

PRAC-TZ FACILITY EXIT QUESTIONNAIRE

COVERSHEET		
	Interviewer Name	
	District	1 Korogwe 2 Muheza
	Health care facility	(District Hospital, health center, dispensary)
	Facility name	1 Bungu 2 Magoma 3 Magunga Hospital 4 Mombo 5 Bulwa 6 Mkuzi 7 Teule Hospital 8 Tongwe
	ID number (district code + interviewer code + respondent code)	
	Interview date & starting time	(AUTOMATIC STAMP)
	Interview ending time	(AUTOMATIC STAMP)
INTRODUCTION		
<p>“Hello my name is...and I am working with Ifakara Health Institute and Columbia University in the United States. The reason I am here is because we are conducting a survey on health in Tanga region and I would like to ask a few questions of women who have given birth in this health care facility. I will be asking for basic information about yourself, your household, and your health. I will also ask questions about your use of health care in general and about your experiences with child delivery. Let me assure you that whatever information is give to me will not be shared with anyone and will only be used for research purposes.”</p>		
ELIGIBILITY		
	I would like to ask you some questions to find out if you are eligible to participate:	
1.	How old are you?	1 15 years or older → GOTO 2 2 Younger than 15 → Not eligible
2.	Did you give birth during this stay at [health care facility]?	1 Yes → GOTO 3 2 No → Not eligible
CONSENT		
	<p>I am going to read you a document that explains this study. Please stop me at any point and ask questions if anything is unclear. When I finish reading, I am going to ask you to sign your name to show you understand the study and agree to participate.</p> <p>[READ CONSENT FORM AND CONDUCT CONSENT PROCESS]</p>	
3.	Has the respondent agreed to participate in the community follow-up survey?	1 Yes 2 No

4.	Has the respondent agreed to participate in this survey?	1 Yes → GO TO 5 2 No → END INTERVIEW
	Thank you, we will now begin the survey	
A.	Demographics	
	Now, I would like to ask you some questions about yourself and your health.	
5.	What village do you live in?	OPEN FIELD 88 DK 99 NR/RF
6.	How long have you been living continuously in (name of village)?	NUMERIC (years; if less than 1 year record '00') 88 DK 99 NR/RF
7.	How old are you?	NUMERIC 15+ 88 DK 99 NR/RF
8.	Have you ever attended school?	1 Yes 2 No → GOTO 11 99 NR/RF
9.	What is the highest level of school you attended?	1 Education before primary 2 Primary education 3 Training after primary 4 Secondary education 5 Training after secondary 6 University and equivalents 88 DK 99 NR/RF
10.	What is the highest (grade/form/year) you completed at that level?	OPEN FIELD 88 DK 99 NR/RF
11.	What is your religion?	1 Muslim 2 Christian 3 Traditional 4 None 96 Other (specify) 88 DK 99 NR/RF
12.	What is your marital status?	1 Never married 2 Currently married 3 Separated 4 Divorced 5 Widowed 6 Living with partners as if married

		88 DK 99 NR/RF
13.	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 (cleaning, hotel, waitress, etc) 8 Health work 9 Student 10 Not employed 96 Other (specify) 88 DK 99 NR/RF
14.	How well do you read in Kiswahili?	1 Easily 2 With difficulty 3 Not at all 88 DK 99 RF
15.	How well do you write in Kiswahili?	1 Easily 2 With difficulty 3 Not at all 88 DK 99 RF
16.	Over the course of your life, how many births have you had including this one?	NUMERIC 88 DK 99 NR/RF
17.	Of all of your births, how many of your children are still alive?	NUMERIC 88 DK 99 NR/RF
B.	Household Characteristics	
18.	How many people live in your household, including men, women and children?	NUMERIC 88 DK 99 NR/RF
19.	Is the head of household a man or a woman?	1 Man → GOTO 21 2 Woman 88 DK 99 NR/RF
20.	Are you the head of household?	1 Yes 2 No 88 DK 99 NR/RF
C.	Asset Index	

