

Woman's name: _____

ID # ____ A__ - _____

.....

**RAPID ASSESSMENT OF MALARIA DURING PREGNANCY
TOOL 8: CLIENT EXIT INTERVIEW**

Today's date: ____/____/____
Day Month Year

Interviewer number _____

ID number: ____ A__ -- ____ ____

Digit 1 = facility number Digit 2 = A (for Antenatal Clinic)
Digits 3, 4 & 5 = woman's consecutive number

Screening Information:

1. Age (years)::.....[]

(If the mother does not know her age, then estimate her age using the categories below)

less than 15 years[]	30-34 years.....[]
15-19 years.....[]	35-39 years.....[]
20-24 years.....[]	40-44 years.....[]
25-29 years.....[]	more than 44 years[]

If the woman is less than an age deemed appropriate,¹ thank her for her time, and DO NOT enroll her in this survey.

2. Did you receive antenatal care services today?..... []

YES = 1

NO = 2 (**skip to end of interview**)

UNKNOWN = 9

If the woman did not receive antenatal care services, thank her for her time, and DO NOT enroll her in this survey.

3. Have you felt the baby move inside you yet?.....[]

YES = 1

NO = 2

UNKNOWN = 9

If the woman has not experienced quickening, thank her for her time, and DO NOT enroll her in this survey.

4. What village/town do you live in? _____

¹ Most rapid assessments have used 15 years as a cut-off, but local settings should determine what is appropriate in that setting.

ID number: ____ A__ -- ____ ____

Interviewer: skip the next question; to be coded later so that it is done uniformly.

5. Is this a rural or urban area? []
Urban = 1
Rural = 2
Periurban = 3
Unknown = 9
6. What language do you usually speak with family members at home?..... []
Language a = 1
Language b = 2
Language c = 3
Other = 8 (**specify**) _____

EDUCATION

7. What is the highest level of school you attended?...[]
Primary = 1
Secondary = 2
Higher = 3
Never attended = 4
Unknown = 9
8. Can you read?.....[]
YES = 1 NO = 2

SOCIOECONOMIC INDICATORS

9. What is the roof of your house made of? []
corrugated iron = 1
cement or concrete = 2
wood and mud = 3
thatch or grass = 4
reed or bamboo = 5
plastic sheet = 6
mobile roofs of nomads = 7
other = 8 (**specify**) _____
10. What kind of floor does your house have?..... []
earth or sand = 1
dung = 2
wood planks = 3
reed or bamboo = 4
vinyl tiles or carpet = 5
cement = 6
cement tiles or brick = 7
other = 8 (**specify**) _____
11. What is the main job of the head of household/husband?[]
job a = 1
job b = 2
job c = 3
job d = 4
12. What is the monthly household income for your family?..... []
income bracket a = 1

income bracket b= 2
income bracket c=3

(FOR THE NEXT QUESTION, PLEASE ENTER A 1 OR 2 FOR EACH LINE)

13. Do you or any member of your family living in the same compound:

YES = 1 NO = 2

- Own a bicycle/scooter/moped?[]
- Own a radio?[]
- Own a TV?.....[]
- Own the house you are living in?[]
- Own crop land?[]
- Grow cash crops?[]

MARITAL STATUS

14. Are you married?[]

- yes, married or living with a man = 1
- was married or living with a man, but separated or divorced = 2
- widow of the father of this baby = 3
- never married or lived with a man = 4

ANTENATAL CARE

Pregnancy and Antenatal Care

15. How many times have you been pregnant in your life (including this one)?[]

16. How many months pregnant are you now? (Months)

Antenatal Care Received

Interviewer please read to respondent: Now I am going to ask you about your visit today.

