reason for your visit? <i>Ta tambayeki dalilin ziyara?</i>	1	2	8	7
b. Ask specifically about any problems you were having (or have had) with the current method? <i>Tayi tambaya ta musamman akan wata matsala da kike da ita (ko kika samu) da hanyar yanzun?</i>	1	2	8	7
c. Suggest any action(s) to resolve the problem? <i>Bada shawara (shawarwari) da za a magance matsaloli?</i>	1	2	8	7
d. Ask your reproductive goal? <i>Ta tambayeki burin ki na haihuwa?</i>	1	2	8	7
e. Provide information about different FP methods? <i>Ta tambaye ki tsarin iyalin da ki ka fi so?</i>	1	2	8	7
f. Ask about your FP preference? <i>Ta tambaye ki tsarin iyalin da ki ka fi so?</i>	1	2	8	7
g. Talk about possible side effects with the <u>current</u> method you are using? <i>An yi Magana akan larurar da zata iya faruwa da hanyar da ki ke amfani da ita a yanzu?</i>	1	2	8	7
h. Tell you what to do if you have any problems with the <u>current</u> method you are using? <i>An gaya miki abin da za kiyi idan kin samu matsala da hanyar da ki ke amfani da ita a yanzu?</i>	1	2	8	7
i. Tell you when to return for follow-up? <i>An gaya miki yaushe za ki dawo a kara duba ki?</i>	1	2	8	7

Q12.	What was the outcome of this visit—did you decide to continue the same method, stop using method, or switch methods? <i>Menene sakamakon wannan ziyarar-Shin ko kin yanke shawara cigaba da amfani da wannan hanyar, daina amfani da hanyar ko kuma canja wata hanya?</i>	CONTINUE WITH SAME METHOD.....1 SWITCH METHOD.....2 STOP USING METHOD (DUE TO PROBLEMS).....3 STOP USING METHOD (ELECTIVE-NO PROBLEMS).....4 OTHERS (SPECIFY).....6	→ Q19 → Q16e } → Q39
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Ever User – Not Using at Time of Visit			
Q13.	When was the last time you did something or used a method to avoid a pregnancy? <i>Yaushe ne lokaci na karshe da ka yi amfani da wata hanya domin hana daukan ciki?</i>	WITHIN 3 MONTHS1 MORE THAN 3-6 MONTHS AGO2 MORE THAN 6 MONTHS -1 YEAR AGO.. 3 MORE THAN 1 YEAR AGO4	
Q14.	What was the last method(s) that you were using to avoid a pregnancy? <i>Wacce hanya ki ka yi amfani da ita daga karshe domin hana daukan ciki?</i> MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	DAILY PILLA MALE CONDOM B FEMALE CONDOM C IUD..... D SPERMICIDE/FOAM/JELLY..... E DIAPHRAGM F INJECTABLES.. . . . G IMPLANT H NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL)I BREASTFEEDING/LAM J MALE STERILIZATION K FEMALE STERILIZATION..... L EMERGENCY CONTRACEPTION M OTHER(SPECIFY)X	

Q15.	<p>Why did you stop using the method(s)?</p> <p><i>Me yasa ki ka daina amfani da hanyar?</i></p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>MISSED PILL OR INJECTIONA NO ACCESSB NO MONEYC NOT AVAILABLED DIDN'T KNOW WHERE TO GET THE METHODE INCONVENIENT TO USE.....F WANTED TO GET PREGNANT.....G INFREQUENT/NO SEX.....H HUSBAND AWAY.....I HEALTH CONCERNS.....J FEAR OF SIDE EFFECTS.....K PARTNER DISAPPROVED.....L OTHERS DISAPPROVED.....M METHOD FAILED/GOT PREGNANT.....N LACK OF SEXUAL SATISFACTION.....O MENSTRUAL PROBLEMS.....P GAINED WEIGHT.....Q OTHERX</p> <p>(SPECIFY)</p>	
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Never/Ever User			
Q16. During your consultation today, did the provider: <i>Yayin da ake duba ki yau,shin ko ma'aikaciya:</i>	YES	NO	DON'T KNOW
a. Ask the reason for your visit? <i>Ta tambayeki dalilin zuwan ki?</i>	1	2	8
b. Ask your reproductive goal? <i>Ta tambayeki dalilin zuwan ki?</i>	1	2	8
c. Provide information about different FP methods? <i>Tayi miki bayani akan hanyoyi dabam dabam na tsarin iyali?</i>	1	2	8
d. Ask about your preference? <i>Ta tambaye ki tsarin iyalin da ki ka fi so?</i>	1	2	8
e. Help you select a method? <i>Ta taimaka miki wajen zaben hanya?</i>	1	2	8
f. Explain how to use this method? <i>Tayi miki bayanin yadda ake amfani da wannan hanyar?</i>	1	2	8
g. Talk about possible side effects? <i>Tayi miki Magana larurar da zata iya faruwa?</i>	1	2	8
h. Tell you what to do if you have any problems? <i>Ta gaya miki abun da za kiyi idan kin samu ko wacce irin matsala?</i>	1	2	8
i. Tell you when to return for follow-up? <i>Ta gaya miki yaushe za ki koma a kara duba ki?</i>	1	2	8

