

QE_patient_exit_8thround_v1

| Field | Question | Answer |
|--------------------------|-----------------------|-----------------|
| state <i>(required)</i> | In what state are we? | 100 Anambra |
| | | 200 Bauchi |
| | | 300 Cross River |
| | | 400 Ekiti |
| | | 500 Kebbi |
| | | 600 Niger |
| clinic <i>(required)</i> | Which clinic is this? | 1 1 |
| | | 2 2 |
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| Field | Question | Answer | |
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| | | 77 | 77 |
| | | 78 | 78 |
| | | 79 | 79 |
| | | 80 | 80 |
| num_exit <i>(required)</i> | Which exit interview is this today for this clinic? | 10000 | 1) First |
| | | 20000 | 2) Second |
| | | 30000 | 3) Third |
| | | 40000 | 4) Fourth |
| | | 50000 | 5) Fifth |
| Interviewer_name <i>(required)</i> | To the enumerator: What is your name? | 1 | 1 |
| | | 2 | 2 |
| | | 3 | 3 |
| | | 4 | 4 |
| | | 5 | 5 |
| | | 6 | 6 |
| | | 7 | 7 |
| | | 8 | 8 |
| | | 9 | 9 |
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| | | 11 | 11 |
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| | | 14 | 14 |
| | | 15 | 15 |
| | | 16 | 16 |
| | | 17 | 17 |
| | | 18 | 18 |
| supervisor_id <i>(required)</i> | To the enumerator: Who is your quality checker? | 1 | 1 |
| | | 2 | 2 |
| | | 3 | 3 |
| | | 4 | 4 |
| | | 5 | 5 |
| | | 6 | 6 |
| | | 7 | 7 |
| | | 8 | 8 |
| | | 9 | 9 |
| | | 10 | 10 |
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| | | 13 | 13 |
| | | 14 | 14 |
| | | 15 | 15 |

| Field | Question | Answer |
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| | | 16 16 |
| | | 17 17 |
| | | 18 18 |
| pat_gen <i>(required)</i> | Note to enumerator: Record gender of the respondent (if it is a parent with a child record the gender of the PARENT) | 1 male |
| | | 0 female |
| start_exit | <p>Start of Interview: Good morning,</p> <p>I work for the survey firm Hanovia and we are collecting data for a World Bank research study on quality of healthcare in Nigeria. The goal of this research is to help Nigerian policymakers understand the situation better in order to make decisions that improve the quality of healthcare for all.</p> <p>I would like to ask you a couple of questions about you and your experience with this health clinic today. This will take about 20 minutes.</p> <p>Please answer my questions truthfully. We can assure you that all the data will be stored anonymously and third parties will not have access to your personal identifying information. Please let me know if you do not want to answer a question, we can skip these.</p> | |
| pat_age <i>(required)</i> | What is your age? (in completed years) <i>Response constrained to: . >= 0 and . <= 125 or . = -8 or . = -9</i> | |
| pat_prof <i>(required)</i> | What is your main profession? | 1 Housewife/man 2 Farmer 3 Nurse 4 Teacher/care-giver 5 Vendor/tradesman 6 Skilled labourer (for example tailor) 7 Military/para-military 8 No job/unemployed 9 Government worker 10 Private worker 11 Pensioner 12 Student -8 I don't know -9 Refuse to answer other Other |
| pat_prof_other | Specify other. <i>Question relevant when: selected(\${pa_prof}, 'other')</i> | |
| pat_edu <i>(required)</i> | What is your highest level of education? | 1 No completed education 2 Primary School 3 Secondary School 4 University 5 PhD - Doctorate 6 Vocational education 7 Arabic education 8 OND 9 HND 10 NCE 11 Msc/MA 12 Adult Literacy Education -8 I don't know -9 Refuse to answer other Other |
| pat_edu_other | Specify other. <i>Question relevant when: selected(\${pa_edu}, 'other')</i> | |
| marital <i>(required)</i> | What is your marital status? | 1 Married 2 Single 3 Widowed 4 Divorced -8 I don't know -9 Refuse to answer other Other |
| marital_other | Specify other. <i>Question relevant when: selected(\${marital}, 'other')</i> | |
| note_m3 | General Questions | |
| childwith <i>(required)</i> | Did you bring a child/youth with you today to the clinic? (Ages 0 - 17) <i>Do not ask this if it is obvious. In that case, simply record yes or no without asking.</i> | 1 Yes |
| | | 0 No |

| Field | Question | Answer | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------------------------|---|----------------------------|-------|------------------|----|------------------------------------------------------|---|-----------|---|-----------------|---|--------------------|---|------------------|----|------------------|----|-------------------|-------|--------------|----|------------------|
| childhealth <i>(required)</i> | Is the principal reason for this visit related to your health or your child's health? <i>"Child" here designates the ages 0 - 17</i> <i>Question relevant when: selected(\${childwith} , '1')</i> | <table border="1"> <tr> <td>1</td><td>My child's health</td></tr> <tr> <td>2</td><td>My own health</td></tr> <tr> <td>other</td><td>Other</td></tr> </table> | 1 | My child's health | 2 | My own health | other | Other | | | | | | | | | | | | | | | | | | |
| 1 | My child's health | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | My own health | | | | | | | | | | | | | | | | | | | | | | | | | |
| other | Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| childhealth_other | Specify other. <i>Question relevant when: selected(\${childhealth} , 'other')</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health questions <i>Group relevant when: selected(\${childhealth} , '2') or selected(\${childwith} , '0')</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| reasonvisit_par <i>(required)</i> | Please tell me the reason of your visit today? | <table border="1"> <tr><td>1</td><td>I am sick/ill - I have pain</td></tr> <tr><td>2</td><td>I came to pick up medicine</td></tr> <tr><td>3</td><td>Vaccination</td></tr> <tr><td>4</td><td>Antenatal care (ANC)/ other pregnancy-related issues</td></tr> <tr><td>5</td><td>Birth</td></tr> <tr><td>6</td><td>Post-natal care</td></tr> <tr><td>7</td><td>Pregnancy test</td></tr> <tr><td>8</td><td>Regular check-up</td></tr> <tr><td>-8</td><td>I don't know</td></tr> <tr><td>-9</td><td>Refuse to answer</td></tr> <tr><td>other</td><td>Other</td></tr> </table> | 1 | I am sick/ill - I have pain | 2 | I came to pick up medicine | 3 | Vaccination | 4 | Antenatal care (ANC)/ other pregnancy-related issues | 5 | Birth | 6 | Post-natal care | 7 | Pregnancy test | 8 | Regular check-up | -8 | I don't know | -9 | Refuse to answer | other | Other | | |
| 1 | I am sick/ill - I have pain | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | I came to pick up medicine | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Vaccination | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Antenatal care (ANC)/ other pregnancy-related issues | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Birth | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Post-natal care | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Pregnancy test | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Regular check-up | | | | | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | | | | | |
| other | Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| reasonvisit_par_other | Specify other. <i>Question relevant when: selected(\${reasonvisit_par} , 'other')</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| diagnosis <i>(required)</i> | What was the diagnosis? <i>Question relevant when: selected(\${reasonvisit_par} , '1') or selected(\${reasonvisit_par} , '2')</i> | | | | | | | | | | | | | | | | | | | | | | | | | |
| symptoms_par <i>(required)</i> | When did the symptoms start? <i>Question relevant when: selected(\${reasonvisit_par} , '1') or selected(\${reasonvisit_par} , '2')</i> | <table border="1"> <tr><td>1</td><td>Today</td></tr> <tr><td>2</td><td>Yesterday</td></tr> <tr><td>3</td><td>3 days ago</td></tr> <tr><td>4</td><td>This week</td></tr> <tr><td>5</td><td>Last week</td></tr> <tr><td>6</td><td>Last month</td></tr> <tr><td>7</td><td>A couple of months</td></tr> <tr><td>8</td><td>A year</td></tr> <tr><td>9</td><td>More than a year</td></tr> <tr><td>10</td><td>I do not remember</td></tr> <tr><td>-8</td><td>I don't know</td></tr> <tr><td>-9</td><td>Refuse to answer</td></tr> </table> | 1 | Today | 2 | Yesterday | 3 | 3 days ago | 4 | This week | 5 | Last week | 6 | Last month | 7 | A couple of months | 8 | A year | 9 | More than a year | 10 | I do not remember | -8 | I don't know | -9 | Refuse to answer |
| 1 | Today | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Yesterday | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 days ago | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | This week | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Last week | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Last month | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | A couple of months | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | A year | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | More than a year | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | I do not remember | | | | | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | | | | | |
| firstvisit_par <i>(required)</i> | Is this your first visit for this condition? <i>Mark "no" if the patient was at this clinic for this reason before.</i> <i>Question relevant when: selected(\${reasonvisit_par} , '1')</i> | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-9</td><td>Refuse to answer</td></tr> <tr><td>-8</td><td>I don't know</td></tr> </table> | 1 | Yes | 0 | No | -9 | Refuse to answer | -8 | I don't know | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health questions > gr_symp <i>Group relevant when: selected(\${reasonvisit_par} , '1') or selected(\${reasonvisit_par} , '2')</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| fever <i>(required)</i> | Do you experience fever? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-9</td><td>Refuse to answer</td></tr> <tr><td>-8</td><td>I don't know</td></tr> </table> | 1 | Yes | 0 | No | -9 | Refuse to answer | -8 | I don't know | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | | | | | |
| weakness <i>(required)</i> | Do you experience weakness? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-9</td><td>Refuse to answer</td></tr> <tr><td>-8</td><td>I don't know</td></tr> </table> | 1 | Yes | 0 | No | -9 | Refuse to answer | -8 | I don't know | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | | | | | |
| chills <i>(required)</i> | Do you experience chills? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-9</td><td>Refuse to answer</td></tr> <tr><td>-8</td><td>I don't know</td></tr> </table> | 1 | Yes | 0 | No | -9 | Refuse to answer | -8 | I don't know | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | | | | | |
| fatigue <i>(required)</i> | Do you experience fatigue? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-9</td><td>Refuse to answer</td></tr> <tr><td>-8</td><td>I don't know</td></tr> </table> | 1 | Yes | 0 | No | -9 | Refuse to answer | -8 | I don't know | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | | | | | |
| sweats <i>(required)</i> | Do you experience sweats? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-9</td><td>Refuse to answer</td></tr> <tr><td>-8</td><td>I don't know</td></tr> </table> | 1 | Yes | 0 | No | -9 | Refuse to answer | -8 | I don't know | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | | | | | |
| shaking <i>(required)</i> | Do you experience shaking/convulsion/tremor? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | |

| Field | Question | Answer | |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------|
| | | | |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| diarrhea <i>(required)</i> | Do you experience diarrhea? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| vomitting <i>(required)</i> | Do you experience vomiting? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| cough_cold <i>(required)</i> | Do you experience a cough or cold? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| injury <i>(required)</i> | Do you have an injury? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| skin <i>(required)</i> | Do you experience skin problems? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| pain <i>(required)</i> | Do you experience pain? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| wherepain <i>(required)</i> | Where is your pain? <i>Question relevant when: selected(\${pain} , '1')</i> | 1 | Head |
| | | 2 | Arm |
| | | 3 | Leg |
| | | 4 | Stomach |
| | | 5 | Foot |
| | | 6 | Skin |
| | | 7 | Internal |
| | | 8 | Unspecified |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| | | other | Other |
| wherepain_other | Specify other. <i>Question relevant when: selected(\${wherepain} , 'other')</i> | | |
| other_symp <i>(required)</i> | Do you experience other symptoms? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| other_symp_what <i>(required)</i> | What is your other symptom? <i>Question relevant when: selected(\${other_symp} , '1')</i> | | |
| severity_par <i>(required)</i> | How is your overall health today? | 1 | Very good |
| | | 2 | Good |
| | | 3 | Average |
| | | 4 | Bad |
| | | 5 | Very bad |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| sev_par_add | Compared to a regular day, how do you feel today? | 1 | Much worse |
| | | 2 | A little worse |
| | | 3 | About the same |
| | | 4 | A little better |
| | | 5 | Much better |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| firsttimeever_par <i>(required)</i> | Is this the first time for you to visit this health facility ever? <i>Question relevant when: selected(\${childhealth} , '2')</i> | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |

| Field | Question | Answer |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | -8 I don't know |
| quant_times_par <i>(required)</i> | How many times have you visited this clinic? <i>NOT including today's visit</i> <i>Question relevant when: selected(\${firsttimeever_par} , '0')</i> <i>Response constrained to: . > 0 and . <= 100 or . = -8 or . = -9</i> | |
| firsttimeyr_par <i>(required)</i> | Is this the first time for you to visit this health facility so far in this year? <i>Question relevant when: selected(\${firsttimeever_par} , '0')</i> | 1 Yes 0 No -9 Refuse to answer -8 I don't know |
| when_last_par <i>(required)</i> | When was the last time (before this visit)? <i>Question relevant when: selected(\${firsttimeyr_par} , '0')</i> | |
| Child health questions <i>Group relevant when: selected(\${childhealth} , '1')</i> | | |
| age_chi <i>(required)</i> | How old is your child? <i>This can take decimal; use the chart above to convert month to decimal if a child is less than a year, or to add months to year</i> <i>Response constrained to: . <= 18 or . = -8 or . = -9</i> | |
| reasonvisit_chi <i>(required)</i> | Please tell me the reason of your child's visit today? | 1 First visit: My child is sick/ill or has pain 2 Follow-up visit: My child is sick/ill or has pain 9 I came to pick up medicine 3 Vaccination 4 Antenatal care (ANC)/ other pregnancy-related issues 5 Birth 6 Post-natal care 7 Pregnancy test 8 Regular check-up -8 I don't know -9 Refuse to answer other Other |
| reasonvisit_chi_other | Specify other. <i>Question relevant when: selected(\${reasonvisit_chi} , 'other')</i> | |
| symptoms_chi <i>(required)</i> | When did the symptoms start? <i>Question relevant when: selected(\${reasonvisit_chi} , '1') or selected(\${reasonvisit_chi} , 2)</i> | 1 Today 2 Yesterday 3 3 days ago 4 This week 5 Last week 6 Last month 7 A couple of months 8 A year 9 More than a year 10 I do not remember -8 I don't know -9 Refuse to answer |
| diagnosis_chi <i>(required)</i> | What was the diagnosis? <i>Question relevant when: selected(\${reasonvisit_chi} , '1') or selected(\${reasonvisit_chi} , 2)</i> | |
| firstvisit_chi <i>(required)</i> | Is this the child's first visit for this condition? <i>Mark "no" if the child was at this clinic for this reason before (for the same condition).</i> <i>Question relevant when: selected(\${reasonvisit_chi} , '1')</i> | 1 Yes 0 No -9 Refuse to answer -8 I don't know |
| Child health questions > Conditions <i>Group relevant when: selected(\${reasonvisit_chi} , '1') or selected(\${reasonvisit_chi} , 2)</i> | | |
| labels_cond | Does your child experience ...? | 1 Yes 0 No -9 Refuse to answer -8 I don't know |
| fever_chi <i>(required)</i> | fever? | 1 Yes 0 No -9 Refuse to answer -8 I don't know |
| weakness_chi <i>(required)</i> | weakness? | 1 Yes |

| Field | Question | Answer | |
|-------------------------------------|---------------------------------------------------------------------------|--------|--------------------|
| | | | |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| chills_chi <i>(required)</i> | chills? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| fatigue_chi <i>(required)</i> | fatigue? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| sweats_chi <i>(required)</i> | sweats? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| shaking_chi <i>(required)</i> | shaking/convulsion/tremor? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| diarrhea_chi <i>(required)</i> | diarrhea? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| vomitting_chi <i>(required)</i> | vomitting? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| cough_cold_chi <i>(required)</i> | a cough or cold? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| injury_chi <i>(required)</i> | an injury? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| skin_chi <i>(required)</i> | skin problems? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| pain_chi <i>(required)</i> | pain? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| other <i>(required)</i> | other symptoms? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| severity_chi <i>(required)</i> | How is your child's overall health today? | 1 | Very good |
| | | 2 | Good |
| | | 3 | Average |
| | | 4 | Bad |
| | | 5 | Very bad |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| sev_chi_add | Compared to a regular day, how does your child feel today? | 1 | Much worse |
| | | 2 | A little worse |
| | | 3 | About the same |
| | | 4 | A little better |
| | | 5 | Much better |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| firsttimeever_chi <i>(required)</i> | Is this the first time for your child to visit this health facility ever? | 1 | Yes |