21.	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) 88 DK 99 NR/RF
22.	What kind of toilet facilities does your household have?	1 Flush toilet 2 Pit toilet/latrine/bush 3 No facility 96 Other (specify) 88 DK 99 NR/RF
23.	Does your household have electricity?	1 Yes 2 No 88 DK 99 NR/RF
24.	Does your household have a radio?	1 Yes 2 No 88 DK 99 NR/RF
25.	Does your household have a television?	1 Yes 2 No 88 DK 99 NR/RF
26.	Does your household have a telephone/mobile?	1 Yes 2 No 88 DK 99 NR/RF
27.	Does your household have a refrigerator?	1 Yes 2 No 88 DK 99 NR/RF
28.	What type of fuel does your household mainly use for cooking?	1 Main electricity 2 Bottled gas 3 Paraffin/kerosene 4 Charcoal 5 Firewood 6 Dung 7 Crop residuals 8 Solar 96 Other (specify) 88 DK 99 NR/RF

29.	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) 88 DK 99 NR/RF
30.	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 96 Other (specify) 88 DK 99 NR/RF
31.	What is the main material your roof is made of?	1 Grass/leaves/mud 2 Iron sheets 3 Tiles 4 Concrete 96 Other (specify) 88 DK 99 NR/RF
32.	How many rooms in your household are used for sleeping (including rooms outside the main dwelling)?	NUMERIC 88 DK 99 NR/RF
33.	Does any member of your household own a bicycle?	1 Yes 2 No 88 DK 99 NR/RF
34.	Does any member of your household own a motor cycle or motor scooter?	1 Yes 2 No 88 DK 99 NR/RF
35.	Does any member of your household own a car or truck?	1 Yes 2 No 88 DK 99 NR/RF
36.	Does any member of your household own a bank account?	1 Yes 2 No 88 DK 99 NR/RF
37.	How many meals does your household usually have per day?	NUMERIC 88 DK 99 NR/RF

38.	How many mosquito nets does your household have?	NUMERIC 88 DK 99 NR/RF
D.	Health History	
	Now I'm going to ask you about your health in the past.	
39.	In the last 12 months, how many times have you visited a health facility for yourself for any reason?	0 1-2 3-5 6-10 10 or more 88 DK 99 NR/RF
40.	Overall in the last 12 months, how would you rate your health?	1 Very good 2 Good 3 Moderate 4 Bad 5 Very Bad 88 DK 99 NR/RF
41.	In the last 12 months, have you felt seriously low-spirited or depressed?	1 Yes 2 No 88 DK 99 NR/RF
42.	From the time you were 15 years old, has anyone other than your husband/partner hit, slapped, kicked or done anything else to hurt you physically?	1 Yes 2 No 88 DK 99 NR/RF
43.	Have you ever in your life been raped? By rape I mean being forced to have intercourse or perform sexual acts against your will by someone other than your husband.	1 Yes 2 No 88 DK 99 NR/RF
E.	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.	
44.	Overall, how satisfied are you with the way health care works in Tanzania?	1 Very satisfied 2 Somewhat satisfied 3 Somewhat dissatisfied 4 Very dissatisfied 88 DK 99 NR/RF

