

MATERNITY PATIENT RECALL QUESTIONNAIRE

#	Question	Response codes	SKIP TO
1. COVER SHEET INFORMATION			
101.	INTERVIEWER ID NUMBER	____	
102.	HOSPITAL NAME		
103.	HOSPITAL ID NUMBER	____	
104.	PATIENT'S HOSPITAL ID NUMBER	_____	
105.	OUTCOME OF INTERVIEW	Completed interview.....1 Partially completed and postponed interview.....2 Terminated interview.....3 Refusal.....4 Woman was incapacitated5 Other, Specify8	
106.	TIME INTERVIEW BEGINS – RECORD HOURS, MINUTES, AND CIRCLE AM OR PM CODE.	HOURS..... _ _ MINUTES..... _ _ AM.....1 PM.....2	
107.	WHERE IS THE INTERVIEW TAKING PLACE?	POSTPARTUM WARD.....1 OB/GYN WAITING ROOM2 OB/GYN MAIN ENTRANCE AREA3 GENERAL WARD4 OTHER, SPECIFY8	
<p>[GREET THE RESPONDENT] My name is [ENUMERATOR'S NAME]. We are doing research evaluating a project which will take place in this hospital. As part of our research we want to observe what is happening in the hospital. As part of this study, we are interviewing women who have recently gone through labor and delivery. We would like to ask you some questions about the services you have received from this hospital. We are not going to ask you your name and anything you say will be kept private. <u>The study will take approximately 30 minutes.</u> You can refuse to answer any question and you can stop at any time. Do I have your permission to ask you about your labor and delivery experience at this hospital? IF NECESSARY, PROMPT THE RESPONDENT TO RESPOND IN YES OR NO.</p>			
108.	DOES THE RESPONDENT GIVE CONSENT?	YES1 go to → NO 2 go to →	201 END: APPROACH ANOTHER PATIENT, IF AVAILABLE
<p><u>Could you confirm that you are at least 18 years of age, have had all your questions answered, and have voluntarily agree to participate?</u></p>			
109.	<u>DOES THE RESPONDENT GIVE CONSENT?</u>	<u>YES1 go to →</u> <u>NO 2 go to →</u>	<u>201</u> <u>END:</u> <u>APPROACH</u> <u>ANOTHER</u> <u>RESPONDENT,</u> <u>IF AVAILABLE</u>

2. BACKGROUND INFORMATION			
201.	How old are you as of your last birthday? PROBE IF DOESN'T KNOW, OTHERWISE ESTIMATE AN AGE FOR THE WOMAN	AGE IN YEARS __ MARK "1" IF ESTIMATE __	
202.	Have you ever attended school?	YES.....1 NO.....0 go to →	204
203.	What is your highest level of education completed?	PRIMARY.....1 SECONDARY.....2 UNIVERSITY.....3 VOCATIONAL.....4 OTHER, SPECIFY.....8	
204.	How well can you read a newspaper or letter?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
205.	What is your marital status?	SINGLE.....1 go to → MARRIED.....2 LIVING TOGETHER.....3 SEPARATED.....4 go to → WIDOWED.....5 go to →	209 209 209
206.	Has your husband/partner ever attended school?	YES.....1 NO.....0 go to →	208
207.	What is the highest level of education that your husband/partner completed?	PRIMARY.....1 SECONDARY.....2 UNIVERSITY.....3 VOCATIONAL.....4 OTHER SPECIFY.....8	
208.	How well can your husband/partner read a newspaper or letter?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
209.	Do you do anything to get money?	YES.....1 NO.....0	
210.	Does your household own: a. Tapped water source inside the house? b. Electricity/Generator in your house? c. A cell phone? d. A TV? e. A refrigerator/Ice Box? f. A bicycle? g. A motorcycle? h. A car?	YES NO 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	
211.	Do you own your house or do you rent it?	OWN HOUSE.....1 RENT HOUSE.....2 <u>RELATIVE'S HOUSE.....3</u> OTHER, SPECIFY.....8	

