CLIENT EXIT SURVEY

Heshima: Promoting dignified and respectful care during childbirth in Kenya

FACILITY IDENTIFICATION		
District:	Kiambu [___|___] Nyandarua [___|___] Kisumu [___|___] Nairobi [___|___] Uasin Gishu [___|___]	
Facility name: _____ Code		[___|___]
Facility type	01-Hospital 02-Health Centre 03- Nursing home 88-Other (Specify)_____	[___|___]
Type of sector	01-Government 02- Local Government/Council 03-Private 04- FBO	[___|___]
Consent given	0 - No 1- Yes	[___|___]
At what time did you deliver?	01 -Day 02- Night	[___|___]
Interview Outcomes	01 complete 02 partially completed 03 refused 88=OTHER (SPECIFY)_____	[___|___]
INTERVIEW DATE (DAY, MONTH, YEAR E.G. 02/02/14)		[___|___/___|___/___|___]
Language(S) Used To Conduct Interview	01=English 02=Kiswahili 03= Local Language Specify_____	[___|___]
INTERVIEWER'S NAME		[___|___]

	SUPERVISOR	EDITED BY	ENTERED BY
Name	_____	_____	_____
DATE	_____	_____	_____

TIME INTERVIEW STARTED: **[RECORD TIME IN 24-HOUR:** [___|___:___|___]

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Section A: Demographics		
NO	**Question**	**Options**
Now, I would like to ask you some questions about yourself and your health.		
1.	What village do you live in?	OPEN FIELD 98 DK 99 NR/RF
2.	How long have you been living continuously in (name of village)?	NUMERIC (years; if less than 1 year record '00') 98 DK 99 NR/RF
3.	How old are you?	NUMERIC 15+ 98 DK 99 NR/RF
4.	Have you ever attended school?	1 Yes 2 No → GOTO 7 99 NR/RF
5.	What is the highest level of school you attended?	1 Pre-Primary 2 Primary 3 Secondary 4 University 98 DK 99 NR/RF
6.	What is the highest (grade/form/year) you completed at that level?	NUMERIC 0-25 98 DK 99 NR/RF
7.	What is your religion?	1 Muslim 2 Catholic 3 Protestant 4 None 96 Other (specify) 98 DK 99 NR/RF
8.	What is your marital status?	1 Never married 2 Currently married 3 Separated 4 Divorced 5 Widowed 6 Cohabiting 98 DK 99 NR/RF
9.	What is your occupation, that is, what kind of work do you mainly do?	1 Homemaker 2 Farming 3 Teaching 4 Business 5 Small sales 6 Crafts or trades work 7 Services 8 Health work 9 Student 10 Not employed 96 Other (specify) 98 DK

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		99 NR/RF
10.	How well do you read?	1 Easily 2 With difficulty 3 Not at all 98 DK 99 NR/RF
11.	How well do you write?	1 Easily 2 With difficulty 3 Not at all 98 DK 99 NR/RF
12.	Over the course of your life, how many births have you had not including this one?	NUMERIC (if 0 GOTO 16) 98 DK 99 NR/RF
13.	How many of your children have died?	NUMERIC (if 0 GOTO 15) 98 DK 99 NR/RF
14.	How many of your children died before reaching 1 month of age?	NUMERIC 98 DK 99 NR/RF
15.	[*ask only if respondent has children still living, see Q12 and Q13*] In the last 12 months, how many times have you been to a health care facility for your children for any reason?	NUMERIC 98 DK 99 NR/RF
16.	In the last 12 months, how many times have you visited a health facility for yourself for any reason?	NUMERIC 98 DK 99 NR/RF
17.	Overall in the last 12 months, how would you rate your health?	1 Very good 2 Good 3 Moderate 4 Bad 5 Very Bad 98 DK 99 NR/RF
18.	In the last 12 months, have you felt seriously low-spirited or depressed?	1 Yes 2 No 98 DK 99 NR/RF
19.	Have you ever in your life been physically abused? By physical abuse I mean being hit, punched, slapped, kicked, strangled, etc.	1 Yes 2 No 98 DK 99 NR/RF
20.	Have you ever in your life been raped? By rape I mean being forced to have sex against your will.	1 Yes 2 No 98 DK 99 NR/RF
21.	Has anybody ever regularly or for a long period of time tried to verbally threaten, humiliate, repress, or frighten you, or tried to make you feel	1 Yes 2 No 98 DK