Q17.	<p>Did you know what family planning method you wanted to use before you came here today during your visit?</p> <p><i>Shin ko kin san wacce irin hanyar tsarin iyali kike son kiya amfani da da ita kafin kizo nan yau?</i></p>	<p>YES 1 NO 2 →</p>	Q19
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Q18.	<p>What method was that?</p> <p><i>Wacce irin hanya ce?</i></p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>DAILY PILLA</p> <p>MALE CONDOMB</p> <p>FEMALE CONDOMC</p> <p>IUD.....D</p> <p>SPERMICIDE/FOAM/JELLY.....E</p> <p>DIAPHRAGMF</p> <p>INJECTABLES.....G</p> <p>IMPLANTH</p> <p>NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL)I</p> <p>BREASTFEEDING/LAMJ</p> <p>MALE STERILIZATIONK</p> <p>FEMALE STERILIZATION.....L</p> <p>EMERGENCY CONTRACEPTIONM</p> <p>OTHERX</p> <p>(SPECIFY)</p>	
Q19.	<p>Did you receive a contraceptive method today?</p> <p><i>Shin ko kin karbi wata hanyar tsarin iyali yau?</i></p>	<p>YES1 →</p> <p>NO2</p>	Q21
Q20.	<p>Did you receive a referral, or prescription for a family planning method today?</p> <p><i>Shin ko kin samu an tura ki wani wuri ko an tsara miki wata hanya domin tsarin iyall a yau?</i></p>	<p>YES, RECEIVED REFERRAL.....1</p> <p>YES, RECEIVED PRESCRIPTION.....2</p> <p>NO, DID NOT RECEIVE ANYTHING. . . . 3 →</p> <p>ALREADY USING.....4 →</p>	Q39 Q39
Q21.	<p>(For) What method(s)?</p> <p><i>A kan wacce hanya?</i></p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>DAILY PILLA</p> <p>MALE CONDOMB</p> <p>FEMALE CONDOMC</p> <p>IUD.....D</p> <p>SPERMICIDE/FOAM/JELLY.....E</p> <p>DIAPHRAGMF</p> <p>INJECTABLES.....G</p> <p>IMPLANTH</p> <p>NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL)I</p> <p>BREASTFEEDING/LAMJ</p> <p>FEMALE STERILIZATION.....L</p> <p>EMERGENCY CONTRACEPTIONM</p> <p>OTHERX</p> <p>(SPECIFY)</p>	ALL SKIP TO Q39

POTENTIAL INTEGRATION USERS			
Q22.	<p>Were there other health concerns you wanted to learn about today that you did not discuss with the doctor or nurse?</p> <p><i>Ko kina da wasu matsalolin da suka shafi lafiya wanda ba ki tattauna su da ma'aikacin ko likitan ba?</i></p>	<p>YES1 →</p> <p>NO2</p>	Q24
Q23.	<p>What were those health concerns related to?</p> <p><i>Shin wadannan al'amuran lafiyan me suka shafa?</i></p> <p>DO NOT READ LIST. MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>ANTENATAL CAREA</p> <p>DELIVERY SERVICESB</p> <p>POSTNATAL CAREC</p> <p>GROWTH MONITORINGD</p> <p>STI MANAGEMENTE</p> <p>HIV/AIDS MANAGEMENTF</p> <p>CURATIVE SERVICESG</p> <p>NUTRITION SERVICES/INFORMATION.H</p> <p>CHILD IMMUNIZATIONI</p> <p>POST-ABORTION CARE.J</p> <p>VOLUNTARY COUNSELING TESTING.....K</p> <p>FAMILY PLANNING.....L</p> <p>OTHER HEALTH SERVICES.....X</p>	

Q24.	CHECK Q4: IF ANTENATAL OR DELIVERY SERVICES (Q4=02 OR 03) <input type="checkbox"/> → Q29 IF ANY OTHER SERVICE, INCLUDING: INFANT GROWTH MONITORING (Q4=06) OR CHILD IMMUNIZATION (Q4=07) OR STI MANAGEMENT (Q4=08) OR HIV/AIDS MANAGEMENT (Q4=09) OR CURATIVE SERVICES (Q4=10) OR VCT (Q4=11) <input type="checkbox"/> ↓ POST NATAL CARE OR POST ABORTION CARE (Q4=04 OR 05) <input type="checkbox"/> → Q26	
Q25.	Are you currently pregnant? <i>Yanzu haka kina da ciki ne?</i>	YES.....1 → Q29 NO.....2 UNSURE.....8
Q26.	Are you currently doing anything to prevent pregnancy? <i>A yanzu haka kina yin wani abu da zai hana daukan ciki?</i>	YES 1 → Q28 NO 2
Q27.	Why aren't you using a method of family planning/birth spacing to delay or avoid pregnancy? <i>Shin me yasa bakya amfani da wata hanya ta tsarin iyali/tazara tsakanin haihuwa dan hutuwa ko kin daukan ciki?</i> MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	FERTILITY RELATED REASONS INFREQUENT SEX/NO SEXA HUSBAND/PARTNER IS AWAY.....B MENOPAUSAL/HYSTERECTOMY.....C BREASTFEEDING.....D CAN'T HAVE CHILDREN.E WANTS AS MANY CHILDREN AS POSSIBLEF WANTS TO GET/TRYING TO GET PREGNANT.....G POSTPARTUM AMENORRHEA.....H OPPOSITION TO USE: RESPONDENT OPPOSESI PARTNER OPPOSESJ OTHERS OPPOSE.....K RELIGIOUS PROHIBITIONL LACK OF KNOWLEDGE: KNOWS NO METHODM DON'T KNOW HOW TO USE METHODN KNOWS NO SOURCEO METHOD-RELATED REASONS: HEALTH CONCERNSP FEAR OF SIDE EFFECTSQ LACK OF ACCESS/TOO FARR COSTS TOO MUCHS INCONVENIENT TO USET DON'T LIKE EXISTING METHODS.....U BAD EXPERIENCE WITH EXISTING METHODS.....V FATALISTIC: UP TO GOD.....W OTHERX DON'T KNOWZ