3. REPRODUCTION		
301.	How many times have you been pregnant, <u>including pregnancies that resulted in abortions or miscarriage</u> ?	TOTAL NUMBER OF PREGNANCIES _____
Now I have some questions about this delivery in this hospital, and in this hospital only.		
302.	During this last delivery in this hospital, how many babies did you give birth to?	SINGLE.....1 MULTIPLE.....2 IF MULTIPLE RECORD NUMBER: _____
303.	What was the outcome of your delivery, i.e. was/were your baby/ies born alive or stillborn? IF WOMAN DELIVERED TWINS, RECORD ANSWER FOR 2 ND TWIN ONLY	BORN ALIVE.....1 go to → 305 STILLBORN.....2
304.	Do you know if your baby died before your labor pains started for your delivery?	YES.....1 NO.....0
305.	Were you shown your baby immediately after delivery?	YES.....1 NO.....0
306.	Was a name given to the baby?	YES.....1 NO.....0 go to → 308
307.	What was the name given to your baby? USE THIS NAME IN THE FOLLOWING QUESTIONS.	BABY'S NAME _____
308.	IF STILLBIRTH I.E. IF Q303=2- STILLBORN, DO NOT ASK THIS QUESTION BUT RECORD "NO" HERE. Is [NAME] still alive?	YES.....1 NO.....0
309.	Is/was [NAME] a boy or a girl?	BOY.....1 GIRL.....2

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4. HEALTH CARE FOR THE DELIVERY AT THIS FACILITY		
Now I have some questions about health care you have received. I will start with a question about your previous pregnancies and then I will ask you a number of questions about the care you received during your recent pregnancy and delivery in this hospital. We understand that some of these questions may be difficult for women to answer. So, if you just do not know the answer or cannot remember the answer, just tell me.		
401.	Have you ever had a birth by cesarean delivery? That is, a delivery where they cut your belly open to deliver the baby/ies?	YES.....1 NO.....0
402.	Did you see anyone for antenatal care for your recent pregnancy?	YES.....1 NO.....0 go to → 409
403.	Who did you see for antenatal care for your recent pregnancy? LIST ALL PROVIDERS VISITED	A. Doctor1 B. Physician's Assistant 2 C. Nurse3 D. Midwife.....4 E. Trained Traditional Midwife / Traditional Birth Attendant5 E. Others, specify8
404.	Where did you receive antenatal care for your recent pregnancy? LIST MULTIPLE LOCATIONS IF NECESSARY	<u>PUBLIC:</u> YES NO A. HOSPITAL..... 1 2 B. HEALTH CENTER..... 1 2 C. CLINIC..... 1 2 D. OTHER, SPECIFY..... 1 2 <u>PRIVATE:</u> E. HOSPITAL..... 1 2 F. HEALTH CENTER..... 1 2 G. CLINIC..... 1 2 H. MATERNITY CLINIC 1 2 I. OTHER, SPECIFY..... 1 2
405.	How many antenatal care visits did you have for your recent pregnancy?	NUMBER OF ANC VISITS __ IF 0 GO TO TEXT BEFORE 409
406.	In how many of these antenatal care visits did your provider perform a vaginal (private part) examination?	__ IF 0 GOTO TEXT BEFORE 409
407.	Did your provider explain why he/she conducted a vaginal (private part) examination?	YES.....1 NO.....0 IF 0 GOTO TEXT BEFORE 409
408.	What was the reason the provider provided for conducting a vaginal (private part) examination?	ROUTINE.....1 MONITOR LABOR PROGRESS2 PROVIDER SAID THERE WAS A PROBLEM.....3 NONE4
Now I am going to ask you about this visit in this hospital for this delivery.		
409.	After you arrived at this hospital to deliver, did someone take your blood pressure?	YES.....1 NO.....0
410.	Did someone ask you to give them your urine (pepe) sample?	YES.....1 NO.....0

