

4.01 Before you were treated here, did you first try to get help somewhere else?

yes

no

Check against Section #3

4.02 How did you hear about services at this facility? [Record all mentioned]

Friend

Family member

Peer educator / Youth Friendly Corner

Pharmacist

Medical provider (nurse, doctor, midwife, etc.)

Media

Traditional healer / birth attendant

Internet

Community health worker

Leaflet

Other(specify)

4.03 Why did you come to this facility in particular for treatment? [Record all mentioned]

It is easy to get to

I got a referral to here

No-one would know me here

Someone told me to come here

I heard that the services are good / providers are kind

Other (specify)

I did not know where else to go

4.04 Did you receive a referral to this facility?

YES: go to 4.05

NO:go to 4.06

4.05 From where did you get the referral?

private clinic / doctor

pharmacist

local / district health centre

other (specify)

4.06 After deciding to come to this facility, did you delay coming?

came immediately: go to 4.09. PROBE: how long since she decided to have an abortion?

delayed

4.07 If delayed, for how long did you delay?

DAYS

4.08 If delayed, why did you delay coming? [Record all mentioned]

did not know where to go

did not have transportation

scared / afraid

I was at school

not enough money

could not hide visit / find excuse

went to another facility but turned away

other (specify)

4.09 Time spent at this facility receiving treatment

No. of hours

OR

No. of nights

Don't know

4.10 How did you get to this facility? [Record all mentioned]

Public transport

Taxi

Personal transport

Someone else transport

Walking

Other (specify)

4.11 Did someone come with you to this facility?

YES go to 4.12

No go to 4.13

4.12 what have you told this person is the reason for your visit to this facility?

4.13 Have you had to spend money on any of these things

Transport to get here

How much? (DK)

4.14

Official fees for consultation or services or procedures

4.15

Official fees for tests

4.16

Medicines or supplies either here or brought here

4.17

meals or lodging

4.18

new clothes or things that needed to be bought?

4.19

additional unofficial money paid to staff

AS A RESULT OF COMING HERE TO THIS FACILITY...

4.20 Have you missed school/colleg/uni? yes no not applicable

4.21 Have you missed work? yes no not applicable

4.22 Lost any income because could not work? yes no GO TO 4.24 not applicable GO TO 4.24

4.23 Have you had to do anything in order to cope with losing income? yes no WHAT? _____

4.24 Did anyone help with money? If yes, who? yes no WHO? _____

4.25 What other help did you receive from them? _____

YOUR TREATMENT AT THIS FACILITY

4.26 Where did you first go in the facility when you came for this visit? registration desk directly to a provider did not know where to go, had to ask someone other (specify) _____

4.27 What service did you come to get here? Incomplete abortion (seeking post abortion care) Complications from a facility based legal termination of pregnancy Seeking abortion / termination of pregnancy Came seeking another service. Describe. _____

4.28 Is there a facility that offers this service closer to your home other than this facility? yes no: go to 4.30 do not know: go to 4.30

4.29 What is the main reason that you did not go there for your treatment? _____

4.30 What were all the symptoms or consequences you experienced that made you come to this facility? **Select all that apply**

bleeding fever foul-smelling discharge came for ToP

vomiting / nausea injury to organs perforation / rupture

lower abdominal / back pain distension of abdomen other (specify) _____

painful abdominal cramping chills or flu-like symptoms had no complications

POST-ABORTION FAMILY PLANNING

4.31 Were you offered a family planning method today? yes: go to 4.33 NO: go to 4.32

4.32 would you have liked to start using family planning today? yes: go to 4.34 NO: go to 4.36

4.33 Did you accept a family planning method today? yes: go to 4.34 NO: go to 4.35

4.34 If yes, which method did you choose / would you like to have chosen? condoms female sterilisation other (specify) _____

pills IUCD do not know

injection / depo Provera implant

4.35 If no, why did you not get a family planning method today? did not want a method I decided to get a method at my next visit

not offered a method I made an appointment to get a method later

facility did not have supplies of the method I wanted I needed more info _____

I could not afford a method other (specify) _____

4.36 Why would you prefer not to start using a family planning method? [Note all mentioned]

concerns about side effects my religion forbids it

I want to get pregnant concerns about what my partner/ husband will say

I want to give my body time to rest other (specify) _____

I do not plan on having sex do not know _____

TREATMENT

4.37 Did you feel that you were treated differently at this facility today because you are young? yes NO: go to 4.39

4.38 How did you feel that you were treated differently because you are young? Can you explain your answer to me? _____

4.39 Did you feel that you were treated differently at this facility because you are unmarried? yes NO: go to 4.41

4.40 How did you feel that you were treated differently because you are unmarried? Can you explain your answer to me? _____

4.41 Did anyone at this facility tell you that you should tell your parents about your abortion? yes NO: go to 4.43

4.42 What did your parents say to you? (not yet told them)? _____

4.43 IF AGE BELOW 18 YEARS: Did the facility require parental consent before treating you? yes NO: go to 4.45 Don't know

4.44 Can you explain to me what happened? _____

4.45 Did anyone at this facility refuse to treat you? yes NO: go to 4.47

4.46 Can you explain to me what happened? _____

4.47 Do you feel that the facility staff treated you respectfully when you initially requested care here? YES NO

4.48 Did the health care provider give you a phone number to call in case of an emergency? YES NO

4.49 Did you feel that the provider at this facility was welcoming and made you feel comfortable with your care? YES NO

4.50 Did the health provider tell you that without using a contraceptive method you could get pregnant again, even before your next period? YES NO

4.51 Was the health provider polite to you? YES NO

4.52 How could your treatment at this facility have been made better or easier for you? What could be changed about the way treatment is provided? _____

4.53 Before you were pregnant this time did you know you could have a legal abortion in this facility? YES NO

4.54 Before you were pregnant this time did you know you could have a legal abortion in any other health facility? YES NO

4.55 Do you think you can have an abortion safely outside of a health facility? YES NO

4.56 Why? _____

4.57 How do services you received today make a difference in your life? _____

4.58 Is there anything else about your experience with the services you received at this facility you'd like to share with me, positive or negative? _____