ALL
SKIP
TO Q29

Q28.	<p>What method are you using? <i>Wacce hanya kike amfani da ita?</i></p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>DAILY PILLA MALE CONDOM B FEMALE CONDOM C IUD..... D SPERMICIDE/FOAM/JELLY..... E DIAPHRAGM F INJECTABLES..... G IMPLANT H NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL) I BREASTFEEDING/LAM J MALE STERILIZATION K FEMALE STERILIZATION..... L EMERGENCY CONTRACEPTION M OTHER X (SPECIFY)</p>	
Q29.	<p>During this visit, did you see or receive any information about family planning? <i>A lokacin wannan ziyara, shin ko kin samu bayanin akan tsarin iyali?</i></p>	<p>YES 1 NO 2</p>	<p>→ Q32</p>
Q30.	<p>How did you get this information? <i>Shin ta yaya kika samu wannan bayanin?</i></p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>PROVIDER SPOKE ABOUT FP.....A YOU ASKED ABOUT FP B SAW A VIDEO..... C PARTICIPATED IN A GROUP DISCUSSION... D SAW WRITTEN MATERIALS..... E OTHER: X</p>	
Q31.	<p>Which methods were discussed in the information you saw or received? <i>Shin ta yaya kika samu wannan bayanin?</i></p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>DAILY PILLA MALE CONDOM B FEMALE CONDOM C IUD..... D SPERMICIDE/FOAM/JELLY..... E DIAPHRAGM F INJECTABLES..... G IMPLANT H NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL) I BREASTFEEDING/LAM J MALE STERILIZATION K FEMALE STERILIZATION..... L EMERGENCY CONTRACEPTION M OTHER X (SPECIFY)</p>	
Q32.	<p>Do you know if you can obtain family planning methods or services at this facility? <i>Shin ko kin san zaki iya samun ayyukan tsarin iyali a wannan asibiti?</i></p>	<p>YES, CAN RECEIVE FP HERE.....1 NO, CANNOT RECEIVE FP HERE.....2 DON'T KNOW.....8</p>	<p>→ Q35</p>
Q33.	<p>Did you receive a family planning method, referral, or prescription for a family planning method today? <i>Shin ko kin samu an tura ki wani wuri dan hanyar tsarin iyali ko an tsara miki wata hanya ta tsarin iyali a yau?</i></p>	<p>YES, RECEIVED METHOD 1 YES, RECEIVED REFERRAL.....2 YES, RECEIVED PRESCRIPTION.....3 NO, DID NOT RECEIVE ANYTHING. 4 ALREADY USING.....5</p>	<p>→ Q35 → Q41</p>

Q34.	For what method(s)? <i>A kan wacce hanya (hanyoyi)?</i> MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	DAILY PILLA MALE CONDOMB FEMALE CONDOMC IUD.....D SPERMICIDE/FOAM/JELLY.....E DIAPHRAGMF INJECTABLES.....G IMPLANTH NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL)I BREASTFEEDING/LAMJ FEMALE STERILIZATION.....L EMERGENCY CONTRACEPTIONM OTHERX (SPECIFY)	ALL SKIP TO Q41
Q35.	If the provider HAD offered you family planning counseling or services during your visit would you have been interested? <i>In da ace ma'aikaciyar asibiti ta baki shawara ko ayyuka akan tsarin iyali a lokacin ziyarar ki, za kiyi sha'awar hakan?</i>	YES 1 NO 2 DON'T KNOW 8	Q38 Q38
Q36.	What method(s) would you be interested in? <i>Shin wacce hanya zaki yi sha'awa?</i> MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	DAILY PILLA MALE CONDOMB FEMALE CONDOMC IUD.....D SPERMICIDE/FOAM/JELLY.....E DIAPHRAGMF INJECTABLES.....G IMPLANTH NATURAL METHODS (STANDARD DAYS/CYCLE BEADS/ WITHDRAWAL)I BREASTFEEDING/LAMJ MALE STERILIZATIONK FEMALE STERILIZATION.....L EMERGENCY CONTRACEPTIONM OTHERX (SPECIFY)	

Q37a. ADD FP METHOD CODES FROM Q36 ABOVE	Q37b. Would you be willing to pay for METHOD? <i>Shin za ki so ki biya a hanyar?</i>	Q37c. If YES, how much would you be willing to pay (in Naira) for METHOD? <i>Shin nawa za ki so ki biya (da Naira) a hanyar?</i>	
(1) METHOD <input type="checkbox"/>	YES.....,1 NO.....2→ (2)	ANY AMOUNT.....9995 DON'T KNOW..... 9998 AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
(2) METHOD <input type="checkbox"/>	YES.....,1 NO.....2→ (3)	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ALL SKIP TO Q41
(3) METHOD <input type="checkbox"/>	YES.....,1 NO.....2→(Q41)	AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