411.	Now I am going to ask you questions about HIV testing but I will not ask you about your HIV status. While you were at the health facility to deliver, did someone ask you about your HIV status?	YES.....1 NO.....0	
412.	While you were at this health facility to deliver did someone offer you an HIV test?	YES.....1 NO.....0	
413.	For this delivery, where did the pain catch you?	AT HOME.....1 EN ROUTE TO FACILITY..... 2 ONCE AT FACILITY.....3 AT MATERNAL WAITING HOME.....4	
414.	For this delivery did your pain start by itself, did something unusual happen or did someone do something for the pain to start?	SPONTANEOUS LABOR.....1 go to → SOMETHING UNUSUAL HAPPENED.....2 SOMEONE DID SOMETHING TO START LABOR...3	416
415.	For this delivery, what happened or what was done for you to get in pain?	INTRAVENOUS (IV) LINE INSERTED IN ARM.....1 INJURY TRIGGERED LABOR2 OTHER, SPECIFY...8 _____	
Now I am going to ask you questions about when you were in pain, that is before the birth of your baby/ies.			
416.	When you were in pain, were you told that you could have someone with you while you were in pain?	YES.....1 NO.....0	
417.	When you were in pain, did you choose to have someone with you?	YES.....1 NO.....0 go to →	419
418.	Who did you choose to be with you when you were in pain?	HUSBAND/PARTNER.....1 MOTHER.....2 MOTHER-IN-LAW.....3 SISTER.....4 SISTER IN LAW.....5 OTHER FAMILY MEMBER.....6 TRAINED TRADITIONAL MIDWIFE / TRADITIONAL BIRTH ATTENDANT7 OTHER, SPECIFY...8 _____	
419.	For this delivery, did anyone ask you if you wanted to get up and walk around while you were in pain?	YES.....1 NO.....0	
420.	For this delivery, did you get up and walk around while you were in pain?	YES.....1 NO.....0	
421.	For this delivery, did anyone ask you if you wanted to drink liquids or eat any food while you were in pain?	YES.....1 NO.....0	
422.	For this delivery, did you drink liquids or eat food while you were in pain?	YES.....1 NO.....0	

423.	For this delivery, at any time when you were in pain or delivering was an enema given (that is liquid introduced through your anus)?	YES.....1 NO.....0																						
424.	For this delivery, did anyone shave your genital (private part) area?	YES.....1 NO.....0																						
425.	For this delivery, did you have privacy while you were in pain, that is, did some curtains surround you?	YES.....1 NO.....0																						
426.	For this delivery, while you were in pain, were you covered with a cloth, or was your body exposed to people around you?	YES, COVERED WITH CLOTH.....1 NOT COVERED.....0																						
427.	For this delivery, was anything done to speed up or to strengthen your pain?	YES.....1 NO.....0 go to →	429																					
428.	For this delivery, what was done to speed up or to strengthen your pain?	RECEIVED AN INJECTION DURING LABOR.....1 <u>go to -></u> GIVEN MEDICATION IN INTRAVENOUS LINE DURING LABOR.....2 OTHER, SPECIFY.....8	430																					
429.	For this delivery, did you receive any injections while you were in pain?	YES.....1 NO.....0																						
430.	For this delivery, were you offered a choice of pain medications while you were in pain?	YES.....1 NO.....0																						
431.	For this delivery, how was the baby lying in your stomach <i>right before you delivered</i> ? IF TWINS, REFER TO THE 2 ND TWIN	HEAD DOWN.....1 FEET DOWN.....2 SIDEWAYS/ACROSS WOMB.....3 <u>DON'T KNOW.....98</u>																						
432.	For this delivery, did a healthcare provider ask you what position you wanted to choose when you were in pain, or when you delivered your baby?	YES.....1 NO.....0																						
433.	For this delivery, who delivered the baby? LIST ALL PROVIDERS PRESENT	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>DOCTOR</td><td>1</td><td>2</td></tr><tr><td>PHYSICIAN'S ASSISTANT</td><td>1</td><td>2</td></tr><tr><td>NURSE</td><td>1</td><td>2</td></tr><tr><td>MIDWIFE.....</td><td>1</td><td>2</td></tr><tr><td>TRAINED TRADITIONAL MIDWIFE / TRADITIONAL BIRTH ATTENDANT</td><td>1</td><td>2</td></tr><tr><td>OTHER, SPECIFY.....</td><td>1</td><td>2</td></tr></table>		YES	NO	DOCTOR	1	2	PHYSICIAN'S ASSISTANT	1	2	NURSE	1	2	MIDWIFE.....	1	2	TRAINED TRADITIONAL MIDWIFE / TRADITIONAL BIRTH ATTENDANT	1	2	OTHER, SPECIFY.....	1	2	
	YES	NO																						
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MIDWIFE.....	1	2																						
TRAINED TRADITIONAL MIDWIFE / TRADITIONAL BIRTH ATTENDANT	1	2																						
OTHER, SPECIFY.....	1	2																						
434.	Was [NAME] delivered by caesarean section, that is, did they cut your belly open to take the baby out?	YES.....1 NO.....0 go to →	437																					
435.	Was the caesarean section done before you went into labor or after your labor had already started?	BEFORE LABOR STARTED.....1 AFTER LABOR STARTED.....2																						