| Field | Question | Answer | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------|--------|------------------|-------|------------------|----|--------------|---------|------------------------|---------------|---------------------------------|---|-----------------|-------|--------------|----|------------------|-------|-------|
| | <i>Question relevant when: selected(\${childhealth} , '1')</i> | <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>-9</td><td>Refuse to answer</td></tr> <tr><td>-8</td><td>I don't know</td></tr> </table> | 0 | No | -9 | Refuse to answer | -8 | I don't know | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | |
| quant_times_chi <i>(required)</i> | How many times has your child been to this clinic since it was born? <i>NOT including today's visit</i> <i>Question relevant when: selected(\${firsttimeever_chi} , '0')</i> <i>Response constrained to: . > 0 and . <= 100 or . = -8 or . = -9</i> | | | | | | | | | | | | | | | | | | | | | |
| firsttimeyr_chi <i>(required)</i> | Is this the first time for your child to visit this health facility so far in THIS YEAR? <i>Question relevant when: selected(\${firsttimeever_chi} , '0')</i> | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-9</td><td>Refuse to answer</td></tr> <tr><td>-8</td><td>I don't know</td></tr> </table> | 1 | Yes | 0 | No | -9 | Refuse to answer | -8 | I don't know | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | |
| when_last_chi <i>(required)</i> | When was the last time (before this visit)? <i>Question relevant when: selected(\${firsttimeyr_chi} , '0')</i> | | | | | | | | | | | | | | | | | | | | | |
| lengthreach <i>(required)</i> | How long did it take you to reach this facility? (in minutes) <i>Response constrained to: . >= 0 and . <= 1000 or . = -8 or . = -9</i> | | | | | | | | | | | | | | | | | | | | | |
| transport <i>(required)</i> | What was your primary mode of transportation? | <table border="1"> <tr><td>1</td><td>by foot</td></tr> <tr><td>2</td><td>by car</td></tr> <tr><td>3</td><td>by bus/danfo</td></tr> <tr><td>4</td><td>by bicycle</td></tr> <tr><td>5</td><td>motorcycle/bike</td></tr> <tr><td>6</td><td>tricycle/keke napep</td></tr> <tr><td>7</td><td>Donkey or camel</td></tr> <tr><td>-8</td><td>I don't know</td></tr> <tr><td>-9</td><td>Refuse to answer</td></tr> <tr><td>other</td><td>Other</td></tr> </table> | 1 | by foot | 2 | by car | 3 | by bus/danfo | 4 | by bicycle | 5 | motorcycle/bike | 6 | tricycle/keke napep | 7 | Donkey or camel | -8 | I don't know | -9 | Refuse to answer | other | Other |
| 1 | by foot | | | | | | | | | | | | | | | | | | | | | |
| 2 | by car | | | | | | | | | | | | | | | | | | | | | |
| 3 | by bus/danfo | | | | | | | | | | | | | | | | | | | | | |
| 4 | by bicycle | | | | | | | | | | | | | | | | | | | | | |
| 5 | motorcycle/bike | | | | | | | | | | | | | | | | | | | | | |
| 6 | tricycle/keke napep | | | | | | | | | | | | | | | | | | | | | |
| 7 | Donkey or camel | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | |
| other | Other | | | | | | | | | | | | | | | | | | | | | |
| transport_other | Specify other. <i>Question relevant when: selected(\${transport} , 'other')</i> | | | | | | | | | | | | | | | | | | | | | |
| costs <i>(required)</i> | How much did it cost for you to travel to the health facility? (in Naira) <i>Question relevant when: selected(\${transport} , '2') or selected(\${transport} , '3') or selected(\${transport} , '5') or selected(\${transport} , '6')</i> <i>Response constrained to: . < 100000 or . = -8 or . = -9</i> | | | | | | | | | | | | | | | | | | | | | |
| costs2 <i>(required)</i> | Please re-enter the value: How much did it cost for you to travel to the health facility? (in Naira) <i>Question relevant when: selected(\${transport} , '2') or selected(\${transport} , '3') or selected(\${transport} , '5') or selected(\${transport} , '6')</i> <i>Response constrained to: . = \${costs}</i> | | | | | | | | | | | | | | | | | | | | | |
| time_arrive <i>(required)</i> | At what time did you arrive at the facility today? | | | | | | | | | | | | | | | | | | | | | |
| waittime_min <i>(required)</i> | How long did you wait in the health facility before being seen for consultation? (in minutes) <i>Response constrained to: . >= 0 and . <= 480 or . = -8 or . = -9</i> | | | | | | | | | | | | | | | | | | | | | |
| staffperson <i>(required)</i> | Who attended to you today? (main person) <i>Clinical staff</i> | <table border="1"> <tr><td></td><td>Doctor</td><td>Doctor</td></tr> <tr><td></td><td>Nurse</td><td>Nurse</td></tr> <tr><td></td><td>Midwife</td><td>Midwife</td></tr> <tr><td></td><td>Community/VHW</td><td>Community/Village Health Worker</td></tr> <tr><td></td><td>other</td><td>Other</td></tr> </table> | | Doctor | Doctor | | Nurse | Nurse | | Midwife | Midwife | | Community/VHW | Community/Village Health Worker | | other | Other | | | | | |
| | Doctor | Doctor | | | | | | | | | | | | | | | | | | | | |
| | Nurse | Nurse | | | | | | | | | | | | | | | | | | | | |
| | Midwife | Midwife | | | | | | | | | | | | | | | | | | | | |
| | Community/VHW | Community/Village Health Worker | | | | | | | | | | | | | | | | | | | | |
| | other | Other | | | | | | | | | | | | | | | | | | | | |
| staffperson_other | Specify other. <i>Question relevant when: selected(\${staffperson} , 'other')</i> | | | | | | | | | | | | | | | | | | | | | |
| time_doc <i>(required)</i> | How long did you spend with the [staffperson] during the consultation? (in minutes) <i>Excluding lab work</i> <i>Response constrained to: . >= 0 and . <= 480 or . = -8 or . = -9</i> | | | | | | | | | | | | | | | | | | | | | |
| paid <i>(required)</i> | How much did you pay for this consultation? (in Naira) <i>Response constrained to: . >= 0 and . <= 50000 or . = -8 or . = -9</i> | | | | | | | | | | | | | | | | | | | | | |
| paid2 <i>(required)</i> | Please re-enter this value: How much did you pay for this consultation? (in Naira) <i>Response constrained to: . = \${paid}</i> | | | | | | | | | | | | | | | | | | | | | |
| labtest <i>(required)</i> | Was a laboratory test ordered today? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>-9</td><td>Refuse to answer</td></tr> <tr><td>-8</td><td>I don't know</td></tr> </table> | 1 | Yes | 0 | No | -9 | Refuse to answer | -8 | I don't know | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | |
| tests <i>(required)</i> | For what was the laboratory test ordered today? <i>Question relevant when: selected(\${labtest} , '1')</i> | <table border="1"> <tr><td>1</td><td>Malaria</td></tr> <tr><td>2</td><td>HIV/AIDS</td></tr> <tr><td>3</td><td>Blood sugar</td></tr> <tr><td>4</td><td>Haemoglobin</td></tr> <tr><td>5</td><td>Pregnancy-related test</td></tr> <tr><td>6</td><td>Typhoid</td></tr> <tr><td>7</td><td>Urine test</td></tr> </table> | 1 | Malaria | 2 | HIV/AIDS | 3 | Blood sugar | 4 | Haemoglobin | 5 | Pregnancy-related test | 6 | Typhoid | 7 | Urine test | | | | | | |
| 1 | Malaria | | | | | | | | | | | | | | | | | | | | | |
| 2 | HIV/AIDS | | | | | | | | | | | | | | | | | | | | | |
| 3 | Blood sugar | | | | | | | | | | | | | | | | | | | | | |
| 4 | Haemoglobin | | | | | | | | | | | | | | | | | | | | | |
| 5 | Pregnancy-related test | | | | | | | | | | | | | | | | | | | | | |
| 6 | Typhoid | | | | | | | | | | | | | | | | | | | | | |
| 7 | Urine test | | | | | | | | | | | | | | | | | | | | | |