	worthless or unwanted?	99 NR/RF

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Section B: Household Characteristics		
NO	**Question**	**Options**
22.	How many people live in your household, including men, women and children?	NUMERIC 98 DK 99 NR/RF
23.	How many children in the household are under 5 years of age?	NUMERIC 98 DK 99 NR/RF
24.	How many women over age 18 live in this household?	NUMERIC 98 DK 99 NR/RF
25.	How many men over age 18 live in this household?	NUMERIC 98 DK 99 NR/RF
26.	Is the head of household a man or a woman?	1 Man (GOTO 28) 2 Woman 98 DK 99 NR/RF
27.	[*ask only if answer to Q27 is woman*] Are you the head of household?	1 Yes 2 No 98 DK 99 NR/RF
Section C: Asset Index		
28.	What is the main source of water for members of your household?	1 Piped water 2 Water from open well 3 Water from covered well or borehole 4 Surface water 96 Other (specify) 98 DK 99 NR/RF
29.	What kind of toilet facilities does your household have?	1 Flush toilet 2 Pit toilet/latrine 3 No facility/bush/field 96 Other (specify) 98 DK 99 NR/RF
30.	Does your household have electricity?	1 Yes 2 No 98 DK 99 NR/RF
31.	Does your household have a radio?	1 Yes 2 No 98 DK 99 NR/RF
32.	Does your household have a television?	1 Yes 2 No 98 DK 99 NR/RF
33.	Does your household have a telephone/mobile?	1 Yes 2 No

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		98 DK 99 NR/RF
34.	Does your household have a refrigerator?	1 Yes 2 No 98 DK 99 NR/RF
35.	What type of fuel does your household mainly use for cooking?	1 Main electricity 2 Bottled gas 3 Biogas 4 Paraffin/kerosene 5 Charcoal 6 Firewood 7 Dung 8 Crop residuals 9 Solar 96 Other (specify) 98 DK 99 NR/RF
36.	What is the main material of your floor?	1 Natural floor (earth, dung) 2 Rudimentary floor (wood planks, palm) 3 Finished floor (polished wood, tiles, cement, vinyl) 96 Other (specify) 98 DK 99 NR/RF
37.	What is the main material your walls are made of?	1 Grass 2 Poles and mud 3 Sundried bricks 4 Baked bricks 5 Timber 6 Cement bricks 7 Stones 8 Mabati / Iron Sheets 96 Other (specify) 98 DK 99 NR/RF
38.	What is the main material your roof is made of?	1 Grass/leaves/mud 2 Iron sheets 3 Tiles 4 Concrete 5 Asbestos 96 Other (specify) 98 DK 99 NR/RF
39.	How many rooms in your household are used for sleeping (including rooms outside the main dwelling)?	NUMERIC 98 DK 99 NR/RF
40.	Does any member of your household own a bicycle?	1 Yes 2 No 98 DK

		99 NR/RF
41.	Does any member of your household own a motor cycle or motor scooter?	1 Yes 2 No 98 DK 99 NR/RF
42.	Does any member of your household own a car or truck?	1 Yes 2 No 98 DK 99 NR/RF
43.	Does any member of your household own a bank account?	1 Yes 2 No 98 DK 99 NR/RF
44.	How many meals does your household usually have per day?	NUMERIC 98 DK 99 NR/RF
45.	Does your household have any mosquito nets that can be used while sleeping?	1 Yes 2 No 98 DK 99 NR/RF
Section E: Delivery Characteristics		
Now I'm going to ask you some questions about your recent delivery in this health facility.		
46.	a. Why did you choose this facility for the current delivery? (CIRCLE ALL THAT APPLY)	1 Nearest facility 2 Best facility/clean environment/good services 3 same facility used for ANC 4 to get services not available elsewhere 5. hospital of choice for delivery 6. affordable services 7. recommended by relative/friend 8. avoid congestion in other facilities 9. referred from another facility 10. well equipped facility with supplies 11. only option 12. facility offer specialized services 13. because of complications 14. Providers treat clients well 15. decision made by spouse 16. can use NHIF card 17. Like the facility 96 others specify 98 DK 99 NR/RF