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436.	What was the main reason for caesarean section?	The doctor/nurse told me I had to. 01 go to → 462 I was bleeding.....02 go to → 462 The baby was stuck.....03 go to → 462 I was in labor pain for a long time.....04 go to → 462 The baby was not in the right position...05 go to → 462 I had a disease.....06 go to → 462 My womb was broken/ruptured.....07 go to → 462 There were problems with the baby..... 08 go to → 462 There was no medical reason.....09 go to → 462 I asked for it10 go to → 462	
437.	When you went to deliver, were you told that you could have someone with you while you delivered?	YES.....1 NO.....0	
438.	When you delivered, did you choose to have someone with you?	YES.....1 NO.....0 go to → 440	
439.	Who did you choose to be with you when you delivered?	HUSBAND/PARTNER.....1 MOTHER.....2 MOTHER-IN-LAW.....3 SISTER.....4 SISTER IN LAW.....5 OTHER FAMILY MEMBER.....6 TRAINED TRADITIONAL MIDWIFE / TRADITIONAL BIRTH ATTENDANT7 OTHER, SPECIFY...8	
440.	Was [NAME] delivered using forceps (that is, an instrument to help pull the baby out) or suction to help pull the baby out? IF TWINS, REFER TO 2 ND TWIN	YES FORCEPS.....1 YES SUCTION.....2 NO.....0	
441.	For this delivery, what position were you in when you delivered [NAME(S)], that is, were you on your back, on your hands and knees, squatting or in another position?	ON YOUR BACK.....1 ON HANDS AND KNEES.....2 SQUATTING.....3 OTHER, SPECIFY8	
442.	For this delivery, shortly before you delivered your baby, did anyone do an episiotomy, that is cut the opening of your vagina (private part) to make more room for the baby's head to pass?	YES.....1 NO.....0	
443.	For this delivery, while you were pushing, did anyone stand above you and push on your stomach?	YES.....1 NO.....0	
444.	Did the baby come out in the normal position?	YES.....1 NO.....0	
Now I have some questions about you and your baby shortly after she/he was born. IF TWINS, REFER TO 2 ND TWIN.			
445.	For this delivery, did anyone give you an injection in your thigh or buttock In the first few minutes after you delivered?	YES.....1 NO.....0	