<p>Q38.</p>	<p>Why would you not be interested?</p> <p><i>Shin me yasa baza ki yi sha'awa ba?</i></p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>NOT APPROPRIATE TIME FOR DISCUSSION..... A</p> <p>NOT APPROPRIATE TIME BECAUSE CHILDREN WERE PRESENT..... B</p> <p>NOT COMFORTABLE WITH PROVIDER..... C</p> <p>DIDN'T HAVE TIME D</p> <p>WANT MORE CHILDREN. E</p> <p>NEVER THOUGHT OF IT F</p> <p>HUSBAND/PARTNER WOULD DISAPPROVE..... G</p> <p>SHE DISAPPROVES OF FP..... H</p> <p>CURRENTLY PREGNANT..... I</p> <p>RELIGIOUS PROHIBITIONS..... J</p> <p>BREASTFEEDING..... K</p> <p>POSTPARTUM AMENORRHEA..... L</p> <p>INFREQUENT/NO SEX..... M</p> <p>HUSBAND/PARTNER AWAY..... N</p> <p>MENOPAUSAL/HYSTERECTOMY..... O</p> <p>CAN'T HAVE CHILDREN..... P</p> <p>HEALTH CONCERNS..... Q</p> <p>FEAR OF SIDE EFFECTS..... R</p> <p>TOO EXPENSIVE..... S</p> <p>LACK ACCESS TO METHOD ON REGULAR BASIS..... T</p> <p>INCONVENIENT TO USE..... U</p> <p>DON'T LIKE EXISTING METHODS..... V</p> <p>BAD EXPERIENCE WITH EXISTING METHODS..... W</p> <p>METHOD INTERESTED IN NOT AVAILABLE..... Y</p> <p>OTHER X</p> <p>(SPECIFY)</p>	<p>ALL SKIP → TO Q41</p>
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INFORMATION ABOUT CLIENT'S SATISFACTION			
	QUESTIONS	CODING	SKIP
	<p>I would like to begin by asking you some questions about the services you received today. Please refer to the provider that provided you with the most information during your visit. The provider will not learn of your responses, so please be honest. This information will help improve family planning services.</p> <p><i>Yanzu inaso na fara da yi miki wasu tambayoyi akan ayyukan da kika samu yau. Ki gaya min ma'aikaciyar da ta baki yawancin bayanen lokacin ziyara. Ma'aikaciyar ba zata ji amsoshin ki ba, ki fadi gaskiya. Wannan bayani zai taimaka wajen inganta ayyukan tsarin iyali.</i></p>		
<p>Q39.</p>	<p>In addition to the family planning services you received, did you receive any other health services from the service provider today?</p> <p><i>Harda ayyukan tsarin iyali da kika karba, shin ko kin karbi kowanne irin aikin lafiya daga ma'aikaciyar lafiya a yau?</i></p>	<p>YES 1</p> <p>NO 2 →</p>	<p>Q41</p>
<p>Q40.</p>	<p>What other services did you receive?</p> <p><i>Wadanne ayyukan kuma kika samu?</i></p> <p>DO NOT READ LIST. MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>ANTENATAL CARE A</p> <p>DELIVERY SERVICES B</p> <p>POSTNATAL CARE C</p> <p>GROWTH MONITORING D</p> <p>STI MANAGEMENT E</p> <p>HIV/AIDS MANAGEMENT F</p> <p>CURATIVE SERVICES G</p> <p>NUTRITION SERVICES/INFORMATION..... H</p> <p>CHILD IMMUNIZATION I</p> <p>POST-ABORTION CARE. J</p> <p>VCT..... K</p> <p>OTHER HEALTH SERVICES: X</p>	

Q41.	About how long did you wait between the time you first arrived at this facility and the time you saw staff for a consultation? <i>Shin tun zuwan ki asibitin nan har tsawon wanne lokaci kika jira kafin ganin wani ma'aikaci domin a duba ki?</i>	<15 MINUTES1 16-30 MINUTES2 31-45 MINUTES3 46-60 MINUTES4 61-90 MINUTES5 91-120 MINUTES6 >120 MINUTES7 DON'T KNOW8	
Q42.	Do you feel that your waiting time was reasonable or too long? <i>Shin ki na zaton lokacin da kika jira yayi dai dai gwargwado ko yayi tsawo?</i>	NO WAITING TIME; WAS SEEN IMMEDIATELY1 REASONABLE AMOUNT OF TIME2 TOO LONG3 DON'T KNOW8	
Q43.	When meeting with the provider during your visit, do you think other clients could <u>see</u> you? <i>A lokacin ganawa da ka kika yi da malamin/malamar asibiti, shin ko ki na tunanin wasu sun gan ki?</i>	YES1 NO2	
Q44.	When meeting with the provider during your visit, do you think other clients could <u>hear what you said</u> ? <i>Shin kina tunanin yayin ganawar ki da ma'aikacin asibiti a lokacin ziyara ko wasu sun ji me ku ka ce?</i>	YES1 NO2 DON'T KNOW8	
Q45.	Did you feel comfortable to ask questions during this visit? <i>Shin kin samu nutsuwar yin tambayoyi lokacin ziyarar?</i>	YES1 NO2	
Q46.	Did the provider ask you if you had any questions? <i>Shin ko ma'aikacin ya tambaye ki ko kina da wata tambaya?</i>	YES1 NO2	
Q47.	Did the provider answer all of your questions? <i>Shin ko ma'aikacin ya tambaye ki ko kina da wata tambaya?</i>	YES1 NO2 DON'T KNOW /REMEMBER.8	
Q48.	Do you believe that the information that you shared about yourself with the provider will be kept confidential? <i>Shin kina zaton bayanin da kika yiwa ma'aikacin asibitin za a ajiye shi cikin sirri?</i>	YES1 NO2 DON'T KNOW8	
Q49.	<i>During your visit, how were you treated by the provider? Would you say you were treated "very well", "well" or "not very well/poorly?"</i> <i>A yayin ziyarar, yaya malamin/malamar asibiti ta lura da ke? Za ki iya cewa ya/ta lura da ke sosai, lura kawai ko ba lura sosai/ba lura?</i>	VERY WELL1 WELL2 NOT VERY WELL/POORLY.3	
Q50.	<i>During your visit, how were you treated by the other staff? Would you say you were treated "very well", "well" or "not very well/poorly?"</i> <i>Yayin ziyara, shin yaya sauran ma'aikata suka lura da ke? Za ki iya cewa an lura da ke sosai, lura kawai ko ba lura sosai/ba lura?</i>	VERY WELL1 WELL2 NOT VERY WELL/POORLY.3 THERE WAS NO OTHER STAFF.4	
Q51.	Did you feel the information given to you during your visit today was too little, just about right, or too much? <i>Shin kina tunanin bayanin da aka yi miki a lokacin ziyarar ki yau yayi kadan, daidai ko yayi yawa?</i>	TOO LITTLE1 ABOUT RIGHT2 TOO MUCH3 DON'T KNOW8	
Q52.	Were you highly satisfied, satisfied, somewhat satisfied or not at all satisfied with your services at the facility today? <i>Shin yaya zuwan ki asibiti a yau ya kasance, kin gamsu sosai, ko kuma dai babu laifi, ko kuma ma baki gamsu ba?</i>	HIGHLY SATISFIED1 SATISFIED2 SOMEWHAT SATISFIED3 NOT AT ALL SATISFIED4	