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	b. Have you had another delivery in this facility before?	0 -Yes 1- No 2- N/A
47.	Were you sent from another facility to this facility at any point before, during, or after labor with current delivery? (CIRCLE ALL THAT APPLY)	1 Came directly to this facility 2 Sent from dispensary to this facility 3 Sent from health center to this facility 4 Sent from hospital to this facility 96 Other transfer (specify) 98 DK 99 NR/RF
48.	Approximately how many hours did it take you to travel to this health facility?	1. 0-30 minutes 2 up to 1 hour 3. 1-3 hours 4. more than 3 hours 98 DK 99 NR/RF
49.	How did you travel here? Please tell me the main method you used.	1 Walked 2 Bicycle 3 Motorcycle 4 Car (personal or borrowed) 5 Bus/train/other public transportation 96 Other (specify) 98 DK 99 NR/RF
50.	Did anyone come with you? (CIRCLE ALL THAT APPLY)	1 Mother 2 Father 3 Mother-in-law 4 Father-in-law 5 Husband 6 Child 7 Other relative 8 Friend 9 CHW 10TBA 11 Came alone 96 Other (specify) 98 DK 99 NR/RF
51.	How were you welcomed to the facility when you arrived?	1 Provider greeted me/and those in my company 2 provider offered a sit/bed to lie on 3 called me by my name 5 talked to in friendly manner 6 talked to in unfriendly manner 7 was kept waiting before being attended to 96 Other (specify) 98 DK 99 NR/RF
52.	Who was the **Main** person who conducted delivery of this baby?	1. Doctor (OBGYN) 2. Medical resident

		3. Medical intern 4. Nurse/Midwife 5. Clinical officer 6. Support staff/ aide 7. Student nurse/Midwife 8. Community health Worker 9 Traditional birth attendant 10. Relative/friend/support person 11. None 96 Other (specify)_____ 98 DK 99 NR/RF
53.	Who was the **Main** person who assisted you in the delivery of the baby before this one?	1. Doctor (OBGYN) 2. Medical resident 3. Medical intern 4. Nurse/Midwife 5. Clinical officer 6. Support staff/ aide 7. Student nurse/Midwife 8. Community health Worker 9 Traditional birth attendant 10. Relative/friend/support person 11. None 12. Did not have a delivery 96 Other (specify)_____ 98 DK 99 NR/RF
54.	Who was the **Main** person who assisted you for your second last delivery?	1. Doctor (OBGYN) 2. Medical resident 3. Medical intern 4. Nurse/Midwife 5. Clinical officer 6. Support staff/ aide 7. Student nurse/Midwife 8. Community health Worker 9 Traditional birth attendant 10. Relative/friend/support person 11. None 12. Did not have a delivery 96 Other (specify)_____ 98 DK 99 NR/RF
55.	How many days have you been in the hospital?	NUMERIC (round up to the nearest half day) 98 DK 99 NR/RF
56.	I**NTERVIEWER IF MOTHER REPORTS HOSPITAL STAY OF OVER 72 HOURS FIND OUT THE REASON WHY?**	Open field 99 NR/RF 98 N/A

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57.	Did you experience any of the following complications during or after your delivery? CIRCLE ALL THAT APPLY	1 Extreme pain 2 High blood pressure/seizures/blurred vision/severe headaches 3 Swelling in hands/feet 4 Baby was in distress/too large 5 Long labor (more than 12 hours) 6 Excessive bleeding 7 Infection (fever) 96 Other complications (specify) 97 experienced no complications 98 DK 99 NR/RF
58.	Did you receive any of the following around the time of your delivery?	1 Antibiotics or any other drugs by drip 2 Injection or pill to stop bleeding/contract uterus after baby was born 3 Manual removal of placenta or removal of retained products 4 Blood transfusion 5 Caesarean section (operation) 6 Vacuum extraction (suction to pull baby out) 98 DK 99 NR/RF

	Service	a. Amount paid	b. Official/ Receipted payment	c. Non official/ Non Receipted payment
59.	Delivery Costs	Kshs.....	Kshs.....	Kshs.....
60.	Provider's Fees	Kshs.....	Kshs.....	Kshs.....
61.	Drugs	Kshs.....	Kshs.....	Kshs.....
62.	Supplies	Kshs.....	Kshs.....	Kshs.....
63.	Medical tests/x-rays	Kshs.....	Kshs.....	Kshs.....
64.	Referral transport	Kshs.....	Kshs.....	Kshs.....
65.	Maternity waiting home	Kshs.....	Kshs.....	Kshs.....
66.	Food	Kshs.....	Kshs.....	Kshs.....
67.	Other (specify)	Kshs.....	Kshs.....	Kshs.....
68.	Total	Kshs.....	Kshs.....	Kshs.....

