

Appendix IV.1 Form 4—Clinic Client Exit Interviews

GENERAL INFORMATION (FILL IN THIS SECTION BEFORE THE INTERVIEW)

1. Interviewer _____
2. Evaluation coordinator _____
3. Position in the institution _____
4. Institution _____
5. Clinic _____
6. Level of care
 Primary
 Secondary
 Tertiary
 Specialty
7. Municipality _____
8. Department _____
9. Date ____/____/____ (day/month/year)

CLIENT INFORMED CONSENT (READ WORD FOR WORD):

We are studying the quality of care that health personnel in this clinic provide to clients. I will ask you questions regarding the interaction and treatment of the persons who attended you during your visit as well as the services you received. I do not need to know your name, and your answers will be completely confidential. If you decide not to participate, the treatment or services you will need in the future will be provided without a change. Do you agree to have this interview?

(IF THE CLIENT DOES NOT ACCEPT, THANK HIM OR HER AND END THE INTERVIEW.)

IF THE CLIENT ACCEPTS, ASK:

10. What was the main reason for your visit?
 - a. Counseling on contraception
 - b. STI counseling
 - c. Ob-gyn consultation
 1. Contraceptive consultation
 2. Breast examination
 3. Pap smear
 4. STI diagnosis or treatment
 5. Gynecology (general)
 6. Pregnancy (prenatal visit)
 7. Postpartum

d. Other (specify, write clearly) _____

IF THE MAIN REASON FOR HIS OR HER VISIT IS NOT RELATED TO A SEXUAL AND REPRODUCTIVE HEALTH SERVICE, THANK THE CLIENT FOR HIS OR HER TIME AND END THE INTERVIEW.

SEX OF THE CLIENT

Nº	Question	Answer	Pass	Std
11	Check the box for the client's sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		

CLIENT COMFORT AND WAITING TIME

Nº	Question	Answer	Pass	Std
12	Is it difficult for you to come to this clinic during consultation hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No		V.11
13	Did you have any difficulty coming to the clinic today? For example, did you have to find someone to take care of your children or request permission at work? (ONLY MARK YES IF THE DIFFICULTY IS DIRECTLY RELATED TO GENDER ISSUES.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		IV.1
14	Did you wait more than half an hour to be attended?	<input type="checkbox"/> Yes <input type="checkbox"/> No		II.17
15	Did any educational activity take place in the waiting room while you waited?	<input type="checkbox"/> Yes <input type="checkbox"/> No		VII.4

CLIENT-PROVIDER INTERACTION AND TREATMENT

Nº	Question	Answer	Pass	Std
16	In general, during your visit today did you feel that any person in this clinic did not treat you well?	<input type="checkbox"/> Yes <input type="checkbox"/> No		V.9
17	Would you rather be seen by a man or a woman?	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Either		
18	Who saw you during your visit/counseling session: a man or a woman?	<input type="checkbox"/> Man <input type="checkbox"/> Woman	20	
19	FILL OUT LATER: Was the client seen by a provider of the sex they prefer? (BASED ON QUESTIONS 17 AND 18)	<input type="checkbox"/> Yes <input type="checkbox"/> No		V.10
20	Did you feel comfortable speaking with the provider today?	<input type="checkbox"/> Yes <input type="checkbox"/> No		V.6

CLINIC CONDITIONS

Nº	Question	Answer		Pass	Std
21	Did different areas in the health clinic seem uncomfortable to you, such as hallways, consulting rooms, bathrooms?	Yes	No		
22	Did any areas in the health clinic seem dirty to you?	Yes	No	24	
23	FILL OUT LATER: Did the client find the areas in the health clinic uncomfortable or dirty? (BASED ON QUESTIONS 21 AND 22)	Yes	No		V.2

CONTENTS OF THE CONSULTATION OR COUNSELING SESSION

Nº	Question	Answer		Pass	Std
In your visit today, did the provider talk to you about:					
24	How to prevent STIs?	Yes	No		
25	How to prevent HIV infection?	Yes	No		
26	How to prevent cervical or uterine cancer?	Yes	No		
27	How to prevent breast cancer?	Yes	No		
28	How to prevent an unwanted pregnancy?	Yes	No	30	
29	FILL OUT LATER: Did the provider talk to the client about at least two of these sexual and reproductive health topics? (BASED ON QUESTIONS 24 – 28)	Yes	No		II.4
30	Did the provider ask whether you are satisfied or dissatisfied with your sexual life?	Yes	No		
31	Did the provider ask whether you have been abused or suffer violence in sexual relations?	Yes	No		
32	Did the provider ask whether your partner participates in preventing unwanted pregnancies?	Yes	No		
33	Did the provider ask whether you can negotiate the use of condoms with your partner?	Yes	No	35	
34	FILL OUT LATER: Did the provider talk to the client about at least two of these issues? (BASED ON QUESTIONS 30 TO 33)	Yes	No		II.5

N°	Question	Answer		Pass	Std
35	Did the provider who attended you today use words that were easy to understand?	Yes	No		II.8
36	Did the provider who attended you today use educational materials such as brochures or posters to help you understand the information provided?	Yes	No		II.7
37	Do you think the time the provider spent in consultation with you was sufficient?	Yes	No		V.8
38	Did you feel comfortable asking the provider questions?	Yes	No		V.7
39	Did the provider clarify your concerns and answer your questions?	Yes	No	END	II.13

THANK THE CLIENT