45.	Did you see anyone for antenatal care (ANC) for this pregnancy?	1 Yes 2 No → GOTO 48 88 DK 99 NR/RF
46.	How many antenatal care visits did you make for this pregnancy?	1 One 2 Two 3 Three 4 More than three 88 DK 99 NR/RF
47.	Where did you go for antenatal care (ANC) for this pregnancy? Please give me the name of the facility.	OPEN FIELD (facility name) 88 DK 99 NR/RF
48.	How many of all your deliveries were at your home or someone else's home or somewhere else outside of a health facility?	NUMERIC 88 DK 99 NR/RF
49.	How many of your deliveries, including this one, were at a health facility? (LOGIC CHECK HERE THAT 48 and 49 add up to all deliveries)	NUMERIC 88 DK 99 NR/RF
50.	How many of your deliveries, including this one, were at this facility?	NUMERIC 88 DK 99 NR/RF
51.	Have you used this facility before this delivery for health care for yourself, your children or your spouse?	1 Yes 2 No → GOTO 55 88 DK 99 NR/RF
52.	Was your most recent visit to this facility before this delivery for yourself, your children, or your spouse?	1 Self 2 Children 3 Spouse 88 DK 99 NR/RF
53.	What was the reason for you/ 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) 88 DK 99 NR/RF
54.	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 88 DK 99 NR/RF

F.	Delivery Characteristics	
	Now I'm going to ask you some questions about your recent delivery in this health facility.	
55.	Why did you choose this facility to have your delivery? SELECT ALL THAT APPLY	1 Affordable 2 Close by 3 Transport available 4 Drugs and equipment 5 Type of health provider 6 Attitude of health provider 7 Facility where usually go 8 Safer than home delivery/other facilities 9 Health worker recommended 10 Referred by another facility 96 Other (specify) 88 DK 99 NR/RF
56.	Were you sent from another facility to this facility at any point before, during, or after labor? SELECT ALL THAT APPLY	1 Came directly to this facility (at onset of labour) 2 Came early to maternity waiting home at this facility 3 Came to this facility after laboring at home 4 Sent from dispensary to this facility 5 Sent from health center to this facility 6 Sent from hospital to this facility 96 Other transfer (specify) 88 DK 99 NR/RF
57.	How did you travel to this facility? Please tell me the methods you used. SELECT ALL THAT APPLY	1 Walked 2 Bicycle 3 Motorcycle 4 Bajaji 5 Car (personal or borrowed) 6 Truck/lorry 7 Bus/train/other public transportation 8 Boat/canoe 9 Ambulance 10 Taxi 96 Other (specify) 88 DK 99 NR/RF

58.	Approximately how long did it take you to travel to this health facility?	1 Very long 2 Long 3 Not very long 4 Not long at all 88 DK 99 NR/RF
59.	Did anyone come with you? SELECT 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 TBA 10 By myself 96 Other (specify) 88 DK 99 NR/RF
60.	Did you receive a delivery pack or kit from any health program to be used for your delivery?	1 Yes 2 No 88 DK 99 NR/RF
61.	What was the color of the uniform of the person who delivered/caught your baby?	OPEN FIELD 88 DK 99 NR/RF
62.	Was the main person who conducted your delivery male or female?	1 Male 2 Female 88 DK 99 NR/RF
63.	How many days have you been in the hospital?	NUMERIC hours NUMERIC days 88 DK 99 NR/RF
64.	Did you experience any of the following complications during or after your delivery? ALL THAT APPLY	1 Extreme pain 2 High blood pressure 3 Seizures 4 Blurred vision 5 Severe headaches 6 Swelling in hands/feet 7 Baby was in distress/too large 8 Long labor (more than 12 hours) 9 Excessive bleeding 10 Infection (fever) 96 Other complications (specify) 97 experienced no complications

		88 DK 99 NR/RF
65.	Did you receive any of the following around the time of your delivery? SELECT ALL THAT APPLY	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) 88 DK 99 NR/RF
66.	<i>(OBSERVE – if mother is holding the baby, do not ask, select not applicable)</i> Was the baby born alive? PROBE: Did the baby cry, move or breathe when it was born?	1 Yes 2 No → GOTO 70 77 Not applicable 88 DK 99 NR/RF
67.	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 88 DK 99 NR/RF
68.	<i>(OBSERVE – if mother is holding the baby, do not ask, select Yes)</i> Is the baby still living?	1 Yes 2 No → GOTO 70 88 DK 99 NR/RF
69.	Is the baby going home with you?	1 Yes 2 No 88 DK 99 NR/RF
	Now we would like to know about the costs associated with your delivery. How much did you pay for each of the following? Please tell us all fees, even ones that are not official.	
70.	Doctor's/nurse's fees (official and unofficial)	NUMERIC 88 DK 99 NR/RF
71.	Drugs	NUMERIC 88 DK 99 NR/RF
72.	Supplies (please include delivery kits, gloves, soap, etc.)	NUMERIC 88 DK 99 NR/RF

73.	Medical tests/x-rays	NUMERIC 88 DK 99 NR/RF
74.	Transport	NUMERIC 88 DK 99 NR/RF
75.	Maternity waiting home	NUMERIC 88 DK 99 NR/RF
76.	Food	NUMERIC 88 DK 99 NR/RF
77.	Other (specify)	NUMERIC 88 DK 99 NR/RF
78.	Did you have to borrow money or sell something to afford the costs (including transport) of delivery?	1 Yes 2 No 88 DK 99 NR/RF
G.	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.	
79.	Overall, how satisfied are you with your experience during this delivery?	1 Very satisfied 2 Somewhat satisfied 3 Somewhat dissatisfied 4 Very dissatisfied 88 DK 99 NR/RF
80.	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 88 DK 99 NR/RF
81.	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 88 DK 99 NR/RF

82.	How would you rate the availability of drugs, supplies, and medical equipment at this facility for this delivery?	1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 88 DK 99 NR/RF
83.	How would you rate the communication skills of the providers at this facility? By this, I mean, how well did they explain things to you during your labor and delivery.	1 Excellent 2 Very good 3 Good 4 Fair 5 Poor 88 DK 99 NR/RF
84.	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 88 DK 99 NR/RF
H.	Experience of Disrespect or Abuse	
	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 about your own experiences with childbirth. There are no right or wrong answers to these questions. It is only important to us that we 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.	
85.	At any point during your stay in this facility for this delivery were you treated in a way that made you feel disrespected?	1 Yes 2 No → GOTO 87 88 DK 99 NR/RF
86.	What exactly happened?	_____ _____ _____ _____
	Now we're going to read you a list of things that sometimes happen to women who have given birth in a facility. For each of these things, please tell me if you have 1) experienced it during your recent delivery at this facility, 2) witnessed it done to other women delivering in this facility, 3) heard about it done to other women during delivery at any facility, or 4) none of the above. Please keep in mind we are talking about this delivery and not your past deliveries.	

Non-confidential care		
87.	Health providers discussed patient's private health information in a way that others could hear SELECT ALL THAT APPLY	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
88.	Health providers shared patient's private health information with others without patient's consent SELECT ALL THAT APPLY	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
89.	Patient's body seen by other people (apart from health providers) during delivery SELECT ALL THAT APPLY	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
Non-dignified care		
90.	Health providers shouting at or scolding patient SELECT ALL THAT APPLY	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
91.	Health providers suggesting or asking for a bribe or informal payment for better care	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
92.	Health providers threatening to withhold treatment because patient could not pay or did not have supplies (including delivery kit) SELECT ALL THAT APPLY	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
93.	Health providers threatening patient for any other reason SELECT ALL THAT APPLY	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 R/RF
94.	Health providers making negative or disparaging comments about the patient	1 Experienced 2 Witnessed

	SELECT ALL THAT APPLY	3 Heard about 4 None of the above 88 DK 99 NR/RF
95.	Health providers ignoring or abandoning patient when in need or when she called for help SELECT ALL THAT APPLY	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
96.	Delivered without any assistance	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
Non-consented care		
97.	Tubal ligation (tying of the fallopian tubes) without her permission SELECT ALL THAT APPLY	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
98.	Caesarean section without patient or her relatives' permission SELECT ALL THAT APPLY	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
99.	Hysterectomy (getting your uterus removed) without patient or her relatives' permission SELECT ALL THAT APPLY	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
Physical Abuse		
100.	Hitting, slapping, pushing, pinching or otherwise beating patient SELECT ALL THAT APPLY	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
101.	Health providers sexually harassing patients or making sexual advances (for example, inappropriate touching or sexual comments that make you feel uncomfortable)	1 Experienced 2 Witnessed 3 Heard about 4 None of the above

		88 DK 99 NR/RF
102.	Rape. By rape I mean being forced to have intercourse or perform any other sexual acts against your will by someone other than your husband. SELECT ALL THAT APPLY	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
103.	Not providing anesthesia for the stitching of episiotomy (cutting to widen the birth canal) SELECT ALL THAT APPLY	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
Discrimination		
104.	Patients treated poorly because of social class, poverty SELECT ALL THAT APPLY	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
105.	Patients treated poorly because of ethnicity, religion, tribe SELECT ALL THAT APPLY	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
106.	Patients treated poorly because of age, marital status, health status SELECT ALL THAT APPLY	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
107.	(If answered 1-3 for #s 104-106) What happened?	_____ _____ _____ _____
Detention		
108.	Woman or baby not allowed to leave the hospital due to failure to pay SELECT ALL THAT APPLY	1 Experienced 2 Witnessed 3 Heard about 4 None of the above 88 DK 99 NR/RF
Other		

109.	Did anything else disrespectful happen to you that we didn't ask about?	1 Yes 2 No →GOTO 111 88 DK 99 NR/RF
110.	What exactly happened?	_____ _____ _____ _____
Reaction to abuse		
FOR QUESTIONS 111-113, ASK ONLY IF RESPONDENT EXPERIENCED 1 OR MORE ABUSE EVENT [RESPONSE IS 1 FOR ANY OF THE FOLLOWING QUESTIONS: 87, 89-106, 108-109] IF NONE, SKIP TO 114.		
111.	For the majority of your experiences of disrespect that you told us about, was the abuser male or female?	1 Male 2 Female 3 Both male and female 88 DK 99 NR/RF
112.	Now for your experiences we talked about above, I would like to know how you reacted. Did you or anyone on your behalf: take no action, complain to the nurse/doctor in charge or other staff person, or formally file a complaint? SELECT ALL THAT APPLY	1 Took no action 2 Complained to the nurse/doctor in charge or other staff person 3 Formally filed a complaint 96 Other (specify) 88 DK 99 NR/RF
113.	Now, I would like to know how severe the abuse that you experienced was. Can you tell me how severe the experiences that we talked about were to you?	1 Mild 2 Moderate 3 Severe 4 Extreme 88 DK 99 NR/RF
114.	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? <i>[If yes, wait a few minutes]</i> Is it alright if we continue with the survey?	1 Yes → GOTO 115 2 No → TERMINATE SURVEY
I.	Looking Forward	
	Thank you. Now I would like to ask you about your plans to choose health care facilities in the future.	
115.	Do you plan to have more children?	1 Yes 2 No→GOTO 120 88 DK 99 NR/RF
116.	Where do you plan to deliver your next child?	1 Same facility→GOTO 118 2 Another facility (specify)

		3 Your Home 4 Other Home 96 Other (specify) 88 DK 99 NR/RF
117.	Why do you not want to deliver your next child at this facility?	OPEN FIELD 88 DK 99 NR/RF
118.	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 96 Other (specify) 88 DK 99 NR/RF
119.	How much will 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 88 DK 99 NR/RF
120.	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 88 DK 99 NR/RF
121.	How likely are you to recommend this facility to others for general health services?	1 Very likely 2 Somewhat likely 3 Somewhat unlikely 4 Not at all likely 88 DK 99 NR/RF
122.	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 88 DK 99 NR/RF

123.	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) 88 DK 99 NR/RF
------	---	--