Write 98 DK (Don't Know), 99 NA/RF for the above questions 59-68

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69.	How did you pay for cost of this delivery	1 Cash payment 2 NHIF card 3 Other insurance 4 RH voucher 5 Other specify
70.	Did you have to borrow money or sell something to afford the costs (including all costs) of delivery?	1 Yes 2 No 98 DK 99 NR/RF
71.	At any point during this delivery in this facility did you feel/ perceive or were you asked by anyone for money other than the official cost of service to access services or any favors	1 Yes 2 No GO to 73 98 DK 99 NR/RF
72.	How much did you pay for the above	Write-------
73.	Did your baby experience any of the following complications after delivery? (SELECT ALL THAT APPLY)	1 Trouble breathing after delivery 2 Infection 3 Trouble feeding 4 Jaundice 96 Other complications (specify) 97 No complications 98 DK 99 NR/RF
74.	a. Is the baby going home with you?	1 Yes 2 No 98 DK 99 NR/RF
	b. If No why?	1 Baby sick 2 Baby passed on 3 Baby detained 4 Other (specify)
	c. Have you been allowed to go home?	1 Yes 0 No
	d. If yes in (c), why are you still in the facility?	1 Discharged but awaiting payment/waiver 2 Discharged but waiting relative to go home 3 Discharged but awaiting final documentation and official release
Section F: Perceived Quality and Satisfaction		
	I would like to ask you some more questions about how satisfied you were with your experience in this health facility. Please remember that nothing you tell us will be shared with the health facility, and your responses will not affect health care for you or your children in the future.	
75.	Overall, how satisfied are you with your experience during this delivery?	1 Very satisfied 2 Somewhat satisfied 3 Somewhat dissatisfied 4 Very dissatisfied 98 DK 99 NR/RF

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76.	How would you rate the respect the providers showed you at this facility for this delivery? By respect I mean being treated with the care and attention you deserve.	1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 98 DK 99 NR/RF
77.	How would you rate the knowledge and competence of health workers at this facility for this delivery?	1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 98 DK 99 NR/RF
78.	Overall, taking everything into account, how would you rate the quality of care you received at this facility for this delivery?	1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 98 DK 99 NR/RF
79.	Overall, how satisfied are you with the way health care services are provided in this facility?	1 Very satisfied 2 Somewhat satisfied 3 Somewhat dissatisfied 4 Very dissatisfied 98 DK 99 NR/RF
Section G: Experience of child birth		
80.	Did someone take your blood pressure, at or near your admission to the facility	1 Yes 2 NO 98 DK 99 NR/RF
81.	Did someone ask you to give them a urine sample, at or near your admission to the facility	1 Yes 2 NO 98 DK 99 NR/RF
82.	Did somebody listen to the heartbeat of the baby, at or near your admission to the facility	1 Yes 2 NO 98 DK 99 NR/RF
83.	Did you receive an ultrasound test, at or near your admission to the facility	1 Yes 2 NO 98 DK 99 NR/RF
84.	During your time at this health facility for the birth of your baby, did someone ask you what your HIV status was?	1 Yes 2 NO 98 DK 99 NR/RF

85.	While you were at this health facility for the birth of your baby, did someone offer you an HIV test	1 Yes 2 NO 98 DK 99 NR/RF	
86.	Were you allowed to have a companion with you during your labor and delivery	1 Yes 2 NO 98 DK 99 NR/RF	
87.	Did you have a companion with you during labor/delivery?	1 Yes 2 NO 98 DK 99 NR/RF	
88.	Were you allowed to get up and walk around while you were in labor?	1 Yes 2 NO 98 DK 99 NR/RF	
89.	Did a health care provider ask you what position you wanted to choose during your labor OR for the delivery of your baby?	1 Yes 2 NO 98 DK 99 NR/RF	
90.	Were you allowed to drink liquids or eat any food while you were in labor?	1 Yes 2 NO 98 DK 99 NR/RF	
91.	For your delivery, shortly before you delivered your baby, did anyone cut the opening of your vagina (episiotomy) to make more room for the baby's head?	1 Yes 2 NO 98 DK 99 NR/RF	
92.	Who was the **Main** provider who assisted with the delivery	DOCTOR (OBGYN	1
		MEDICAL RESIDENT	2
		MEDICAL INTERN	3
		NURSE	4
		NURSE/MIDWIFE	5
		CLINCAL OFFICER	6
		SUPPORT STAFF/AIDE	7
		STUDENT NURSE	8
		SUPPORT PERSON/COMPANION	9
		NONE	10
		OTHER SPECIFY	97
93.	How many providers in total assisted with the		