446.	For this delivery, did anyone give you medication intravenously (through a tube in your arm) in the first few minutes after you delivered?	YES.....1 NO.....0	
447.	For this delivery, did anyone give you tablets to swallow or hold in your mouth in the first few minutes after you delivered?	YES.....1 NO..... 0	
448.	For this delivery, did anyone place tablets in your rectum in the first few minutes after you delivered?	YES.....1 NO.....0	
449.	Did you receive this/these injection(s)/medication(s) <u>before</u> the delivery of the placenta?	YES.....1 NO.....0	
450.	For this delivery, did you deliver the placenta immediately after birth <u>and</u> with no assistance?	YES.....1 go to -> NO.....0	452
451.	For this delivery, did the birth attendant help you deliver the placenta, that is, did he/she place his/her hand firmly on your lower abdomen with one hand and hold the umbilical cord in the other hand?	YES.....1 NO.....0	
452.	After you delivered, did anyone give you an injection in your thigh in the first few minutes <u>after the delivery of the placenta</u> ?	YES.....1 NO.....0	
453.	After you delivered, did anyone give you tablets to take or hold in your mouth in the first few minutes <u>after the delivery placenta</u> ?	YES.....1 NO.....0	
454.	For this delivery, <u>before the delivery of the placenta</u> , did the birth attendant firmly rub (massage) your lower abdomen/ stomach to help make your womb contract (become hard)?	YES.....1 NO.....0	
455.	For this delivery, <u>after the delivery of the placenta</u> , did the birth attendant firmly rub (massage) your lower abdomen to help make your womb contract (become hard)?	YES.....1 NO.....0	
456.	When [NAME(S)] was born, what instrument was used to cut the umbilical cord(s)?	RAZOR BLADE.....1 SCISSORS.....3 THREAD.....4 OTHER, SPECIFY.....5	
457.	For this delivery, did the birth attendant place his/her hand inside your womb after you delivered?	YES.....1 NO.....0	

458.	Was your baby dried off with a towel immediately after his/her birth within a few minutes of delivery? IF TWINS, REFER TO 2 ND TWIN	YES.....1 NO.....0	
459.	Once your baby was born, did any of your birth attendants hold the baby upside down? IF TWINS, REFER TO 2 ND TWIN	YES.....1 NO.....0	
460.	Once your baby was born, did any of your birth attendants slap your baby to get him/her to cry? IF TWINS, REFER TO 2 ND TWIN	YES.....1 NO.....0	
461.	Did anyone weigh [NAME] <u>just</u> <u>immediately</u> after birth? IF TWINS, REFER TO 2 ND TWIN	YES.....1 go to-> 463 NO.....0 go to-> 465	
462.	Was [NAME] weighed at some point after birth? IF TWINS, REFER TO 2 ND TWIN	YES.....1 NO.....0	
463.	What was [NAME'S] weight? IF TWINS, REFER TO 2 ND TWIN	WEIGHT IN KILOGRAMS: _ _ . _ _ _ _	
464.	INDICATE WHERE THE RESPONSE FOR WEIGHT CAME FROM	WEIGHT TAKEN FROM BABY HEALTH CARD...1 WEIGHT GIVEN BY MOTHER'S RESPONSE.....2	
465.	For this delivery, was [NAME] born at term (on time) early (preterm) or late?	ON TIME (TERM).....1 EARLY (PRETERM).....2 LATE3	
466.	For this delivery, do you know how many weeks you were pregnant when you delivered [NAME]?	WEEKS _ _ _	
CHECK QUESTION 303. IF Q303=2, I.E. IF OUTCOME IS STILLBIRTH, GO TO QUESTION 478.			
467.	When was your first contact with your newborn after delivery? IF TWINS, REFER TO 2 ND TWIN	IMMEDIATELY AFTER BIRTH.....1 WITHIN FIRST HOUR AFTER BIRTH.....2 MORE THAN 1 HOUR AFTER BIRTH.....3	
468.	Was your baby wrapped in a cloth while lying against your chest or was your baby naked against your skin? IF TWINS, REFER TO 2 ND TWIN	WRAPPED IN CLOTH.....1 go to-> 470 BABY NAKED AGAINST YOUR SKIN.....2	
469.	Was your baby covered with a towel or cloth while lying against your skin? IF TWINS, REFER TO 2 ND TWIN	YES.....1 NO.....0	
470.	Until now, have you breastfed (given taytay water to) [NAME]? IF TWINS, REFER TO 2 ND TWIN	YES.....1 NO.....0 go to-> 473	
471.	When was the first breastfeeding after delivery?	LESS THAN 1 HOUR.....1 1-6 HOURS.....2 6-24 HOURS.....3 MORE THAN 24 HOURS.....4	
472.	Has your newborn been exclusively breastfed (given only taytay water) since delivery?	YES.....1 go to-> 475 NO.....0	