| Field | Question | Answer | |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------|
| | | | |
| | | 8 | Chest examination |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| | | other | Other |
| tests_other | Specify other. <i>Question relevant when: selected({tests}, 'other')</i> | | |
| explain_bloodxray <i>(required)</i> | Did the [staffperson] explain why you need to get the test done? <i>Question relevant when: selected({labtest}, '1')</i> | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| testresults <i>(required)</i> | Did you get any results today? <i>Question relevant when: selected({labtest}, '1')</i> | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| results_min <i>(required)</i> | How long did you wait (in between the test and the result)? <i>If multiple tests were performed, please enter the average waiting time.</i> <i>Question relevant when: selected({labtest}, '1') and selected({testresults}, '1')</i> <i>Response constrained to: . >= 0 and . <= 480 or . = -8 or . = -9</i> | | |
| labtestcost <i>(required)</i> | How much did you pay for the lab tests? (all together in Naira) <i>Question relevant when: selected({labtest}, '1')</i> <i>Response constrained to: . >= 0 and . <= 50000 or . = -8 or . = -9</i> | | |
| labtestcost2 <i>(required)</i> | Please re-enter to confirm: How much did you pay for the lab tests? (all together in Naira) <i>Question relevant when: selected({labtest}, '1')</i> <i>Response constrained to: . = {labtestcost}</i> | | |
| medicine <i>(required)</i> | Did the [staffperson] prescribe any medicine today? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| explain_med <i>(required)</i> | Did the [staffperson] or pharmacist explain how you are supposed to take your medicine? <i>Question relevant when: selected({medicine}, '1')</i> | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| med_dispensed <i>(required)</i> | Were medicines dispensed to you today? <i>Question relevant when: selected({medicine}, '1')</i> | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| howmuchmed <i>(required)</i> | How much did the medicine cost you? <i>Question relevant when: selected({med_dispensed}, '1')</i> <i>Response constrained to: . < 100000 or . = -8 or . = -9</i> | | |
| whynotmed <i>(required)</i> | Why was the medicine not dispensed? <i>Question relevant when: selected({med_dispensed}, '0')</i> | 1 | There was no medicine in stock |
| | | 2 | I did not need medicine |
| | | 3 | I refused to take the medicine |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| | | other | Other |
| whynotmed_other | Specify other. <i>Question relevant when: selected({whynotmed}, 'other')</i> | | |
| wheremed <i>(required)</i> | Did the [staffperson] tell you where you can receive the medicine? <i>Question relevant when: selected({med_dispensed}, '0')</i> | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| insurance <i>(required)</i> | Are you currently covered under a health insurance scheme such as NHIS? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| totalmoney <i>(required)</i> | What is the total amount of money you spent at the PHC today? <i>Total includes lab tests, consultations fees, medicine</i> <i>Response constrained to: . >= 0 and . <= 50000 or . = -8 or . = -9</i> | | |
| totalmoney2 <i>(required)</i> | Please re-enter: What is the total amount of money you spent at the PHC today? <i>Total includes lab tests, consultations fees, medicine</i> <i>Response constrained to: . = {totalmoney}</i> | | |
| note_satisfaction | Patient Satisfaction | | |
| reason_this1 <i>(required)</i> | What was the MOST IMPORTANT reason you chose this health facility today instead of a different source of care? <i>Avoid prompting!</i> | 1 | |

| Field | Question | Answer | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------------------------------|---|--------------------------------|----|------------------------------------------|----|-----------------------------------------|----|-----------------------------|---|--------------------|---|--------------------|---|--------------------------------|----|--------------|----|------------------|-------|-------|
| | | <table border="1"> <tr> <td></td> <td>It is the closest facility to my house</td> </tr> <tr> <td>2</td> <td>It is the best facility around</td> </tr> <tr> <td>3</td> <td>My family/friends recommended the clinic</td> </tr> <tr> <td>4</td> <td>It is the clinic I always go to (habit)</td> </tr> <tr> <td>5</td> <td>Treatment/medicine is cheap</td> </tr> <tr> <td>6</td> <td>No specific reason</td> </tr> <tr> <td>7</td> <td>High quality drugs</td> </tr> <tr> <td>8</td> <td>Services available that I need</td> </tr> <tr> <td>-8</td> <td>I don't know</td> </tr> <tr> <td>-9</td> <td>Refuse to answer</td> </tr> <tr> <td>other</td> <td>Other</td> </tr> </table> | | It is the closest facility to my house | 2 | It is the best facility around | 3 | My family/friends recommended the clinic | 4 | It is the clinic I always go to (habit) | 5 | Treatment/medicine is cheap | 6 | No specific reason | 7 | High quality drugs | 8 | Services available that I need | -8 | I don't know | -9 | Refuse to answer | other | Other |
| | It is the closest facility to my house | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 | My family/friends recommended the clinic | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | It is the clinic I always go to (habit) | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Treatment/medicine is cheap | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | No specific reason | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | High quality drugs | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Services available that I need | | | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | | | |
| other | Other | | | | | | | | | | | | | | | | | | | | | | | |
| reason_this1_other | Specify other. <i>Question relevant when: selected(\${reason_this1}, 'other')</i> | | | | | | | | | | | | | | | | | | | | | | | |
| pregnant <i>(required)</i> | Are you pregnant now? <i>Question relevant when: selected(\${reasonvisitL_par}, '7')</i> | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-9</td> <td>Refuse to answer</td> </tr> <tr> <td>-8</td> <td>I don't know</td> </tr> </table> | 1 | Yes | 0 | No | -9 | Refuse to answer | -8 | I don't know | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | | | |
| monthpreg <i>(required)</i> | In what week of pregnancy are you in? <i>Question relevant when: selected(\${pregnant}, '1')</i> <i>Response constrained to: . <= 40 or . = -8 or . = -9</i> | | | | | | | | | | | | | | | | | | | | | | | |
| complications <i>(required)</i> | Have you had any complications during your pregnancy? <i>Question relevant when: selected(\${pregnant}, '1')</i> | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-9</td> <td>Refuse to answer</td> </tr> <tr> <td>-8</td> <td>I don't know</td> </tr> </table> | 1 | Yes | 0 | No | -9 | Refuse to answer | -8 | I don't know | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | | | |
| visitsphc <i>(required)</i> | How many times have you come to the PHC since you became pregnant? (not including today) <i>Question relevant when: selected(\${pregnant}, '1')</i> <i>Response constrained to: . <= 40 or . = -8 or . = -9</i> | | | | | | | | | | | | | | | | | | | | | | | |
| name_providers <i>(required)</i> | Can you tell us the name of the [staffperson] that provided care for you today? | <table border="1"> <tr> <td>1</td> <td>Yes, gave name</td> </tr> <tr> <td>2</td> <td>No, could not give name</td> </tr> </table> | 1 | Yes, gave name | 2 | No, could not give name | | | | | | | | | | | | | | | | | | |
| 1 | Yes, gave name | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No, could not give name | | | | | | | | | | | | | | | | | | | | | | | |
| sameprovider <i>(required)</i> | Did this [staffperson] care for you at this clinic at a previous visit? <i>Question relevant when: selected(\${firsttimeever_par}, '0') or selected(\${firsttimeever_chi}, '0')</i> | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-9</td> <td>Refuse to answer</td> </tr> <tr> <td>-8</td> <td>I don't know</td> </tr> </table> | 1 | Yes | 0 | No | -9 | Refuse to answer | -8 | I don't know | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | | | |
| wishprovider <i>(required)</i> | If no, which health worker did you prefer? <i>Question relevant when: (selected(\${firsttimeever_par}, '0') or selected(\${firsttimeever_chi}, '0')) and selected(\${sameprovider}, '0')</i> | <table border="1"> <tr> <td>1</td> <td>Today's health worker</td> </tr> <tr> <td>2</td> <td>Last time's health worker</td> </tr> <tr> <td>3</td> <td>Same</td> </tr> </table> | 1 | Today's health worker | 2 | Last time's health worker | 3 | Same | | | | | | | | | | | | | | | | |
| 1 | Today's health worker | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Last time's health worker | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Same | | | | | | | | | | | | | | | | | | | | | | | |
| note_experience | I'm going to read you a series of question regarding your experience with that [staffperson]. Some questions may not apply to your situation; please let me know if a statement does not apply to you. <i>Question relevant when: selected(\${childhealth}, '1')</i> | | | | | | | | | | | | | | | | | | | | | | | |
| ch_exp | <i>Group relevant when: selected(\${childhealth}, '1')</i> | | | | | | | | | | | | | | | | | | | | | | | |
| painc <i>(required)</i> | Did the [staffperson] ask you any questions about how the child feels or his or her pain level etc.? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Not applicable</td> </tr> <tr> <td>-8</td> <td>I don't know</td> </tr> <tr> <td>-9</td> <td>Refuse to answer</td> </tr> </table> | 1 | Yes | 0 | No | 2 | Not applicable | -8 | I don't know | -9 | Refuse to answer | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Not applicable | | | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | | | |
| historyc <i>(required)</i> | Did the [staffperson] ask you about the child's health history? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Not applicable</td> </tr> <tr> <td>-8</td> <td>I don't know</td> </tr> <tr> <td>-9</td> <td>Refuse to answer</td> </tr> </table> | 1 | Yes | 0 | No | 2 | Not applicable | -8 | I don't know | -9 | Refuse to answer | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Not applicable | | | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | | | |
| lifestylec <i>(required)</i> | Did the [staffperson] ask you about your child's lifestyle for example eating habits etc.? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Not applicable</td> </tr> <tr> <td>-8</td> <td>I don't know</td> </tr> <tr> <td>-9</td> <td>Refuse to answer</td> </tr> </table> | 1 | Yes | 0 | No | 2 | Not applicable | -8 | I don't know | -9 | Refuse to answer | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Not applicable | | | | | | | | | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | | | |
| instructions c <i>(required)</i> | What instructions did you receive about how to take care of your child's health condition? | <table border="1"> <tr> <td>1</td> <td>I was informed about appropriate behaviors (doses for example)</td> </tr> <tr> <td>2</td> <td></td> </tr> </table> | 1 | I was informed about appropriate behaviors (doses for example) | 2 | | | | | | | | | | | | | | | | | | | |
| 1 | I was informed about appropriate behaviors (doses for example) | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | |