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	delivery of your baby?		
94.	What position were you actually in when you delivered your baby? That is, were you on your back, on your hands and knees, squatting or in another position?	On back (lithotomy)	1
		Upright half sitting	2
		left lateral	3
		in hands and knees	4
		squatting	5
		standing	6
		other (specify)	97
95.	Was your baby dried off with a towel immediately after his/her birth, within a few minutes of delivery?	1 Yes 2 NO 98 DK 99 NR/RF	
96.	Was your baby given to you immediately, within a few minutes, after his/her birth?	1 Yes 2 NO 98 DK 99 NR/RF	
97.	Did someone place the baby on your chest, against your skin, immediately after delivery of the baby?	1 Yes 2 NO 98 DK 99 NR/RF	
98.	Was your baby wrapped in a cloth while lying against your chest or was your baby naked against your skin?	1 Yes 2 NO 98 DK 99 NR/RF	
99.	Did someone place the baby on your chest, against your skin, immediately after delivery of the baby?	1 Yes 2 NO 98 DK 99 NR/RF	
100.	Was your baby wrapped in a towel or cloth immediately after birth	1 Yes 2 NO 98 DK 99 NR/RF	
101.	Did you or anyone else give anything to the baby to eat or drink within the first hour after delivery?	1 Yes 2 NO 98 DK 99 NR/RF	
Section H: Experience of Disrespect			
Some women tell us that when they give birth they are treated poorly or with disrespect. We would like to know how common this problem is, so we would like to ask you your own experiences with childbirth. There is no right or wrong answers to these questions. It is only important to us that we			

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understand your experiences. Nothing you tell us will be linked to your name, your children's names, or the ability of you or your family members to access health care in the future. Some of these questions may be upsetting or stressful. As I said before, you can skip any question you are not comfortable answering, and you can stop the interview at any point.		
102.	On a scale of 1-5 were you treated in a way that made you feel humiliated or disrespected?	1.Very humiliated or disrespected 2. Not very humiliated/disrespected 3.Somewhat humiliated/disrespected 4. A little humiliated/disrespected 5. Not humiliated
103.	At any point during your stay for this delivery were you physically abused by any of the health care workers? For example physical abuse might include being hit or slapped.	1 Yes 2 No GO TO 106 98 DK 99 NR/RF
104.	What exactly happened? (DO NOT READ, Circle all that apply, prompt for any more)	1 Kicked 2 Pinched 3 Slapped 4 Pushed 5 Beaten 6 Episiotomy without anesthesia 7 Raped 8 Tied to the delivery bed/delivery coach 9 Other _____ 98 DK 99 NR/RF skip to
105.	On a scale of 1 to 5 how bad did you feel/how much did you suffer as a result of being physically disrespected? *a 5 means "I did not feel bad or suffer at all." a 1means you felt the worst you could possibly feel/suffer*	1Felt very bad 2Not very bad 3Somewhat bad 4A little bad 5Not bad at all
106.	At any point during your stay for this delivery was any treatment done to you without your permission?	1 Yes 2 No→GOTO 109 98 DK 99 NR/RF
107.	What procedures were done without your permission? (DO NOT READ, Circle all that apply, prompt for any more)	1 Tubal ligation 2 Hysterectomy 3 Abdominal palpation 4 Vaginal examination 5 Episiotomy 6 Other _____ 98 DK GOTO 109 99 NR/RF skip to
108.	On a scale of 1 to 5, how bad did you feel as a result of the non consent procedure you have just mentioned? *A 5 means "I did not feel bad or suffer at all." A 1means you felt the worst you could possibly*	1Felt very bad 2Not very bad 3Somewhat bad 4A little bad 5Not bad at all