Q53.	Will you use this facility for health care services in the future? <i>Shin za ki yi amfani da wannan asibitin domin samun ayyuka a nan gaba?</i>	YES1 NO2 DON'T KNOW8	
Q54.	Will you recommend this facility to family/friends/neighbors? <i>Shin za ki talla ta wannan asibiti ma iyalinki/kawayenki ko makwabtanki?</i>	YES1 NO2 DON'T KNOW8	
Q55.	CHECK Q4 SERVICE RECEIVED AND Q29 RECEIVING FP INFORMATION: IF Q4 = 01 FOR FP OR Q29 = YES <input type="checkbox"/> IF Q4 = ANYTHING OTHER THAN 01 AND Q29= NO <input type="checkbox"/> → Q58		
Q56.	Did the providers show you any printed informational (IEC) materials on family planning during their discussion with you? <i>Shin ko ma'aikacyar asibiti ta nuna miki wasu hotuna na tsarin iyali a lokacin da kuke tattaunawa?</i>	YES1 NO2	
Q57.	Were you given any printed informational (IEC) materials on family planning to take away with you during your visit? <i>Ko an baki ko wanne irin hoto a akan tsarin iyali domin ki tafi dashi lokacin ziyarar?</i>	YES1 NO2	
Q58.	Now I would like to ask you about the cost of your service today. What is the total amount you paid for all services or treatments you received at this facility today? Please include any money you paid for laboratory tests, supplies, and consultation fee. <i>Yanzu ina so nayi miki tambaya akan ayyukan da aka yi miki yau. Shin gaba ki daya nawa kika biya ga duk ayyukan ko magungunan da kika karba a wannan asibitin yau?</i> <i>Ki hada harda kudin da kika biya a gwaje gwaje, kudin ganin likita da kuma ko wane irin kudin da ki ka biya a wasu abubuwa.</i>	PAID NO MONEY 00000 DON'T KNOW99998 1) LAB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2) METHOD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3) CONSULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4) OTHER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> =TOTAL AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q59.	Do you have insurance or a similar institutional arrangement that pays for some or all of the services you received at this facility? <i>Shin kina da wata hanya ta musamman ko kusan irin wannan tsarin da ke biyan wasu ko dukkan ayyuka da kike karba a wannan asibitin?</i>	YES1 NO2 DON'T KNOW8	

INFORMATION ABOUT HEALTH FACILITY			
	QUESTIONS	CODING	SKIP
Now I would like to ask you some questions about your means of transport and access to health care facilities. <i>Yanzu ina so nayi miki wasu tambayoyi akan abun hawa da kuma inda zaki samu asibiti.</i>			
Q60.	How long did it take to come here today? <i>Shin tsawon wane lokaci ya dauke ki zuwa nan?</i>	<input type="text"/> <input type="text"/> <input type="text"/> Time in minutes (Don't know = 998)	
Q61.	What was the <u>main means</u> of transport that you used to get here? <i>Wanne irin abun hawa ki ka yi amfani dashi domin zuwa nan?</i>	WALK01 PUBLIC BUS02 TAXI03 BICYCLE04 TRICYCLE (KEKE NAPEP).....05 MOTORCYCLE/SCOOTER.....06 PRIVATE VEHICLE.....07 OTHER96 (SPECIFY)	

Q62.	<p>Why did you choose this facility for service today? <i>Shin me yasa kika zabi wannan asibitin domin aikin a yau?</i></p> <p>PROBE: Any other reason? <i>Da wani dalilin kuma?</i></p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>CLOSE TO YOUR HOME.....A CONVENIENT TO YOUR PLACE OF WORK.....B CONVENIENT OPERATING HOURSC YOU CAN REMAIN ANONYMOUS.....D GOOD REPUTATIONE STAFF ARE DISCREET/MAINTAIN CONFIDENTIALITYF IT IS MORE AFFORDABLEG WAS REFERRED TO THIS FACILITYH THIS FACILITY IS CLOSER TO YOUR WORK.....I THIS FACILITY IS FAR FROM MY HOME.....J PROVIDE GOOD QUALITY SERVICES.....K THEY PROVIDE DESIRED SERVICESL FACILITY ACCEPTS INSURANCE.....M PROVIDERS TREAT PATIENTS WELL.....N OTHER(SPECIFY) _____X DON'T KNOWZ</p>	
Q63.	<p>Is this the closest health facility to your place of work? <i>Shin wannan ne asibiti mafi kusa da wajen aikin ki daya ke da ayyukan?</i></p>	<p>YES 1 NO 2 DON'T WORK.....3 DON'T KNOW8</p>	
Q64.	<p>Is this the closest health facility to your home? <i>Shin wannan ne asibiti mafi kusa da gidan ki?</i></p>	<p>YES 1 → NO 2 DON'T KNOW8 →</p>	<p>Q67 Q67</p>
Q65.	<p>Which is the closest type of facility to your home? <i>Shin wanne irin asibiti ne mafi kusa da gidan ki?</i></p>	<p>PUBLIC SECTOR GOVT. HOSPITAL..... 11 WOMEN AND CHILDREN HOSPITAL..... 12 CHILD WELFARE CLINIC..... 13 GOVT. HEALTH CENTRE..... 14 GOVT. HEALTH POST/DISPENSARY..... 15 MATERNITY HOME..... 16 OTHER PUBLIC _____ 18 (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL..... 21 PRIVATE CLINIC..... 22 PRIVATE DOCTOR'S OFFICE..... 23 NURSING/MATERNITY HOME.....24 OTHER PRIVATE _____29 (SPECIFY) FBO MISSION HOSPITAL.....31 FAITH-BASED HOME/HEALTH CENTRE.32 OTHER NGO CLINIC/HOSPITAL.....41 VCT CLINIC.....42 OTHER (SPECIFY) _____96</p>	
Q66.	<p>What was the main reason you did not go to this facility near your home? <i>Shin wanne irin muhimmin dalili ne yasa baki je wannan asibiti na kusa da gidan ki ba?</i></p>	<p>INCONVENIENT OPERATING HOURS1 BAD REPUTATION 2 DON'T LIKE PERSONNEL.....3 NO MEDICINE4 PREFERS TO REMAIN ANONYMOUS5 IT IS MORE EXPENSIVE6 REFERRAL TO ANOTHER FACILITY7 FACILITY NOT OPEN.....8 FACILITY OF POOR QUALITY.....9 DO NOT PROVIDE DESIRED SERVICES10 PROVIDERS OFTEN AWAY.....11 DOES NOT ACCEPT INSURANCE.....12 PROVIDER TREATS PATIENTS POORLY.....13 OTHER(SPECIFY) _____96 DON'T KNOW98</p>	