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473.	Why did you not breastfeed your baby? (CIRCLE ALL THAT APPLY)	HAD A C-SECTION.....1 HAD OTHER COMPLICATION.....2 NO ONE TOLD ME I SHOULD.....3 I DID NOT WANT TO.....4 MY BREAST DID NOT HAVE ENOUGH MILK...5 BABY REFUSED BREAST MILK.....6 OTHER, SPECIFY.....8 _____ _____															
474.	What else did you give to the baby to eat or drink within the first hour after delivery? IF TWINS, REFER TO 2 ND TWIN	Water.....1 Formula milk.....2 Porridge3 Other, specify8															
475.	About how long after birth was your baby bathed for the first time? IF TWINS, REFER TO 2 ND TWIN	WITHIN 1 HOUR.....1 1-5 HOURS.....2 6-24 HOURS.....3 2-3 DAYS.....4 AFTER 3 DAYS.....5 NOT BATHED YET.....6															
476.	Has your baby been sleeping with you since delivery?	YES.....1 NO.....0															
477.	Did the staff decide where your baby would sleep?	YES.....1 go to-> NO.....0 go to->	479 479														
478.	Were you offered to hold the baby after the stillbirth?	YES.....1 NO.....0															
479.	How many nights have you slept in the health facility <u>since the delivery of your baby?</u>	NUMBER OF NIGHTS SLEPT AT HEALTH FACILITY __															
480.	What was the date of the birth/stillbirth of [NAME]? IF TWINS, REFER TO 2 ND TWIN. ENTER 999999 FOR DON'T KNOW.	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td></td> </tr> </table>								D	D	M	M	Y	Y		
D	D	M	M	Y	Y												
481.	Did you sign a consent form for clinical care at any time since admission to maternity?	YES.....1 NO.....0															
482.	Did you have any unanswered questions about the care received?	YES.....1 NO.....0															
483.	During your labor and delivery, did anyone physically mistreat you? That is, did anyone hit you, slap you, physically threaten you or in any other way cause you physical harm? SELECT ALL THAT APPLY	YES, HIT.....1 YES, SLAPPED.....2 YES. PHYSICALLY THREATENED3 YES, OTHER, SPECIFY4 [.....]— 4 NO PHYSICAL MISTREATMENT.....5															
484.	During your labor and delivery, did anyone verbally mistreat you? That is, did anyone threaten you verbally or shout at you? SELECT ALL THAT APPLY	YES, VERBALLY THREATENED.....1 YES, SHOUTED AT2 YES, OTHER, SPECIFY.....3 [.....]— NO VERBAL MISTREATMENT.....4															
485.	<u>If you had the choice</u> , would you return to this facility for maternal health services?	YES.....1 NO.....0															

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486.	What is the travel time (using the fastest possible mode of travel) from your home to the nearest hospital?	LESS THAN 30 MINUTES.....1 30-60 MINUTES.....2 MORE THAN 60 MINUTES..... 3	
487.	What was the <u>most</u> important reason you chose to deliver at this hospital instead of a different hospital? <u>[CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS]</u>	LOCATION CLOSE TO HOME.....1 LOW COST.....2 TRUST IN PROVIDERS/HIGH QUALITY CARE.....3 AVAILABILITY OF DRUGS.....4 AVAILABILITY OF FEMALE PROVIDER.....5 RECOMMENDATION OR REFERRAL.....6 YES, OTHER, SPECIFY.....8	
488.	What was the next most important reason you chose to deliver at this health facility instead of a different facility, if there is any other reason?	NO OTHER REASON.....1 LOCATION CLOSE TO HOME.....2 LOW COST.....3 TRUST IN PROVIDERS/HIGH QUALITY CARE.....4 AVAILABILITY OF DRUGS.....5 AVAILABILITY OF FEMALE PROVIDER.....6 RECOMMENDATION OR REFERRAL.....7 YES, OTHER, SPECIFY.....8	
489.	Did you pay any registration fees?	YES.....1 NO.....0 go to->	491
490.	How much was paid in registration fees? RECORD BOTH AMOUNT AND CURRENCY UNIT	AMOUNT: _____ CURRENCY UNIT: UNITED STATES DOLLAR1 LIBERIAN DOLLAR2	
491.	Did you pay any lab fees?	YES.....1 NO.....0 go to->	493
492.	How much was paid in lab fees? RECORD BOTH AMOUNT AND CURRENCY UNIT	AMOUNT: _____ CURRENCY UNIT: UNITED STATES DOLLAR1 LIBERIAN DOLLAR2	
493.	Did you pay any fees for medication?	YES.....1 NO.....0 go to->	495
494.	How much was paid in fees for medication? RECORD BOTH AMOUNT AND CURRENCY UNIT	AMOUNT: _____ CURRENCY UNIT: UNITED STATES DOLLAR1 LIBERIAN DOLLAR2	
495.	Did you pay any fees for transport for this visit to the health facility?	YES.....1 NO.....0 go to->	501
496.	How much was paid in fees for transport? RECORD BOTH AMOUNT AND CURRENCY UNIT	AMOUNT: _____ CURRENCY UNIT: UNITED STATES DOLLAR1 LIBERIAN DOLLAR2	