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	feel/suffer	
109.	At any point during your stay for this delivery were you treated in a way that violated your privacy?	1 Yes 2 No GO TO 111 98 DK 99 NR/RF
110.	On a scale of 1 to 5, how bad did you feel/how much did you suffer as a result of being treated this way? *A 5 means "I did not feel bad or suffer at all." A 1 means you felt the worst you could possibly feel/suffer.*	1Felt very bad 2Not very bad 3Somewhat bad 4A little bad 5Not bad at all
111.	At any point during your stay for this delivery were you treated in a way that violated your confidentiality	1 Yes 2 No GO TO 114 98 DK 99 NR/RF
112.	What exactly happened? (DO NOT READ, Circle all that apply, prompt for any more)	1 HIV status shown to others 2 Other health information shown to others 3 HIV status discussed with non-health staff 4 Other health information discussed with non-health staff 5 Uncovered during delivery or examination 6 No screens blocking view during delivery or examination 7. Discussed my issues when other clients are listening 8 Other _____ 98 DK 99 NR/RF
113.	On a scale of 1 to 5, how bad did you feel/how much did you suffer as a result of being treated this way? *A 5 means "I did not feel bad or suffer at all." A 1 means you felt the worst you could possibly feel/suffer.*	1Felt very bad 2Not very bad 3Somewhat bad 4A little bad 5Not bad at all
114.	At any point during your stay for this delivery did any health care provider talk or use a tone or facial expression that made feel uncomfortable?	1 Yes 2 No GO TO 117 98 DK 99 NR/RF
115.	What exactly happened? (DO NOT READ, Circle all that apply, prompt for any more)	1 Shouted 2 Scolded 3 Threatened to withhold services 4 Threatened with going to theatre 5 Called by insulting name 6 laughed at or scorned 8 Other _____ 98 DK 99 NR/RF
116.	On a scale of 1 to 5, how bad did you feel/how much did you suffer as a result?	1 Felt very bad 2 Not very bad

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	A 5 means "I did not feel bad or suffer at all." A1 means you felt the worst you could possibly feel/suffer.	3 Somewhat bad 4 A little bad 5 Not bad at all
117.	At any point during your stay for this delivery were you left un attended by health providers when you needed care?	1 Yes 2 No GO TO 121 98 DK 99 NR/RF
118.	At any point during your stay for this delivery were you left unattended? (DO NOT READ, Circle all that apply, prompt for any more)	1 While in labor 2 While delivering 3 While experiencing a complication 4 After delivery 5 Baby after delivery 8 Other _____ 98 DK 99 NR/RF
119.	In your opinion, why do you think you were left un attended?	Open field 98 DK 99 NR/RF
120.	[*Ask only if respondent answered YES to Q97*] On a scale of 1 to 5, how bad did you feel/how much did you suffer as a result? *A 5 means "I did not feel bad or suffer at all." A 1 means you felt the worst you could possibly feel/suffer.*	1Felt very bad 2Not very bad 3Somewhat bad 4A little bad 5Not bad at all
121.	At any time during admission, labour, delivery and the period thereafter, did the provider explain to you about the following?	1 Ward environment e.g where the bathrooms 2 Meals time and what to eat or not eat 3 General examination and the findings 4 Vaginal examination and the findings 5 Progress of labour 6 Movement during labour 7 The sex of your baby 8 When to breastfeed/feed your baby 9 Other _____ 98 DK 99 NR/RF
122.	In your own opinion, what do you feel the explanation/.information given for the services that you received	Open field 98 DK 99 NR/RF
123.	Did you baby receive any of the following services	1 Baby labeled 2 Weighing 3 Feeding 4 Bathing 5 Any Treatment 6 Other _____ 98 DK 99 NR/RF