17. Were you asked how you are feeling?.....[]

- YES = 1
- NO = 2
- UNKNOWN = 9

18. Was the place (abdomen) where the baby is growing (fundal height) measured?..... []

- YES = 1
- NO = 2
- UNKNOWN = 9

19. Did someone listen to your baby's heart?.....[]

- YES = 1
- NO = 2
- UNKNOWN = 9

20. Was your blood pressure taken?[]

- YES = 1
- NO = 2
- UNKNOWN = 9

21. Did someone check your urine? []

- YES = 1
- NO = 2

UNKNOWN = 9

22. Did you receive counseling or health education? []

YES = 1

NO = 2 (**skip to question 23**)

UNKNOWN = 9 (**skip to question 23**)

22a. **If YES**, what topics did the service provider discuss?

23. Did someone help you make up or review your special birth plan that tells where you'll be giving birth, who will be there, and what you'll need at the birth for yourself and the baby?...[]

YES = 1

NO = 2

UNKNOWN = 9

24. Were you given an insecticide-treated bednet?[]

YES = 1

NO = 2

UNKNOWN = 9

24a. Is today the first time you are attending the clinic for antenatal care during this pregnancy?[]

YES = 1

NO = 2

UNKNOWN = 9

25. Were you given or prescribed any tablets or drugs?[]

YES = 1

NO = 2

UNKNOWN = 9

Medications/Tablets

Instructions to interviewer: Mark down each kind of tablet provided to the client

26. Please show me the medication/tablets you received today. [] [] [] []

Combined iron and folate = 1

Fansidar = 2

Chloroquine = 3

Hookworm medications = 4

STI medications = 5

Other = 9 (**specify**) _____

27. What is the purpose of each of the medications/ tablets that you received today?.....[] [] [] []

(Mark all that apply)

Prevent anemia = 1

Prevent malaria = 2

Treat malaria = 3

Prevent congenital malformations = 4

Treat worms = 5
Treat STIs = 6
Did not receive any = 7
Other = 9 (**specify**) _____
Unknown = 9

28. Did you receive any medications/tablets during your last antenatal care visit?[]]
Yes = 1
No = 2 (**skip to question 29**)
First antenatal care visit = 3 (**skip to question 29**)
Unknown/can't remember = 9 (**skip to question 29**)

28a. **If YES**, did you take all the tablets you received during your last antenatal care visit?.....[]]
YES = 1
NO = 2
Don't know/can't remember = 9

CLIENT SATISFACTION

Interviewer please read to respondent: Now I am going to ask you a few questions about the services that you received today at the clinic.

29. About how long did you wait between the time you first arrived at the clinic and the time you received antenatal services?..... []]
Less than 15 minutes = 1
16-30 minutes = 2
31-45 minutes = 3
46-60 minutes = 4
more than 60 minutes = 5
Unknown = 9

30. Do you feel that your waiting time was reasonable or too long? []]
No waiting time = 1
Reasonable/short = 2
Too long = 3
Unknown = 9

31. Did you have enough privacy during your consultation?.....[]]
YES = 1
NO = 2
UNKNOWN = 9

32. Did you feel comfortable to ask the provider questions during your visit today?[]]
YES = 1
NO = 2
UNKNOWN = 9

33. Did the provider answer all of your questions today?.....[]]
YES = 1
NO = 2
UNKNOWN = 9

34. Do you feel the information you shared about yourself with the provider will be kept confidential?..... []

- YES = 1
- NO = 2
- UNKNOWN = 9

35. During your visit today, how were you treated by the service provider(s)?[]

- Very well = 1
- Well = 2
- Badly = 3
- Very badly = 4
- Other = 9 (**specify**) _____
- Unknown = 9

36. How satisfied are you, overall, with the services that you received today? []

- Very satisfied = 1
- Somewhat satisfied = 2
- Not very satisfied = 3
- Completed unsatisfied = 4
- Unknown = 9

37. Do you plan to come to another visit at this clinic?.....[]

- YES = 1
- NO = 2
- UNKNOWN = 9

38. Would you encourage a friend or relative of yours to come to this facility for antenatal care services?..... []

- YES = 1
- NO = 2
- UNKNOWN = 9

Thank respondent for her time.

INTERVIEWER COMMENTS:

(Please note any additional observations in the space below):