| Field | Question | Answer | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------------------------------|---|----------------------------------------------------|----|--------------------------------------------------|----|--------------|----|------------------|-------|------------------|-------|-------|
| | | <table border="1"> <tr> <td></td> <td>I was informed to come back for a follow up visit.</td> </tr> <tr> <td>3</td> <td>I was given a schedule for taking my medications</td> </tr> <tr> <td>4</td> <td>None</td> </tr> <tr> <td>-8</td> <td>I don't know</td> </tr> <tr> <td>-9</td> <td>Refuse to answer</td> </tr> <tr> <td>other</td> <td>Other</td> </tr> </table> | | I was informed to come back for a follow up visit. | 3 | I was given a schedule for taking my medications | 4 | None | -8 | I don't know | -9 | Refuse to answer | other | Other | | |
| | I was informed to come back for a follow up visit. | | | | | | | | | | | | | | | |
| 3 | I was given a schedule for taking my medications | | | | | | | | | | | | | | | |
| 4 | None | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | |
| other | Other | | | | | | | | | | | | | | | |
| instructions_c_other | Specify other. <i>Question relevant when: selected(\$instructions), 'other'</i> | | | | | | | | | | | | | | | |
| referspecialistc (required) | Did the [staffperson] refer your child to a specialist or the secondary hospital? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-9</td> <td>Refuse to answer</td> </tr> <tr> <td>-8</td> <td>I don't know</td> </tr> </table> | 1 | Yes | 0 | No | -9 | Refuse to answer | -8 | I don't know | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | |
| pr_exp <i>Group relevant when: selected(\$childhealth) , '2' or selected(\$childwith) , '0'</i> | | | | | | | | | | | | | | | | |
| pain_level (required) | Did the [staffperson] ask you any questions about how you feel or your pain level etc.? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Not applicable</td> </tr> <tr> <td>-8</td> <td>I don't know</td> </tr> <tr> <td>-9</td> <td>Refuse to answer</td> </tr> </table> | 1 | Yes | 0 | No | 2 | Not applicable | -8 | I don't know | -9 | Refuse to answer | | | | |
| 1 | Yes | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | |
| 2 | Not applicable | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | |
| history (required) | Did the [staffperson] ask you about your health history? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Not applicable</td> </tr> <tr> <td>-8</td> <td>I don't know</td> </tr> <tr> <td>-9</td> <td>Refuse to answer</td> </tr> </table> | 1 | Yes | 0 | No | 2 | Not applicable | -8 | I don't know | -9 | Refuse to answer | | | | |
| 1 | Yes | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | |
| 2 | Not applicable | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | |
| lifestyle (required) | Did the [staffperson] ask you about your lifestyle for example your eating habits, smoking, or drinking? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>2</td> <td>Not applicable</td> </tr> <tr> <td>-8</td> <td>I don't know</td> </tr> <tr> <td>-9</td> <td>Refuse to answer</td> </tr> </table> | 1 | Yes | 0 | No | 2 | Not applicable | -8 | I don't know | -9 | Refuse to answer | | | | |
| 1 | Yes | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | |
| 2 | Not applicable | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | |
| instructions (required) | What instructions did you receive about how to take care of your health condition? | <table border="1"> <tr> <td>1</td> <td>I was informed about appropriate behaviors (doses for example)</td> </tr> <tr> <td>2</td> <td>I was informed to come back for a follow up visit.</td> </tr> <tr> <td>3</td> <td>I was given a schedule for taking my medications</td> </tr> <tr> <td>4</td> <td>None</td> </tr> <tr> <td>-8</td> <td>I don't know</td> </tr> <tr> <td>-9</td> <td>Refuse to answer</td> </tr> <tr> <td>other</td> <td>Other</td> </tr> </table> | 1 | I was informed about appropriate behaviors (doses for example) | 2 | I was informed to come back for a follow up visit. | 3 | I was given a schedule for taking my medications | 4 | None | -8 | I don't know | -9 | Refuse to answer | other | Other |
| 1 | I was informed about appropriate behaviors (doses for example) | | | | | | | | | | | | | | | |
| 2 | I was informed to come back for a follow up visit. | | | | | | | | | | | | | | | |
| 3 | I was given a schedule for taking my medications | | | | | | | | | | | | | | | |
| 4 | None | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | |
| other | Other | | | | | | | | | | | | | | | |
| instructions_other | Specify other. <i>Question relevant when: selected(\$instructions), 'other'</i> | | | | | | | | | | | | | | | |
| referspecialist (required) | Did the [staffperson] refer you to a specialist or the secondary hospital? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-9</td> <td>Refuse to answer</td> </tr> <tr> <td>-8</td> <td>I don't know</td> </tr> </table> | 1 | Yes | 0 | No | -9 | Refuse to answer | -8 | I don't know | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | |
| friendly (required) | Was the [staffperson] friendly and approachable? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-9</td> <td>Refuse to answer</td> </tr> <tr> <td>-8</td> <td>I don't know</td> </tr> </table> | 1 | Yes | 0 | No | -9 | Refuse to answer | -8 | I don't know | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | |
| listen (required) | Did the [staffperson] listen carefully to what you said? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-9</td> <td>Refuse to answer</td> </tr> <tr> <td>-8</td> <td>I don't know</td> </tr> </table> | 1 | Yes | 0 | No | -9 | Refuse to answer | -8 | I don't know | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | |
| terms (required) | Did the [staffperson] use any medical terms that you did not understand? | <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>-9</td> <td>Refuse to answer</td> </tr> <tr> <td>-8</td> <td>I don't know</td> </tr> </table> | 1 | Yes | 0 | No | -9 | Refuse to answer | -8 | I don't know | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | |
| -9 | Refuse to answer | | | | | | | | | | | | | | | |
| -8 | I don't know | | | | | | | | | | | | | | | |
| note_facility | I'm going to read you a series of statements regarding this facility. Please tell me if you agree or disagree with each statement. Some statements may not apply to your situation; please let me know if a statement does not apply to you. Do you agree or disagree? | | | | | | | | | | | | | | | |

