

4.01 Before you were treated here, did you first try to get help somewhere else? yes no Check against Sheet #3

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

<input type="checkbox"/> Friend	<input type="checkbox"/> Family member
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Medical provider (nurse, doctor, midwife, etc.)
<input type="checkbox"/> Media	<input type="checkbox"/> Traditional healer / birth attendant
<input type="checkbox"/> Internet	<input type="checkbox"/> Community health worker
<input type="checkbox"/> Leaflet	<input type="checkbox"/> Other(specify)

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

<input type="checkbox"/> It is easy to get to	<input type="checkbox"/> I got a referral to here
<input type="checkbox"/> No-one would know me here	<input type="checkbox"/> Someone told me to come here
<input type="checkbox"/> I heard that the services are good / providers are kind	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> 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?

<input type="checkbox"/> private clinic / doctor	<input type="checkbox"/> pharmacist
<input type="checkbox"/> local / district health centre	<input type="checkbox"/> other (specify)

4.06 After deciding to come to this facility, did you delay coming? came immediately: go to 4.09 delayed

4.07 If delayed, for how long did you delay? DAYS

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

<input type="checkbox"/> did not know where to go	<input type="checkbox"/> did not have transportation	<input type="checkbox"/> scared / afraid
<input type="checkbox"/> not enough money	<input type="checkbox"/> could not hide visit / find excuse	<input type="checkbox"/> went to another facility but turned away
<input type="checkbox"/> other (specify)		

4.09 Time spent at facility receiving treatment No. of hours OR No. of nights Don't know

4.10 How did you get to the facility? **Record all mentioned**

<input type="checkbox"/> Public transport	<input type="checkbox"/> Rented vehicle (e.g.: taxi)
<input type="checkbox"/> Personal transport	<input type="checkbox"/> Someone else transport
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Don't know

4.11 Did someone come with you to the 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

<input type="checkbox"/> Transport to get here	How much? (DK)
<input type="checkbox"/> Official fees for consultation or services or procedures	
<input type="checkbox"/> Official fees for tests	
<input type="checkbox"/> Medicines or supplies either here or brought here	
<input type="checkbox"/> meals or lodging	
<input type="checkbox"/> new clothes or things that needed to be bought?	
<input type="checkbox"/> 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? What? 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 did not know where to go, had to ask someone
 directly to a provider 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
 vomiting / nausea injury to organs perforation / rupture
 lower abdominal / back pain distension of abdomen other (specify) _____
 painful abdominal cramping chills or flu-like symptoms

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 IUCD
 pills periodic abstinence / withdrawal implant
 injection / depo Provera other (specify) _____ do not know
- 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 other (specify) _____
 I could not afford a method
- 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 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 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? _____