Q67.	Do you use this health facility (the one closest to your home) for other health services? <i>Shin kina amfani da wannan asibitin (mafi kusa da gidanki) domin wasu ayyukan lafiya?</i>	YES 1 NO 2 →	Q69
Q68.	For what other health services do you go to this facility near your home? <i>Domin wadanne irin ayyukan lafiya kika je asibiti mafi kusa da gidan ki?</i> MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	ANTENATAL CARE A DELIVERY SERVICES B POSTNATAL CARE C GROWTH MONITORING D STI MANAGEMENT E HIV/AIDS MANAGEMENT F CURATIVE SERVICES G NUTRITION SERVICES/INFORMATION. H CHILD IMMUNIZATION I POST-ABORTION CARE. J VCT.....K FAMILY PLANNING. L OTHER HEALTH SERVICE X (SPECIFY)	
Q69.	When you or someone in your family needs drugs, do you usually purchase drugs from a pharmacy, a patent medical store (chemist), or other type of drug shop? <i>Shin ke ko wani a iyalan ki na son magunguna,ko kuna saya daga babban dakin shan magani, karamin dakin shan magani ko kowanne irin wurin sai da magani?</i>	PRIVATE PHARMACY.....1 PMS/CHEMIST.....2 OTHER(SPECIFY).....6	
Q70.	What type of drug shop is closest to your home? <i>Wanne irin wurin sai da magani yafi kusa da gidan ki?</i>	PRIVATE PHARMACY.....1 PMV/CHEMIST.....2 OTHER(SPECIFY).....6	

MEDIA EXPOSURE

Now i would like to ask you some questions about the different media sources from which you receive information.
Yanzu ina so nayi miki wasu tambayoyi akan hanyoyi dabam dabam na watsa labarai da ki ke samun bayanai.

SOURCE	QUESTIONS	CODING	SKIP
Q71.	<p>What are your main sources for receiving health information?</p> <p><i>Shin ta wadanne muhimman hanyoyi kike samun bayanin kiwon lafiya?</i></p> <p>PROBE SEPARATELY FOR:</p> <p>A. Media sources</p> <p>B. Health personnel sources</p> <p>C. Community sources</p> <p>D. Interpersonal sources</p> <p>PROBE: Any other source? (FOR EACH CATEGORY)</p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>	<p>Media Sources</p> <p>RADIOA</p> <p>TVB</p> <p>VIDEOSC</p> <p>NEWSPAPERSD</p> <p>MAGAZINESE</p> <p>FLYERS/LEAFLETS... ..F</p> <p>BILL BOARDS.....G</p> <p>WALL PAINTING.....H</p> <p>FACEBOOK.....I</p> <p>INTERNET.....J</p> <p>E-MAIL.....K</p> <p>SMS.....L</p> <p>Health Personnel Sources</p> <p>CLINICAL OFFICER/DOCTOR.....M</p> <p>NURSE/MIDWIFE.....N</p> <p>PHARMACIST.....O</p> <p>PATENT MEDICINE VENDOR(PMV)/CHEMIST...P</p> <p>COMMUNITY HEALTH WORKER.....Q</p> <p>TBAR</p> <p>TRADITIONAL HEALERS</p> <p>Community Sources</p> <p>MOBILE CINEMA.....T</p> <p>COMMUNITY VIEWING CENTER.....U</p> <p>VIDEO SHOPS/DENS.....V</p> <p>COMMUNITY OUTREACH EVENTS.....W</p> <p>PEER EDUCATION.....X</p> <p>SCHOOL.....Y</p> <p>NGOs.....Z</p> <p>FBOs/CHURCH/MOSQUES.....AA</p> <p>WOMEN'S GROUPS.....BB</p> <p>COMMUNITY MEETINGS.....CC</p> <p>Interpersonal Sources</p> <p>PARENTSDD</p> <p>IN-LAWSEE</p> <p>SPOUSE/PARTNERFF</p> <p>SIBLINGS.....GG</p> <p>SISTER/BROTHER IN-LAWS.....HH</p> <p>FRIENDS/NEIGHBORS.....II</p> <p>OTHER RELATIVES.....JJ</p> <p>OTHER SOURCES:XX</p> <p>NONE.....YY</p> <p>DON'T KNOW.....ZZ</p>	
Q72.	<p>Have you heard any family planning messages in the last three months?</p> <p><i>A cikin wata uku da suka shige kin ji wani sako na tsarin iyali?</i></p>	<p>YES.....1</p> <p>NO.....2 →</p> <p>DON'T REMEMBER.....8 →</p>	<p>Q74</p> <p>Q74</p>