| Field | Question | Answer | |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------|
| choose_examp <i>(required)</i> | Do you want the example for a young person or an older person? | 1 | Young person (Football example) |
| | | 0 | Older person (Cooking) |
| example <i>(required)</i> | EXAMPLE: Nigeria is good at football. Do you agree or disagree? <i>This is an example to practice this section. The data will not be used for analysis.</i> <i>Question relevant when: selected(\${choose_examp} , '1')</i> | 1 | agree |
| | | 2 | disagree |
| | | 3 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong0 <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${example} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong0 <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${example} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| example23 <i>(required)</i> | EXAMPLE: Your mother is/was a good cook. Do you agree or disagree? <i>This is an example to practice this section. The data will not be used for analysis.</i> <i>Question relevant when: selected(\${choose_examp} , '0')</i> | 1 | agree |
| | | 2 | disagree |
| | | 3 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong023 <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${example23} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong023 <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${example23} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| <i>Group relevant when: \${random1} < 0.33334</i> | | | |
| labfees <i>(required)</i> | The lab fees today were reasonable. <i>Question relevant when: \${labtestcost} > 0</i> | 1 | agree |
| | | 2 | disagree |
| | | 3 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong1a <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${labfees} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong1a <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${labfees} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| fees_lik_rp <i>(required)</i> | How would you rate the lab fees on a scale from 1 to 10? <i>"1" = too expensive; "10" = very reasonable</i> <i>Question relevant when: \${random_lik} < 0.5</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| cleanfac <i>(required)</i> | This health facility is clean. | 1 | agree |
| | | 2 | disagree |
| | | 3 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong2a <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${cleanfac} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong2a <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${cleanfac} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| clean_lik_rp <i>(required)</i> | How would you rate the cleanliness of the health facility on a scale from 1 to 10? <i>"1" = very dirty; "10" = very clean</i> <i>Question relevant when: \${random_lik} < 0.5</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |

| Field | Question | Answer | |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------|
| | | | |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| waittime <i>(required)</i> | The waiting time was appropriate | 1 | agree |
| | | 2 | disagree |
| | | 3 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong3a <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${waittime} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong3a <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${waittime} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| wait_lik_rp <i>(required)</i> | How would you rate the waiting time on a scale from 1 to 10? <i>"1" = very inappropriate; "10" very appropriate</i> <i>Question relevant when: \${random_lik} < 0.5</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| medfees <i>(required)</i> | The fees for medicines or drugs you received today were reasonable. <i>Question relevant when: \${howmuchmed} > 0</i> | 1 | agree |
| | | 2 | disagree |
| | | 3 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong4a <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${medfees} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong4a <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${medfees} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| medfees_lik_rp <i>(required)</i> | How would you rate the fees for medicines or drugs on a scale from 1 to 10? <i>"1" = too expensive; "10" = very reasonable</i> <i>Question relevant when: \${random_lik} < 0.5</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| respectful <i>(required)</i> | The staff at this facility is courteous and respectful. | 1 | agree |
| | | 2 | disagree |
| | | 3 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong5a <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${respectful} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong5a <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${respectful} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| behave_lik_rp <i>(required)</i> | How would you rate staff behavior on a scale from 1 to 10? <i>"1" = very rude and disrespectful; "10" very courteous and respectful</i> <i>Question relevant when: \${random_lik} < 0.5</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |

| Field | Question | Answer | |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------|
| | | | |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| explainingwell <i>(required)</i> | The [staffperson] did a good job of explaining your condition. | 1 | agree |
| | | 2 | disagree |
| | | 3 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong6a <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${explainingwell} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong6a <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${explainingwell} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| explain_lik_rp <i>(required)</i> | How would you rate the explanation that was given to you of your condition on a scale from 1 to 10? "1" = very poor job of explaining your condition; "10" = very good job of explaining your condition <i>Question relevant when: \${random_lik} < 0.5</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| privacy <i>(required)</i> | You had enough privacy during your visit. | 1 | agree |
| | | 2 | disagree |
| | | 3 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong7a <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${privacy} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong7a <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${privacy} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| privacy_lik_rp <i>(required)</i> | How would you rate the privacy during your visit on a scale from 1 to 10? "1" = too little privacy; "10" = sufficient amount of privacy <i>Question relevant when: \${random_lik} < 0.5</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| regfees <i>(required)</i> | The registration fees of this visit to the health facility were reasonable. | 1 | agree |
| | | 2 | disagree |
| | | 3 | there were no fees |
| | | 4 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong8a <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${regfees} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong8a <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${regfees} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| regfees_lik_rp <i>(required)</i> | How would you rate the registration fees on a scale from 1 to 10? "1" = too expensive; "10" = very reasonable <i>Question relevant when: \${random_lik} < 0.5</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |

| Field | Question | Answer | |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------|
| | | | |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| suffi_time <i>(required)</i> | The [staffperson] spent a sufficient amount of time with you. | 1 | agree |
| | | 2 | disagree |
| | | 3 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong9a <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${suffi_time} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong9a <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${suffi_time} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| time_lik_rp <i>(required)</i> | How would you rate the amount of time staff spent with you on a scale from 1 to 10? <i>"1" = very little time; "10" a lot of time</i> <i>Question relevant when: \${random_lik} < 0.5</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| hoursok <i>(required)</i> | The hours this facility is open are adequate to meet your needs. | 1 | agree |
| | | 2 | disagree |
| | | 3 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong10a <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${hoursok} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong10a <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${hoursok} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| hours_lik_rp <i>(required)</i> | How would you rate the opening hours for the facility on a scale from 1 to 10? <i>"1" = very inadequate; "10" very adequate</i> <i>Question relevant when: \${random_lik} < 0.5</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| trust <i>(required)</i> | You completely trust the [staffperson]' decisions about medical treatment in this facility. | 1 | agree |
| | | 2 | disagree |
| | | 3 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong11a <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${trust} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong11a <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${trust} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| trust_lik_rp <i>(required)</i> | How would you rate your trust in the staff's decision about medical treatment on a scale from 1 to 10? <i>"1" = not trustworthy; "10" very trustworthy</i> <i>Question relevant when: \${random_lik} < 0.5</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |

| Field | Question | Answer | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------|
| | | | |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| .. | | | |
| <i>Group relevant when: \${random1} >= 0.33334 and \${random1} <= 0.66667</i> | | | |
| labfeesn <i>(required)</i> | The lab fees today were too expensive. <i>Question relevant when: \${labtestcost} > 0</i> | 1 | agree |
| | | 2 | disagree |
| | | 3 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong1b <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${labfeesn} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong1b <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${labfeesn} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| fees_lik_rn <i>(required)</i> | How would you rate the lab fees on a scale from 1 to 10? <i>"1" = too expensive; "10" = very reasonable</i> <i>Question relevant when: \${random_lik} < 0.5 and \${labtestcost} > 0</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| cleanfacn <i>(required)</i> | This health facility is dirty. | 1 | agree |
| | | 2 | disagree |
| | | 3 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong2b <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${cleanfacn} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong2b <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${cleanfacn} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| clean_lik_rn <i>(required)</i> | How would you rate the cleanliness of the health facility on a scale from 1 to 10? <i>"1" = very dirty; "10" = "very clean"</i> <i>Question relevant when: \${random_lik} < 0.5</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| waittimen <i>(required)</i> | The waiting time was too long | 1 | agree |
| | | 2 | disagree |
| | | 3 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong3b <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${waittimen} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong3b <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${waittimen} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| wait_lik_rn <i>(required)</i> | How would you rate the waiting time on a scale from 1 to 10? <i>"1" = very inappropriate; "10" = very appropriate</i> <i>Question relevant when: \${random_lik} < 0.5</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |