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124.	In your own opinion, what would say about the services that your baby received during you stay in this facility?	Open field 98 DK 99 NR/RF
125.	At any point during your stay for this delivery were you or your baby prevented from leaving this facility because you could not pay?	1 Yes 2 No→GOTO 128 98 DK 99 NR/RF
126.	How long after delivery did you or your baby have to stay because of inability to pay?	___ ___ # of Days
127.	[*Ask only if respondent answered YES to Q103*] On a scale of 1 to 5, how bad did you feel/how much did you suffer as a result? *A 5 means "I did not feel bad or suffer at all." A1 means you felt the worst you could possibly feel/suffer.*	1Felt very bad 2Not very bad 3Somewhat bad 4A little bad 5Not bad at all
128.	In addition to what we've already talked about, at any point during your stay for this delivery did you experience any other kind of treatment that made you feel humiliated or disrespected?	1 Yes (specify) 2 No→GOTO 132 98 DK 99 NR/RF
129.	What exactly happened?	open field 98 DK 99 NR/RF
130.	[*Ask only if respondent answered YES to Q106*] On a scale of 1 to 5, how bad did you feel/how much did you suffer as a result? *A 5 means "I did not feel bad or suffer at all." A 1means you felt the worst you could possibly feel/suffer*.	1Felt very bad 2Not very bad 3Somewhat bad 4A little bad 5Not bad at all
131.	[*ask only if respondent said yes to any abuse above*] Do you think that the poor treatment you described was influenced by any of the following? Please tell us the most important. (**Circle all that apply)**	1 Your social class 2 Lack of insurance 3 Your ethnicity 4 Your sex 5 Your language 6 Your religion 7 Your political beliefs or other beliefs 8 Your health status 9 Lack of money or wealth 10 Age 96 Other (specify) 97 NA 98 DK 99 NR/RF
132.	Why do you think health care providers treated you in this humiliating or disrespectful way? Please pick the one that you think is most important.	1 Health workers are underpaid 2 Health workers are overworked 3 Health workers are not caring 4 Health workers are not properly supervised 5 Health workers are not accountable to the

		community in which they work 6 This facility is badly managed 96 Other (specify) 98 DK 99 NR/RF
133.	Are there ways in this community that address disrespectful care during child birth in health facilities?	0- No Go to 135 1-Yes 98 DK 99 NR/RF
134.	If yes which ones	Open field
135.	If you felt disrespected at any point during what did you do? **Describe here what happened exactly**	1 Formally filed a complaint 2 Complained to a supervisor or other staff person 3 Took no action 96 Other (specify) 98 DK 99 NR/RF
136.	I know some of the questions I just asked may have been upsetting. We are almost finished with this survey. Would you like to take a short break from answering questions?	1 Yes → GOTO 137 (wait a few minutes) 2 No → GO TO 138
137.	[*After waiting a few minutes*] Is it alright if we continue with the survey?	1 Yes → GOTO 138 2 No → END SURVEY
Section I: Looking Forward		
Thank you. Now I would like to ask you about your plans to choose health care facilities in the future.		
138.	Do you plan to have more children?	1 Yes 2 No→GOTO 141 98 DK 99 NR/RF
139.	Where do you plan to deliver your next child?	1 Same facility→GO TO 140 2 Another facility (specify) 3 Your Home 4 Other Home 96 Other (specify) 98 DK 99 NR/RF
140.	[*Ask only if respondent indicated that she wanted to deliver somewhere other than current facility in previous question*] Why do you not want to deliver your next child at this facility?	OPEN FIELD 98 DK 99 NR/RF
141.	Now I am going to read you a list of things that might influence your decision about where to deliver your next child. Please tell me which is the most important to you.	1 Short waiting time to see doctor 2 Short distance to facility 3 Facility is clean 4 Being treated with respect 5 Provider is competent/knowledgeable 6 Confidentiality/privacy 7 Good supply of medicines 8 Affordable cost of treatment 9 Being able to choose health care provider

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		96 Other (specify) 98 DK 99 NR/RF
142.	Which of the above is the second most important?	1 Short waiting time to see doctor 2 Short distance to facility 3 Facility is clean 4 Being treated with respect 5 Provider is competent/knowledgeable 6 Confidentiality/privacy 7 Good supply of medicines 8 Affordable cost of treatment 9 Being able to choose health care provider 96 Other (specify) 98 DK 99 NR/RF
143.	Which of the above is the third most important?	1 Short waiting time to see doctor 2 Short distance to facility 3 Facility is clean 4 Being treated with respect 5 Provider is competent/knowledgeable 6 Confidentiality/privacy 7 Good supply of medicines 8 Affordable cost of treatment 9 Being able to choose health care provider 96 Other (specify) 98 DK 99 NR/RF
144.	How much did your experiences during this delivery influence your decision on where to deliver in the future?	1 A lot 2 Somewhat 3 Very little 4 Not at all 98 DK 99 NR/RF
145.	How likely are you to recommend this facility to other women for delivery?	1 Very likely 2 Somewhat likely 3 Somewhat unlikely 4 Not at all likely 98 DK 99 NR/RF
146.	How likely are you to recommend this facility to other women for general health services?	1 Very likely 2 Somewhat likely 3 Somewhat unlikely 4 Not at all likely 98 DK 99 NR/RF
147.	How likely are you to bring your child/children to this facility for health care in the future?	1 Very likely 2 Somewhat likely 3 Somewhat unlikely 4 Not at all likely 98 DK

