EXIT QUESTIONNAIRE FOR PRENATAL MOTHERS

Section 1: Facility Level Identification

This section is to be completed for each [Client interviewed] visited.

Date of visit:		**Time starts**		**Time ended:**	
Serial #					
Telephone number of the Participant (For follow-up purposes):					
ANC #					
Patient initials/unique no.					
gravida					
Parity					
Q101:	**Select the county (***Drop down list of the 8 counties)*	Baringo----------1 Kakamega----------2 Kilifi---------- 3 Kitui----------4 Nakuru----------5 Samburu----------6 Taita Taveta---------7 Turkana---------- 8 Others (Specify):…9			
Q102	Select the Sub-County *(drop down list of all)*				
Q103:	**Health Facility name:**	List of sampled facilities per sub-county *(in a drop list)*			
Q104:	**Health Facility**	Level 2			

	Level	Level 3 Level 4 *(List of levels in a dropdown list)*
Facility Location	**Urban** **Rural**	

General Background information about the Participant/respondent				
First, I will ask some general questions		*CATEGORY*	*CODE*	*SKIP*
Q105	What is your age?	----------	1 2 3 4	
Q106	What is the highest level of education you've completed?	None…… Primary. . . . . . Secondary College College (Middle Level. University	0 1 2 3 4 5	

Q 107	What is your occupation	House wife Professional (*for professional careers like teaching, nursing, banking, etc)* Business, (specify type) Small scale Large scale Any other, specify, ……..	1 2 3 4 9	
Q108	Marital status	Single Married Widow Other, specify….	1 2 9	
Q109	Do you, or your partner have NHIF or any other insurance	Yes……proceed No……proceed	1 2	
Gravida	How many times have you been pregnant including current pregnancy			
Parity1	Parity1: How many babies have you delivered after seven months onwards,			
Parity2	Parity2: How many babies are alive?			
Parity3a	Parity3: Have you lost a pregnancy?	1 Yes 2 No		
Parity3b	At how many weeks did you loose the pregnancy?			
Parity4	Parity4: Have you lost a baby within the 28 days after birth?	1 Yes 2 No		

SECTION 2: ABOUT THE CURRENT/IMMEDIATE PREGNANCY				
Q110	When was the first day of your last monthly period (LMP (*refer to ANC records or booklet) (specific date)*	_____		
Q111	Expected date of delivery (EDD) *(give specific date)*	_____		
Q 112	Number of weeks into the pregnancy (Calculate or request to refer to the antenatal) (ANC) booklet)	1-89-1617-24 ---------- drop down list (to 1-40 weeks)		
Q113	How many weeks into your pregnancy did you make your first antenatal visit	----------drop down list (1-40 weeks) Drop Down		
Q114	How many antenatal visits have you had in your current pregnancy?	1 2 3 4 Other, specify ……		
Q115	Is this the first hospital you came to for your antenatal follow-up?	Yes, (*skip to Q120*) No >Continue,	1 2	
Q116	If no, Where did you seek antenatal care services the first time?	A level …..Government facility(drop down level 1-4 hospital) Mission hospital …. Private facility …. Any other, specify …	1 2 3 9	

Q117	Why did you move from the previous health facility to this one	Cost of the services was high …. Ultra sound services were not being offered …. Convenience of access … Quality of services … Othet Specify	 1 2 3 4	
Q120	During your current pregnancy, have you had an Ultra sound scan done?	Yes…>Q120a No ….>Q120c	1 2	
120a	If yes, Specify the type			
120b	How may weeks was ultrasound done?	Weeks Dropdown		
Q120c	How many U/S scans have you had during the current pregnancy	use a drop down(0-10 scans)		
Q120d	At how many weeks/ into your pregnancy did you get your U/S done?	Use a drop down (1-40 weeks		
Q121a	Were you offered the US in this hospital?	1. Yes >Q121b 2. No >Q121c		
Q121b	In what department in the hospital did you have the ultrasound done?	At the antenatal clinic … In the Maternity ward … In Radiology department … In a facility outside the hospital … Others (Specify)…	1 2 3 4 9	
Q121c	Specify which hospital the US was done?			
Q123	Did the care provider performing the U/S ask for your permission before doing the U/S scan	Yes No	1 2	

Q 124	Did the health care provider performing the ultrasound scan explain the procedure before doing it?	Yes No	1 2	
Q125	Were you shown the U/S screen as the ultrasound scan was being done?	Yes No	1 2	
Q126	Did the ultrasound procedure cause you any discomfort?	Yes, >Q127 No, > Q128	 1 2	
Q 127	Could you specify what the discomfort was	There was no privacy Pain during the procedure Other, specify…….	1 2 3	
Q128	Were you provided with a written report of the Ultrasound findings recorded?	Yes >Q129 No, > Q132	1 2	
Q129	What type of report (record) did you receive?	Report was written in the antenatal booklet … It was documentation on a referral form …. Any other, specify …….. I do not know	 1 2 3 4	
Q132	Did the clinician discuss the U/S findings with you?	Yes …. >Q133 No…. > Q134		

Q133	What were you told as the findings of the U/S (*Refer/confirm with the ANC booklet)*	The baby is okay I have twins/ more The baby heart rate had a problem The placenta was not in the right position The way the baby is lying would make delivery challenging. The quantities of fluid in the uterus was not adequate/ was too much (*underline best descriptor*) I did not understand…	1 2 3 4 5 6 7 8	
Q134	Have you been referred to this facility for ANC?	Yes…… No…… Don't know…	1 2 9	
Q135	Have you been referred to deliver in this facility?	Yes…… No…… Don't know…	1 2 9	
Q136	Were you referred based on the ultrasound examination?	Yes…… No…… Don't know……	1 2 9	
Q137	During the current pregnancy, have you experienced any complication	Yes…… No…… Don't know…	1 2 9	
Q138	Kindly specify the complications if known (Refer to the booklet)	_____		
9Q139	Was the complication diagnosed using POCUS during your routine ANC visits?	Yes…… No…… Don't know…	1 2 9	

Q140	In this pregnancy, how many babies do you carry?	One Twins Don't know……	1 2 9	
Q141	If twins, at what gestation was it diagnosed? (In months) (*Refer to booklet)*	----------		
Q142	Was it diagnosed during POCUS ultrasound examination?	Yes…… No…… Don't know…	1 2 9	
Q145	What did the provider tell you about the results of the ultrasound?	Everything was normal……*go to Q147* Something was not as it should be…… Cant Remember……	1 2 3	If Q145=2, should see Q146, Q148, Q149 If Q145=1, should see Q149 If Q145=2, should see Q149
Q146	Did the health care provider explain what wrong? (Refer to booklet)	Yes, ……. No		

Q148	If yes, what were you told to be the problem? (Check the booklet for records)	The placenta positions That I am carrying more than one baby The baby is sitting with it buttocks The baby's heart rate was too slow/fast (*underline)* The fluid in the uterus was too much/too little (*underline*) Others (Specify)…….		
Q149	Did you trust the results of the US?	Fully To Some extent Not at all		
Q151	Did you fear there could be any risk associated with undergoing an ultrasound exam?	Yes…>Q152 No…..>Q153	1 2	
Q152	If yes, what did you fear.	Risk to unborn baby Risk to my health Risk to both mother and unborn baby Risk of a miscarriage Any others, specify …….		

Q153	Did your feelings towards your baby change after doing the ultrasound?	Yes……>Q154 No…….>Q155	1 2	
Q154	Please explain how doing the ultrasound affected your feelings towards your baby	Positive feeling Negative feeling Neutral *(it had no effect)* *Any other, specify,* ……		1 2 3
Q155	How did you feel after seeing the scan on the screen during the ultrasound exam? - Provide the scale	Happy …… Unhappy …… Anxious ……. Not sure ….. Any, other, specify …..		1 2 3 4 5
Q 156	How long did you have to wait during your ANC visit today?	Less than 30 minutes 31-60 minutes Over 60 minutes		1 2 3
Q157	Was Ultrasound part of the antenatal review or you needed to wait for it separately	It was included in the routine reviews … I needed to wait separately for the ultrasound …		1 2
Q158	If the ultrasound scan was done separately, how long did you have to wait for the US component?	0-15 minutes 16-30 minutes 30-45 minutes More than 45 minutes, specify, ….		1 2 3 4
Q159	Did you pay for the ultrasound exam done using the POCUS machine? (*show the picture of Probe and Ipad)*	Yes >Q160 No, >Q161		1 2

Q160	If yes how much did you paid (Ksh.)?	1 - 1000 Ksh. 1001-3000kshs More than 3000Kshs Don't k now ….	
Q161	How would you rate the quality of care you received today?	Very poor Poor Good Very good Excellent…	1 2 3 4 5
Q162	How satisfied are you with the care you received today?	Not satisfied at all Not satisfied… Neutral…… Satisfied…… Very satisfied…	1 2 3 4 5
Q163	Please explain why you rate the services offered this way: (Free text)		
Q164	Would you come back for a similar ultrasound?	Yes… > Q 166 No……>Q165	1 2
Q165	If no, please explain why not	_____	
Q166	How likely would recommend this facility to a family member or friend, if they were pregnant?	Extremely unlikely Somewhat unlikely Neutral Somewhat Likely Extremely likely	1 2 3 4 5

Q168	How likely would recommend the POCUS scan to other pregnant women?	Extremely unlikely Somewhat unlikely Neutral Somewhat Likely Extremely likely	1 2 3 4 5
168	How likely are you to recommend the POCUS scan to other pregnant women?	Extremely unlikely Somewhat unlikely Neutral Somewhat Likely Extremely likely	1 2 3 4 5

SECTION 3: OBSTETRICS HISTORY FOR PRIOR PREGNANCIES

I will ask some questions about previous pregnancy/ies		***CATEGORY***	***CODE***	***SKIP***
Q170	For your previous (last) pregnancy *(if applicable),* was an ultrasound done?	Yes…>Q170a No…>Q1703 Don't know >Q173		
Q170	At how many months of that pregnancy was the ultrasound done in your last pregnancy?	Within the first 3 months ….. Between the 3rd and 6th month… Close to date of delivery 1…..		1 2 3
Q171	For ultrasound done in your last pregnancy, what was the reason?	I requested for it ……. A clinician recommended that I needed one…… I don't know …… Others (Specify) …….		1 *Go to Q173* 2 3 4

Q173	Have you had any of the following conditions with previous pregnancies? (Select all that apply)	Twins/multiple gestation (more than one baby). Breech delivery (baby in sitting position) Preterm birth Placenta problem Caeserian section (Operation for birth) Other (Specify)..... None of the above	1 2 3 4 5