| Field | Question | Answer | | |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----|----------------------------|
| | | | 7 | 7 |
| | | | 6 | 6 |
| | | | 5 | 5 |
| | | | 4 | 4 |
| | | | 3 | 3 |
| | | | 2 | 2 |
| | | | 1 | 1 |
| | | | -8 | I don't know |
| | | | -9 | I refuse to answer |
| medfeesn <i>(required)</i> | The fees for medicines or drugs you received today were too expensive. <i>Question relevant when: \${howmuchmed} > 0</i> | | 1 | agree |
| | | | 2 | disagree |
| | | | 3 | neither agree nor disagree |
| | | | -8 | I don't know |
| | | | -9 | Refuse to answer |
| agr_strong4b <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${medfeesn} , '1')</i> | | 1 | agree strongly |
| | | | 0 | agree moderately |
| disag_strong4b <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${medfeesn} , '2')</i> | | 1 | disagree strongly |
| | | | 0 | disagree moderately |
| medfees_lik_rn <i>(required)</i> | How would you rate the fees for medicines or drugs on a scale from 1 to 10? <i>"1" = too expensive; "10" = very reasonable</i> <i>Question relevant when: \${random_lik} < 0.5</i> | | 10 | 10 |
| | | | 9 | 9 |
| | | | 8 | 8 |
| | | | 7 | 7 |
| | | | 6 | 6 |
| | | | 5 | 5 |
| | | | 4 | 4 |
| | | | 3 | 3 |
| | | | 2 | 2 |
| | | | 1 | 1 |
| | | | -8 | I don't know |
| | | | -9 | I refuse to answer |
| respectfuln <i>(required)</i> | The staff at this facility is rude and disrespectful. | | 1 | agree |
| | | | 2 | disagree |
| | | | 3 | neither agree nor disagree |
| | | | -8 | I don't know |
| | | | -9 | Refuse to answer |
| agr_strong5b <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${respectfuln} , '1')</i> | | 1 | agree strongly |
| | | | 0 | agree moderately |
| disag_strong5b <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${respectfuln} , '2')</i> | | 1 | disagree strongly |
| | | | 0 | disagree moderately |
| behave_lik_rn <i>(required)</i> | How would you rate staff behavior on a scale from 1 to 10? <i>"1" = very rude and disrespectful; "10" very courteous and respectful</i> <i>Question relevant when: \${random_lik} < 0.5</i> | | 10 | 10 |
| | | | 9 | 9 |
| | | | 8 | 8 |
| | | | 7 | 7 |
| | | | 6 | 6 |
| | | | 5 | 5 |
| | | | 4 | 4 |
| | | | 3 | 3 |
| | | | 2 | 2 |
| | | | 1 | 1 |
| | | | -8 | I don't know |
| | | | -9 | I refuse to answer |
| explainingwelln <i>(required)</i> | The [staffperson] did a poor job of explaining your condition. | | 1 | agree |
| | | | 2 | disagree |
| | | | 3 | neither agree nor disagree |
| | | | -8 | I don't know |
| | | | -9 | Refuse to answer |
| agr_strong6b <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${explainingwelln} , '1')</i> | | 1 | agree strongly |
| | | | 0 | agree moderately |
| disag_strong6b <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${explainingwelln} , '2')</i> | | 1 | disagree strongly |
| | | | 0 | disagree moderately |
| explain_lik_rn <i>(required)</i> | How would you rate the explanation that was given to you of your condition on a scale from 1 to 10? <i>"1" = very poor job of explaining your condition; "10" very good job of explaining your condition</i> <i>Question relevant when: \${random_lik} < 0.5</i> | | 10 | 10 |
| | | | 9 | 9 |

| Field | Question | Answer | |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------|
| | | | |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| privacyn <i>(required)</i> | You had too little privacy during your visit. | 1 | agree |
| | | 2 | disagree |
| | | 3 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong7b <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${privacyn} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong7b <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${privacyn} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| privacy_lik_rn <i>(required)</i> | How would you rate the privacy during your visit on a scale from 1 to 10? "1" = too little privacy; "10" sufficient amount of privacy <i>Question relevant when: \${random_lik} < 0.5</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| regfeesn <i>(required)</i> | The registration fees of this visit to the health facility were too expensive. | 1 | agree |
| | | 2 | disagree |
| | | 3 | there were no fees |
| | | 4 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong8b <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${regfeesn} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong8b <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${regfeesn} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |
| regfees_lik_rn <i>(required)</i> | How would you rate the registration fees on a scale from 1 to 10? "1" = too expensive; "10" = very reasonable <i>Question relevant when: \${random_lik} < 0.5</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| suffi_timen <i>(required)</i> | The [staffperson] spent too little time with you. | 1 | agree |
| | | 2 | disagree |
| | | 3 | neither agree nor disagree |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| agr_strong9b <i>(required)</i> | Do you agree moderately or strongly? <i>Question relevant when: selected(\${suffi_timen} , '1')</i> | 1 | agree strongly |
| | | 0 | agree moderately |
| disag_strong9b <i>(required)</i> | Do you disagree moderately or strongly? <i>Question relevant when: selected(\${suffi_timen} , '2')</i> | 1 | disagree strongly |
| | | 0 | disagree moderately |

| Field | Question | Answer |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| time_lik_rn <i>(required)</i> | How would you rate the amount of time staff spent with you on a scale from 1 to 10? "1" = very little time; "10" = a lot of time Question relevant when: $\${random_lik} < 0.5$ | 10 10 9 9 8 8 7 7 6 6 5 5 4 4 3 3 2 2 1 1 -8 I don't know -9 I refuse to answer |
| hoursokn <i>(required)</i> | The hours this facility is open are too short to meet your needs. | 1 agree 2 disagree 3 neither agree nor disagree -8 I don't know -9 Refuse to answer |
| agr_strong10b <i>(required)</i> | Do you agree moderately or strongly? Question relevant when: $selected(\${hoursokn}, '1')$ | 1 agree strongly 0 agree moderately |
| disag_strong10b <i>(required)</i> | Do you disagree moderately or strongly? Question relevant when: $selected(\${hoursokn}, '2')$ | 1 disagree strongly 0 disagree moderately |
| hours_lik_rn <i>(required)</i> | How would you rate the opening hours for the facility on a scale from 1 to 10? "1" = very inadequate; "10" = very adequate Question relevant when: $\${random_lik} < 0.5$ | 10 10 9 9 8 8 7 7 6 6 5 5 4 4 3 3 2 2 1 1 -8 I don't know -9 I refuse to answer |
| trustn <i>(required)</i> | You do not completely trust the [staffperson]' decisions about medical treatment. | 1 agree 2 disagree 3 neither agree nor disagree -8 I don't know -9 Refuse to answer |
| agr_strong11b <i>(required)</i> | Do you agree moderately or strongly? Question relevant when: $selected(\${trustn}, '1')$ | 1 agree strongly 0 agree moderately |
| disag_strong11b <i>(required)</i> | Do you disagree moderately or strongly? Question relevant when: $selected(\${trustn}, '2')$ | 1 disagree strongly 0 disagree moderately |
| trust_lik_m <i>(required)</i> | How would you rate your trust in the staff's decision about medical treatment on a scale from 1 to 10? "1" = not trustworthy; "10" = very trustworthy Question relevant when: $\${random_lik} < 0.5$ | 10 10 9 9 8 8 7 7 6 6 5 5 4 4 3 3 2 2 1 1 -8 I don't know -9 I refuse to answer |
| Scale Group relevant when: $\${random1} > 0.66667$ | | |
| note_likert | How would you rate the following items on a scale from 1 to 10? | |
| fees_lik <i>(required)</i> | 1) Lab fees "1" = too expensive; "10" = very reasonable Question relevant when: $\${labtestcost} > 0$ | 10 10 9 9 8 8 7 7 6 6 5 5 |

| Field | Question | Answer | |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------|
| | | | |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| clean_lik <i>(required)</i> | 2) Cleanliness of health facility "1" = very dirty; "10" = very clean | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| wait_lik <i>(required)</i> | 3) Waiting time "1" = very inappropriate; "10" very appropriate | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| medfees_lik <i>(required)</i> | 4) Fees for medicines or drugs "1" = too expensive; "10" = very reasonable Question relevant when: \${howmuchmed} > 0 | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| behave_lik <i>(required)</i> | 5) Staff behavior (courtesy and respect) "1" = very rude and disrespectful; "10" very courteous and respectful | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| explain_lik <i>(required)</i> | 6) Explanation of your condition "1" = very poor job of explaining your condition; "10" very good job of explaining your condition | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |

| Field | Question | Answer | |
|-------------------------------|------------------------------------------------------------------------------------------------------------------|--------|--------------------|
| | | | |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| privacy_lik <i>(required)</i> | 7) Privacy during your visit <i>"1" = too little privacy; "10" sufficient amount of privacy</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| | | | |
| | | | |
| regfees_lik <i>(required)</i> | 8) Registration fees <i>"1" = too expensive; "10" = very reasonable</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| | | | |
| | | | |
| time_lik <i>(required)</i> | 9) Amount of time staff spent with you <i>"1" = very little time; "10" a lot of time</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| | | | |
| | | | |
| hours_lik <i>(required)</i> | 10) Opening hours of the facility <i>"1" = very inadequate; "10" very adequate</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| | | | |
| | | | |
| trust_lik <i>(required)</i> | 11) Trust in the staff's decision about medical treatment <i>"1" = not trustworthy; "10" very trustworthy</i> | 10 | 10 |
| | | 9 | 9 |
| | | 8 | 8 |
| | | 7 | 7 |
| | | 6 | 6 |
| | | 5 | 5 |
| | | 4 | 4 |
| | | 3 | 3 |
| | | 2 | 2 |
| | | 1 | 1 |
| | | -8 | I don't know |
| | | -9 | I refuse to answer |
| | | | |
| | | | |