		99 NR/RF
148.	If you were a manager and could choose to do one thing to improve the care women get in this facility for childbirth, what would it be?	1 Shorten waiting time to see doctor 2 Improve skills of doctors/nurses 3 Clean facility 4 Improve respect of doctors/nurses toward patients 5 Improve confidentiality/privacy 6 Improve supply of medicines 7 Reduce cost of treatment 8 Improve women's ability to choose a health care provider 96 Other (specify) 98 DK 99 NR/RF
	Section j: Past Service Utilization	
Now I'm going to ask you some questions about your experiences with health care. I would like to remind you that your answers will be NOT be shared with anyone and that health workers here will not know how you responded. You may skip any questions you are not comfortable answering.		
149.	Did you see anyone for antenatal care (ANC) for this pregnancy?	1 Yes 2 No → GOTO 153 98 DK 99 NR/RF
150.	How many antenatal care visits did you make for this pregnancy?	1 One 2 Two 3 Three 4 More than three 98 DK 99 NR/RF
151.	Where did you go for antenatal care (ANC) for this pregnancy? Please give me the name of the facility.	1. This facility 2. Other Facility (facility name) 98 DK 99 NR/RF
152.	Where was this facility?	OPEN FIELD (town) 98 DK 99 NR/RF
153.	How would you rate the respect the providers showed you at this facility (where you received antenatal care)? By respect I mean being treated with the care and attention that you deserve.	1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 98 DK 99 NR/RF
154.	How would you rate the knowledge and competence of health workers at this facility (where you received antenatal care)?	1 Excellent 2 Very good 3 Good

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		4 Fair 5 Poor 98 DK 99 NR/RF
155.	Overall, taking everything into account how would you rate the quality of antenatal care you received?	1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 98 DK 99 NR/RF
156.	How many of all your deliveries were at your home or someone else's home?	NUMERIC 98 DK 99 NR/RF
157.	How many of your deliveries, including this one, were at a health facility?	NUMERIC 98 DK 99 NR/RF
158.	How many of your deliveries, including this one, were at this facility?	NUMERIC 98 DK 99 NR/RF
159.	Have you used this facility before this delivery for health care for yourself, your children or your spouse?	1 Yes 2 No→ GOTO 165 98 DK 99 NR/RF
160.	*(If used facility)* Was your most recent visit to this facility before this delivery for yourself, your children, or your spouse?	1 Self 2 Children 3 Spouse 98 DK 99 NR/RF
161.	*(If used facility)* What was the reason for your/ your child's/your spouse's **most recent** visit to this facility?	1 Illness 2 Accident 3 Check-up 4 Previous delivery 5 Antenatal care 96 Other (specify) 98 DK 99 NR/RF
162.	How would you rate the respect the providers showed you/your children/your spouse during that last visit? By respect I mean being treated with the care and attention that you deserve.	1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 98 DK 99 NR/RF
163.	How would you rate the knowledge and	1 Excellent

	competence of health workers during that last visit?	2 Very good 3 Good 4 Fair 5 Poor 98 DK 99 NR/RF
164.	Overall, taking everything into account, how would you rate the quality of care you/your children/your spouse received at this facility during that last visit?	1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 98 DK 99 NR/RF
165.	Tell me whether you agree with the statement: "In general, I believe that service providers in this health facility have good medical skills"	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 98 DK 99 NR/RF
166.	Tell me whether you agree with the statement: "In general, I believe that service providers in this facility are respectful to patients."	1 Strongly agree 2 Somewhat agree 3 Somewhat disagree 4 Strongly disagree 98 DK 99 NR/RF
167.	Overall, how satisfied are you with the way health care works in this district?	1 Very satisfied 2 Somewhat satisfied 3 Somewhat dissatisfied 4 Very dissatisfied 98 DK 99 NR/RF

Thank the woman and end the interview

TIME INTERVIEW END: **[RECORD TIME IN 24-HOUR** [___|___:___|___]

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