<p>Q73.</p> <p>From where did you hear this (these) family planning message(s)?</p> <p><i>Daga ina kika samu wannan (wadanan) sako na tsarin iyali?</i></p> <p>PROBE: Any other places/by any other means?</p> <p>MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.</p>		<p>Media Sources</p> <p>RADIOA</p> <p>TVB</p> <p>VIDEOSC</p> <p>NEWSPAPERSD</p> <p>MAGAZINESE</p> <p>FLYERS/LEAFLETS... ..F</p> <p>BILL BOARDS.....G</p> <p>WALL PAINTING.....H</p> <p>FACEBOOK.....I</p> <p>INTERNET.....J</p> <p>E-MAIL.....K</p> <p>SMS.....L</p> <p>Health Personnel Sources</p> <p>CLINICAL OFFICER/DOCTOR.....M</p> <p>NURSE/MIDWIFE.....N</p> <p>PHARMACIST.....O</p> <p>PATENT MEDICINE VENDOR(PMV)/CHEMIST...P</p> <p>COMMUNITY HEALTH WORKER.....Q</p> <p>TBAR</p> <p>TRADITIONAL HEALERS</p> <p>Community Sources</p> <p>MOBILE CINEMA.....T</p> <p>COMMUNITY VIEWING CENTER.....U</p> <p>VIDEO SHOPS/DENS.....V</p> <p>COMMUNITY OUTREACH EVENTS.....W</p> <p>PEER EDUCATION.....X</p> <p>SCHOOL.....Y</p> <p>NGOs.....Z</p> <p>FBOs/CHURCH/MOSQUES.....AA</p> <p>WOMEN'S GROUPS.....BB</p> <p>COMMUNITY MEETINGS.....CC</p> <p>Interpersonal Sources</p> <p>PARENTSDD</p> <p>IN-LAWSEE</p> <p>SPOUSE/PARTNERFF</p> <p>SIBLINGS.....GG</p> <p>SISTER/BROTHER IN-LAWS.....HH</p> <p>FRIENDS/NEIGHBORS.....II</p> <p>OTHER RELATIVES.....JJ</p> <p>OTHER SOURCES:XX</p> <p>NONE.....YY</p> <p>DON'T KNOW.....ZZ</p>	
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PERSONAL CHARACTERISTICS OF CLIENT			
SOURCE	QUESTIONS	CODING	SKIP
Now i a.m going to ask you some questions about yourself. <i>Yanzu zan yi miki wasu tambayoyi game da ke.</i>			
Q74.	Have you ever attended school? <i>Shin kin taba shiga makaranta?</i>	YES.....1 NO.....2	→ Q77
Q75.	What is the highest level of school you attended: Quranic only, primary, junior secondary, senior secondary, or higher? <i>Wanne matsayi na ilmi kika samu?</i>	QURANIC ONLY.....0 PRIMARY.....1 JUNIOR SECONDARY (JSS).....2 SENIOR SECONDARY (SSS).....3 HIGHER.....4	→ Q77
Q76.	What is the highest (class/form/year) you completed at that level? <i>Wanne aji mafi nisa kika kammala a wannan matsayin?</i>	CLASS/FORM/YEAR.....[] []	

Q77.	What is your religion? <i>Menene addinin ki?</i>	CHRISTIAN, CATHOLIC.....1 CHRISTIAN, PROTESTANT/OTHER.....2 ISLAM.....3 TRADITIONAL.....4 NO RELIGION.....5 OTHER.....6 (SPECIFY)	
Q78.	What is your ethnic group? <i>Wacce kabila ce ke?</i>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> OFFICE USE ONLY	
Q79.	What is your current marital status? <i>Shin kina da aure?</i> PROBE FOR EXACT STATUS	CURRENTLY MARRIED.....1 LIVING WITH A MAN AS IF MARRIED .. 2 DIVORCED.....3 SEPARATED.....4 WIDOWED.....5 SINGLE, NEVER MARRIED6 } → Q82	
Q80.	Is your husband/partner living with you now, or does he stay elsewhere? <i>Shin mijin ki /abokin zaman ki na tare da ke yanzu ko yana zaune a wani waje?</i>	LIVING WITH YOU.....1 STAYING ELSEWHERE2	
Q81.	Have you ever discussed family planning with your husband/Partner? <i>Shin ko kin taba tattaunawa da maigidakni/abokin zaman ki akan tsarin iyali?</i>	YES1 NO2	
Q82.	In the last 6 months, have you discussed family planning with anyone else, apart from a husband or regular partner? <i>A cikin wata shida da suka shige, kin yi maganar tsarin iyali/tazara tsakanin haihuwa da wani dabam, ban da mijinki ko abokin ki na yau da kullum?</i>	YES 1 NO 2 DON'T KNOW8	
Q83.	CHECK Q4: FOR DELIVERY-RELATED SERVICE OR Q25 CURRENTLY PREGNANT <div style="display: flex; justify-content: space-between;"> <div> IF Q4= FAMILY PLANNING (01), GROWTH MONITORING (06), CHILD IMMUNIZATION (07), STI MANAGEMENT (08), HIV/AIDS MANAGEMENT (09), CURATIVE SERVICES (10), VCT (11), OTHER (96) AND <input type="checkbox"/> Q25 =2 OR 8 FOR NOT CURRENTLY PREGNANT </div> <div> IF Q4= ANTENATAL CARE (02), DELIVERY SERVICES (03), POSTNATAL CARE (04), OR POST-ABORTION CARE (05), OR <input type="checkbox"/> → Q85 Q25=1 FOR CURRENTLY PREGNANT </div> </div>		
Q84.	Have you ever been pregnant? <i>Shin ko kin taba samun ciki?</i>	YES 1 NO2 → Q86	
Q85.	How many living children of your own do you have? <i>Yara guda nawa rayayyu kike dasu?</i> RECORD NUMBER GIVEN.	NUMBER OF CHILDREN <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> NONE00 DON'T KNOW98	
Q86.	[After the birth of this child] Would you like to have (a/another) child in the future? <i>{Bayan haihuwar wannan yaro} Shin zaki so ki samu wani dan a nan gaba?</i>	YES 1 NO 2 DEPENDS ON HUSBAND ... 3 DEPENDS ON GOD 4 CAN'T GET PREGNANT.....5 DON'T KNOW8 } → Q88	
Q87.	[After the birth of this child] How long would you like to wait from now before the birth of (a/another) child? <i>{Bayan haihuwar wannan yaro} Har tsawon wanne lokaci daga yanzu kike son ki dakata kafin ki haifi wani da?</i>	LESS THAN A YEAR 1 ONE TO TWO YEARS 2 MORE THAN TWO YEARS 3 DON'T KNOW8	