| Field | Question | Answer | |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------|
| emergency <i>(required)</i> | Last time someone in your household had an emergency health problem, did they come to this facility? | 1 | Yes |
| | | 0 | No |
| | | 2 | Never had emergency in family |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| recommend <i>(required)</i> | If your neighbor had the same reason to seek care as you do, would recommend that they DO COME to this facility? <i>Question relevant when: \${random1} <= 0.5</i> | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| recommendr <i>(required)</i> | If your neighbour had the same reason to seek care as you do, would you recommend that they DID NOT come to this facility? <i>Question relevant when: \${random1} > 0.5</i> | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| overall <i>(required)</i> | Overall, how would you rate your experience with this [staffperson] today. | 1 | Very good |
| | | 2 | good |
| | | 3 | average |
| | | 4 | poor |
| | | 5 | very poor |
| priv_clinics <i>(required)</i> | Are there private health care facilities near your home or work, including private clinics and traditional healers? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| priv_clinics_oft <i>(required)</i> | How many times did you visit any private health care facility in the past year (for your care or for your child)? <i>Response constrained to: . <= 40 or . = -8 or . = -9</i> | | |
| privever <i>(required)</i> | Did you ever go to a private facility to seek care (prompt with options: traditional healer, private clinic, etc.)? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| last_priv <i>(required)</i> | When was the last time you visited a private facility (prompt with options: traditional healer, private clinic, etc.)? <i>Question relevant when: selected(\${privever} , '1')</i> | 1 | Today |
| | | 2 | Yesterday |
| | | 3 | 3-7 days ago |
| | | 4 | Last month |
| | | 5 | A couple of month ago |
| | | 6 | A year ago or more |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| priv_what <i>(required)</i> | What type of facility was it? <i>Question relevant when: selected(\${privever} , '1')</i> | 1 | Traditional healer |
| | | 2 | Private clinic |
| | | 3 | Private hospital |
| | | other | Other |
| priv_what_other | Specify other. <i>Question relevant when: selected(\${priv_what} , 'other')</i> | | |
| compare <i>(required)</i> | How does the care you received at that last visit at the private facility compare to this public facility? <i>Question relevant when: selected(\${privever} , '1')</i> | 1 | Private was better |
| | | 2 | Private was the same |
| | | 3 | Private was worse |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| | | other | Other |
| compare_other | Specify other. <i>Question relevant when: selected(\${compare} , 'other')</i> | | |
| overallhealth_chi <i>(required)</i> | Normally, how would you rate your own overall health? | 1 | Very healthy |
| | | 2 | Moderately health |
| | | 3 | Average |
| | | 4 | Moderately unhealthy |
| | | 5 | Very unhealthy |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| | | other | Other |
| overallhealth_chi_other | Specify other. <i>Question relevant when: selected(\${overallhealth_chi} , 'other')</i> | | |
| overallhealth_par <i>(required)</i> | Normally, how would you rate your child's overall health? <i>Question relevant when: selected(\${childhealth} , '1')</i> | 1 | Very healthy |
| | | 2 | Moderately health |
| | | 3 | Average |

| Field | Question | Answer | |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------|
| | | | |
| | | 4 | Moderately unhealthy |
| | | 5 | Very unhealthy |
| | | -8 | I don't know |
| | | -9 | Refuse to answer |
| | | other | Other |
| overallhealth_par_other | Specify other. <i>Question relevant when: selected(\$overallhealth_par, 'other')</i> | | |
| note_tracking | Tracking and follow-up | | |
| contactagain <i>(required)</i> | We may want to follow up and ask a few more questions in the future. Would it be all right for us to contact you again? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| cell_num1 <i>(required)</i> | Please, may we have your cellphone number? <i>Note to enumerator: Make sure this number has 11 digits</i> <i>Question relevant when: selected(\$contactagain, '1')</i> | | |
| cell_num1_b <i>(required)</i> | Please re-enter the cell number for verification <i>Question relevant when: selected(\$contactagain, '1')</i> <i>Response constrained to: . = \$cell_num1</i> | | |
| cell_num2_yes <i>(required)</i> | Do you have a second phone number? (alternative number?) <i>Question relevant when: selected(\$contactagain, '1')</i> | 1 | Yes |
| | | 0 | No |
| cell_num2 <i>(required)</i> | What is your alternative/2nd phone number? <i>Note to enumerator: Make sure this number has 11 digits</i> <i>Question relevant when: selected(\$contactagain, '1') and selected(\$cell_num2_yes, '1')</i> | | |
| cell_num2_b <i>(required)</i> | Please re-enter the alternative cell number for verification <i>Question relevant when: selected(\$contactagain, '1') and selected(\$cell_num2_yes, '1')</i> <i>Response constrained to: . = \$cell_num2</i> | | |
| sec_pers <i>(required)</i> | In case we cannot reach you directly is there another person we could call to reach you? <i>Question relevant when: selected(\$contactagain, '1')</i> | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| alt_cellname <i>(required)</i> | What is his/her name? <i>Question relevant when: selected(\$sec_pers, '1') and selected(\$contactagain, '1')</i> | | |
| alt_contact <i>(required)</i> | What is your relationship to that person? <i>Question relevant when: selected(\$contactagain, '1') and selected(\$sec_pers, '1')</i> | 1 | Parent |
| | | 2 | Friend |
| | | 3 | Grandparent |
| | | 4 | Other relative |
| | | 5 | Brother or sister |
| | | 6 | Child |
| | | 7 | Spouse (Husband or Wife) |
| | | -9 | I refuse to answer |
| | | other | Other |
| alt_contact_other | Specify other. <i>Question relevant when: selected(\$alt_contact, 'other')</i> | | |
| alt_cellnum <i>(required)</i> | What is his/her cell number? <i>Note to enumerator: Make sure this number has 11 digits</i> <i>Question relevant when: selected(\$sec_pers, '1') and selected(\$contactagain, '1')</i> | | |
| alt_cellnum_b <i>(required)</i> | Please re-enter the cell number for verification <i>Question relevant when: selected(\$sec_pers, '1') and selected(\$contactagain, '1')</i> <i>Response constrained to: . = \$alt_cellnum</i> | | |
| note_additional | Lastly, can we ask a few questions about yourself. | | |
| radio <i>(required)</i> | Does your household have a radio? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| television <i>(required)</i> | Does your household have a television? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| mobph <i>(required)</i> | Does your household have a mobile telephone? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| nonmobph <i>(required)</i> | Does your household have a non-mobile telephone (landline)? | 1 | Yes |
| | | 0 | No |

| Field | Question | Answer | |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------|
| | | | |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| refrigerator <i>(required)</i> | Does your household have a refrigerator? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| note_transportintro | Means of transportation | | |
| canoe <i>(required)</i> | Does your household have a canoe? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| bicycle <i>(required)</i> | Does your household have a bicycle? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| cart <i>(required)</i> | Does your household have an animal-drawn cart? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| motor_scooter <i>(required)</i> | Does your household have a motorcycle or a scooter? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| car_truck <i>(required)</i> | Does your household have a car or a truck? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| boat <i>(required)</i> | Does your household have a boat with a motor? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| note_otherownintro | Other ownership details | | |
| agrland <i>(required)</i> | Does your household have ownership of agricultural land (anywhere)? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| animals <i>(required)</i> | Does your household have ownership of farm animals (anywhere)? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| bankacct <i>(required)</i> | Does your household have a bank account or a savings account? | 1 | Yes |
| | | 0 | No |
| | | -9 | Refuse to answer |
| | | -8 | I don't know |
| hh_size <i>(required)</i> | How many people live in your household? <i>Response constrained to: . <= 40 or . = -8 or . = -9</i> | | |
| hh_children <i>(required)</i> | Of those, how many are children (under the age of 5)? <i>Response constrained to: . <= \${hh_size} or . = -8 or . = -9</i> | | |
| hh_depend <i>(required)</i> | How many of your household members are dependent on your income (including children)? <i>Response constrained to: . <= \${hh_size} or . = -8 or . = -9</i> | | |
| note_end | Thank you for your time, we have reached the end of the interview. | | |
| enumeratpic3 | Image of the enumerator <i>Snap a selfie with facility as the background.</i> | | |
| GPS_pe | Please collect the GPS information. Step outside for good connectivity. <i>GPS coordinates can only be collected when outside.</i> | | |
| note_end2 | Note to data collector: Please enter any comments that you might have here. | | |