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I am going to read you a series of statements regarding this health facility.

First, I will ask you to please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with each statement. Some statements may not apply to your situation. Please let me know if a statement does not apply to you. If you need me to repeat the five possible answers to each question on your agreement, please let me know anytime.

FIRST READ THE LIST ASKING HOW MUCH THE PATIENT AGREES OR DISAGREES, AND RECORD PATIENT'S ANSWER. WHEN YOU HAVE GONE THROUGH THE WHOLE LIST, THEN READ THE FOLLOWING AND GO OVER THE LIST AGAIN:

Now I am going to go through each statement again, but this time I would like you to tell me if this statement is something important to you when you think of this health facility. For example, when I read "It is convenient to travel from your house to the health facility", I would like to know if the convenience of travel from your house to the health facility is an important factor for you to want to come to this health facility. As another example, when I tell you "The health facility is clean", I would like to know if the cleanliness of the health facility is an important factor for you to want to come to this health facility. Please let me know if you need further explanations before we start again.

	QUESTION	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	Is this criterion important to you? YES.....1 NO.....0
501.	It is convenient to travel from your house to the health facility.	5	4	3	2	1	
502.	The health facility is clean.	5	4	3	2	1	
503.	The health staff is courteous and respectful.	5	4	3	2	1	
504.	The health workers did a good job of explaining your condition.	5	4	3	2	1	
505.	It is easy to get medicine that health workers prescribe.	5	4	3	2	1	
506.	The amount of time you spent waiting to be seen by a health worker was not long	5	4	3	2	1	
507.	You had enough privacy during your visit.	5	4	3	2	1	
508.	The health worker spent a sufficient amount of time with you.	5	4	3	2	1	
509.	The overall quality of services provided was satisfactory.	5	4	3	2	1	
510.	You had enough privacy during labor and delivery.	5	4	3	2	1	
511.	You felt that the facility maintained confidentiality of your personal information.	5	4	3	2	1	
512.	You were able to choose your birth companion during labor.	5	4	3	2	1	
513.	You were able to choose your birth companion during delivery.	5	4	3	2	1	
514.	You were asked for consent (permission) before any procedures.	5	4	3	2	1	
515.	You had enough physical contact with your baby immediately after birth or after the caesarean section.	5	4	3	2	1	
516.	You felt respected by your healthcare provider.	5	4	3	2	1	
517.	You had a warm and compassionate healthcare provider.	5	4	3	2	1	
518.	TIME INTERVIEW ENDS – RECORD HOURS, MINUTES, AND CIRCLE AM OR PM CODE. THANK THE RESPONDENT	HOURS..... __ __ MINUTES..... __ __ AM.....1 PM.....2					
519.	WAS ANY MEMBER OF THE HEALTH FACILITY STAFF PRESENT IN THE ROOM AT ANY POINT DURING THE INTERVIEW?	YES.....1 NO.....0					