Q88.	How many times have you had sex in the last three (3) months? <i>A cikin wata uku da suka shige sau nawa kika yi jima'i?</i>	NUMBER OF TIMES..... [] [] [] OR NONE.....000 DAILY.....991 WEEKLY.....992 MONTHLY.....993 OTHER.....996 (SPECIFY) DON'T KNOW.....998	
Q89.	Did anyone come with you to the facility today? <i>Shin ko kin zo da wani yayin ziyarar ki yau?</i>	YES.....1 NO.....2 →	Q91
Q90.	Who came with you? <i>Waye yazo da ke?</i> MULTIPLE RESPONSES POSSIBLE. CIRCLE ALL MENTIONED.	CHILD(REN).....A HUSBAND.....B MOTHER.....C MOTHER-IN-LAW.....D FRIEND.....E OTHER.....X	

Now I am going to ask you some questions about the household in which you live. <i>Yanzu ina so nayi miki wasu tambayoyi akan gidan da kike zaune.</i>			
Q91.	Where do you currently live? <i>Yanzu a ina kike da zama?</i>	VILLAGE/TOWN NAME..... LGA NAME..... OFFICE USE ONLY STATE NAME..... OFFICE USE ONLY	
Q92.	What is the predominant material that the roof of your house is made of? <i>Shin da mafi yawan me aka yi rufin gidan ki?</i> PROBE FOR PREDOMINANT MATERIAL USED; ONLY CIRCLE ONE RESPONSE.	NATURAL ROOFING NO ROOF.....11 THATCH/PALM LEAF /REED/GRASS..12 DUNG/MUD.....13 RUDIMENTARY ROOFING RUSTIC MAT.....21 PALM/BAMBOO.....22 WOOD PLANKS.....23 CARDBOARD.....24 PLASTIC BAGS.....25 TIN CANS.....26 CORRUGATED IRON SHEETS.....27 FINISHED ROOFING METAL/ZINC.....31 CERAMIC TILES.....33 CEMENT.....34 ROOFING SHINGLES.....35 ASBESTOS.....36 CONCRETE.....37 OTHER.....96 (SPECIFY)	

Q93.	What kind of toilet facility does your household have? <i>Shin wane irin bayan gida kike dashi a gidan ki?</i>	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM. .11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE.....14 FLUSH, DON'T KNOW WHERE15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT23 COMPOSTING TOILET31 BUCKET TOILET41 HANGING TOILET/HANGING LATRINE...51 NO FACILITY/BUSH/FIELD 61 OTHER_____96 (SPECIFY)	Q96		
Q94.	Is it inside or outside your dwelling? <i>Shin yana ciki ko wajen gidan?</i>	INSIDE DWELLING..... 1 OUTSIDE DWELLING..... 2			
Q95.	Do you share this toilet with other households? <i>Shin kina amfani da wannan bayan gida da wasu gidajen?</i>	YES 1 NO 2 DON'T KNOW.....8			
Q96.	What is the main source of drinking water for your household? <i>Ta wacce irin muhimmiyar hanya ake samun ruwan sha a gidan ki?</i>	PIPED WATER INTO DWELLING.....11 PIPED TO YARD/PLOT.....12 PUBLIC TAP/STANDPIPE.....13 TUBE WELL OR BOREHOLE.....21 DUG WELL PROTECTED WELL.....31 UNPROTECTED WELL.....32 WATER FROM SPRING PROTECTED SPRING.....41 UNPROTECTED SPRING.....42 RAINWATER WITHIN THE YARD/PLOT..... 51 OUTSIDE THE YARD/PLOT..... 52 TANKER TRUCK.....61 CART WITH SMALL TANK.....71 SURFACE WATER (RIVER/DAM/ RAKE/POND/STREAM/ CANAL).....81 BOTTLED WATER.....91 WATER DISPENSER 92 SACHETS 93 OTHER_____96			
Q97.	How many rooms in total are in your household, including rooms for sleeping but not including bathrooms and kitchen? <i>Shin ta wacce hanya kuka fi samun ruwan sha a gidanki?</i>	ROOMS (TOTAL)..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table>			
Q98.	Does your household have electricity? <i>Shin akwai wutar lantarki a gidan nan?</i>	YES1 NO.....2			

Q99.	Does this household have a generator? <i>Shin gidan ka na da janareta?</i>	YES1 NO.....2	
Q100.	Does your household have a mobile phone? <i>Shin akwai wayar hannu a gidan nan?</i>	YES1 NO.....2	
Q101.	Does your household have a radio? <i>Shin akwai rediyo a gidan nan?</i>	YES1 NO.....2	
Q102.	Does your household have electric/gas cooker/ burner? <i>Shin akwai murhun girki na lantarki/murhum gas a gidan nan?</i>	YES1 NO.....2	
Q103.	Does your household own a television? <i>Shin gidan na da talabijin?</i>	YES1 NO.....2	
Q104.	Does your household own an electric iron? <i>A nan gidan akwai dutsen guga?</i>	YES1 NO.....2	
Q105.	Does your household have subscription to any cable network? <i>A nan gidan akwai yanar gizo mai faifayi?</i>	YES1 NO.....2	
Q106.	Does your household own a VCR/DVD player? <i>A nan gidan akwai garmaho?</i>	YES1 NO.....2	
Q107.	Does your household own a mattress? <i>A nan gidan akwai katifa?</i>	YES1 NO.....2	
Q108.	Does your household own a refrigerator? <i>A nan gidan akwai firiji?</i>	YES1 NO.....2	
Q109.	Does your household own an electric fan? <i>A nan gidan akwai fanka?</i>	YES1 NO.....2	
Q110.	RECORD THE TIME WHEN THE INTERVIEW ENDED... [] [] : [] []		

Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!

INTERVIEWER'S COMMENTS: