

Liberia Abortion Study 2021 PMS

Field	Question	Answer
note0	Measuring Abortion Incidence, Cost, and Quality of Post-Abortion Care in Liberia - Patient Exit Interview	
surveydate <i>(required)</i>	G2. Date of data collection visit	
ID		
region <i>(required)</i>	Region	region_key region
county <i>(required)</i>	County	county_key county
district <i>(required)</i>	District	district_key district
facility <i>(required)</i>	Facility	facility_key facility
patient		
		1 Bassa
		2 Dan
		3 Grebo
		4 Kpelle
		6 Loma
dialect <i>(required)</i>	G4. Interview dialect	7 Mandingo
		8 Mano
		9 English Language
		10 Liberian English
		99 Other
dielectother <i>(required)</i>	Specify other	
respondent_id <i>(required)</i>	G5. Patient Registration Number (ID)	
consent <i>(required)</i>	G6. Did the woman consent to be interviewed?	1 Yes
		0 No
		1 Patient died before interview
consent_reasonno <i>(required)</i>	G7. If NOT consented, what was the reason?	2 Patient was unable to respond to the interview
		3 Patient was referred to another facility
		99 Others (specify)
consent_reasonother <i>(required)</i>	What other reason(s) led to her refusal to be interviewed?	
Consented		
Consented > MODULE 1 - PATIENT SOCIOECONOMIC INFORMATION		

Field	Question	Answer
notemodule1instruction	Directions: Please explain the purpose of the interview to the patient and assure them that all information provided in this interview will be CONFIDENTIAL .	
SE1 (required)	SE1. What is your age?	1 Big city (urban)
SE2 (required)	SE2. Do you live in the big city or the interior part of Liberia?	2 Peri-Urban (big city but not capital) 3 Interior (Rural)
SE3 (required)	SE3. What is your current marital status?	1 Married and living with husband 2 Not married but cohabitating with man 3 Divorced but sleeping with man 4 Married but not living with husband 5 Not married and not living with man 6 Divorced and not sleeping with man 7 Widowed 8 Separated 0 Refuse to disclose
SE4 (required)	SE4. What is your religious belief?	1 Christian 2 Muslim 3 Traditionalist 4 No religion 99 Others (specify)
SE5 (required)	SE5. Are you currently in school?	1 Yes 0 No
SE6 (required)	SE6. What is your highest level of education	1 No Education 2 Primary School 3 High School 4 Associate degree 5 Bachelor degree 6 Master degree

Field	Question	Answer
<input type="checkbox"/> SE7 <i>(required)</i>	SE7. What is the main income-generating activity YOU are engaged with?	7 PhD 1 Farmer 2 Fishing 3 Small Business 4 Housewife 5 Office Job 6 Not working 99 Others (specify)
<input type="checkbox"/> SE7_sp <i>(required)</i>	Specify your main income-generating activity	Day Day
<input type="checkbox"/> SE8_unit <i>(required)</i>	SE8 (a). On average, how much do YOU earn? Pick daily, weekly, or monthly.	Week Week Month Month Year Year
<input type="checkbox"/> SE8_Id <i>(required)</i>	SE8 (b). On average, how much do YOU earn per [SE8_unit]? <i>If don't know, enter 97979</i>	
<input type="checkbox"/> SE8Currency	Select Currency	1 Liberian Dollar (LUD) 2 US Dollar(USD)
<input type="checkbox"/> SE9 <i>(required)</i>	SE9. What is the main income-generating activity your HUSBAND/PARTNER is engaged with?	1 Farmer 2 Fishing 3 Small Business 5 Office Job 6 Driver 7 Not working 99 Others (specify)
<input type="checkbox"/> SE9_sp <i>(required)</i>	Specify your husband/boyfriend's main income-generating activity	Day Day
<input type="checkbox"/> SE10_unit <i>(required)</i>	SE10. On average, how much does your HUSBAND/PARTNER earn? Pick daily, weekly, or monthly	Week Week Month Month Year Year
<input type="checkbox"/> SE10_Id <i>(required)</i>	SE10. On average, how much does your HUSBAND/PARTNER earn per [SE10_unit]? <i>If don't know, enter 97979</i>	
<input type="checkbox"/> SE10Currency	Select Currency	1 Liberian Dollar (LUD) 2 US Dollar(USD)

Field	Question	Answer
SE11 (required)	SE11. How many people, including you, live in your household?	
SE12 (required)	SE12. Do you have electricity in your household?	1 Yes 0 No
SE13 (required)	SE13. What is the main source of the electricity in your household?	1 National grid (LEC) 2 Generator 3 Solar Panel 4 Battery 99 Other source not listed

Consented > MODULE 1 - PATIENT SOCIOECONOMIC INFORMATION > Household Items




SE14	SE14. Which of the listed household items do you have in your household?	1 Yes 0 No
SE14a (required)	Television	1 Yes 0 No
SE14b (required)	Radio	1 Yes 0 No
SE14c (required)	Mobile phone	1 Yes 0 No
SE14d (required)	Refrigerator (Ice box)	1 Yes 0 No
SE14e (required)	Computer	1 Yes 0 No

Consented > MODULE 1 - PATIENT SOCIOECONOMIC INFORMATION > Transportation



SE15	SE15. Which of the listed Transportation Assets do you own or any member of your household owns?	1 Yes 0 No
SE15a (required)	Bicycle	1 Yes 0 No
SE15b (required)	Motorcycle	1 Yes 0 No
SE15c (required)	Animal drawn cart	1 Yes 0 No
SE15d (required)	Car	1 Yes 0 No
SE15e (required)	Tractor	1 Yes 0 No

Field	Question	Answer
SE15f <i>(required)</i>	Boat with a motor	1 Yes 0 No
SE15g <i>(required)</i>	Wheelbarrow	1 Yes 0 No
Consented > MODULE 1 - PATIENT SOCIOECONOMIC INFORMATION > Housing		
SE16 <i>(required)</i>	SE16. What is the main construction materials of the wall of your main house?	1 Concrete bricks 2 Mud wall 3 Wood 4 Bamboo mat 5 Straw / jute stick 99 Others (specify)
SE16_sp <i>(required)</i>	Specify the main materials of your walls	1 Zinc 2 Thatch 3 Wood 4 Polythene 5 Leaves 6 Concrete slab 99 Others (specify)
SE17 <i>(required)</i>	SE17. What is the main construction materials of the roofing of your main house?	1 Dirt 2 Stone bricks 3 Cement 99 Others (specify)
SE17_sp <i>(required)</i>	Specify the main materials of your roofing	1 Piped water 2 Tube well or bored hole 3 Dug well 4 Water from spring 5 Rain water 6 Tanker truck 7 Cart with small tank 8 Surface water(i.e. creek, river etc.) 9 Bottle water 99 Others (specify)
SE18 <i>(required)</i>	SE18. What is the main construction materials of the floor of your main house?	
SE18_sp <i>(required)</i>	Specify the main materials of your floor	
SE19 <i>(required)</i>	SE19. What is the main source of drinking water for your household?	

Field	Question	Answer
SE19_sp (required)	Specify your main source of drinking water	1 Flush or pull flush toilet 2 Blair Toilet 3 Pit latrine 4 Bucket toilet 5 Bush / Beach / behind the house 99 Others (specify)
SE20 (required)	SE20. What type of toilet facility do member of your household mainly use?	1 Flush or pull flush toilet 2 Blair Toilet 3 Pit latrine 4 Bucket toilet 5 Bush / Beach / behind the house 99 Others (specify)
SE20_sp (required)	Specify your toilet facility type	
Consented > MODULE 1 - PATIENT SOCIOECONOMIC INFORMATION > Food		
food_yn (required)	SE21. Was there any time in the last 7 days that your household didn't have food to eat	1 Yes 0 No
Consented > MODULE 2 - PATIENT REPRODUCTIVE HISTORY		
notemodule2instruction	Directions: Directions: This section will be about the patient's personal life; therefore, please reaffirm to the patient that all information will be kept CONFIDENTIAL . Tell the patient that you will be asking her about all the pregnancies that she has had during her lifetime.	
RH1 (required)	RH1. How many pregnancies have you had in total, including the one you are seeking care for?	
RH2 (required)	RH2. Have you ever given birth?	1 Yes 0 No
Consented > MODULE 2 - PATIENT REPRODUCTIVE HISTORY > childrennum		
male (required)	RH3a. In total, how many children have you given birth to (including any that may have been born alive but later died), that are male?	
female (required)	RH3b. In total, how many children have you given birth to (including any that may have been born alive but later died), that are female?	
RH4 (required)	RH4. How many biological living children do you have, including those who are not currently living with you?	
RH5 (required)	RH5. When was your last birth?	
Consented > MODULE 2 - PATIENT REPRODUCTIVE HISTORY > abortion		

Field	Question	Answer
 RH6 <i>(required)</i>	RH6. Before the pregnancy that make you come to the hospital, how many other belly ever spoil by itself?	
 RH7 <i>(required)</i>	RH7. Before the pregnancy that make you come to the hospital, how many other belly yourself decided to spoil?	
 RH8 <i>(required)</i>	RH8. Not counting this pregnancy that make you come to the hospital, how many belly have you ever had that you never intended to have?	

Consented > MODULE 3 - PATIENT'S MOST RECENT PREGNANCY

 notemodule3instruction	<p>Directions: This section will continue to talk about the patient's personal life; therefore, please reaffirm to the patient that all information will be kept CONFIDENTIAL. Tell the patient that you will be asking her about her most recent pregnancy and how care was given.</p>	
 PG1 <i>(required)</i>	PG1. For the pregnancy that brought you to the hospital now, at the time you became pregnant, what was your decision about getting pregnant?	<p>1 Wanted to get pregnant and give birth</p> <p>2 Wanted to get pregnant but later change mind</p> <p>3 Did not want to get pregnant at all</p> <p>4 Had no choice</p>
 PG2 <i>(required)</i>	PG2. If you didn't want to get pregnant at the time, how much longer would you like to have waited before getting pregnant?	<p>1 Less than 2 years</p> <p>2 2 or more years</p> <p>3 Don't know</p> <p>I had confusion</p> <p>1 (disagreement) with my partner</p> <p>2 Partner denied the pregnancy</p>
 PG3 <i>(required)</i>	PG3. If you wanted the pregnancy but later change your mind, Why did you change your mind?	<p>3 Got pregnant for the wrong person</p> <p>4 I lost my job and couldn't afford to support</p> <p>5 I separated with my partner</p> <p>6 I was afraid of my family</p>

Field	Question	Answer
PG4 (required)	<p>PG4. If you did not want to get pregnant at all, what was your reason (s) for which you did not want the pregnancy at that time? <i>Interviewer Note: Do not read aloud. Circle all that apply. Probe after woman is done listing responses by asking "Any other reasons?"</i></p>	<p>99 Other reasons</p> <p>1 Satisfy with the number of children I already have</p> <p>2 The high cost of raising children</p> <p>3 I was too soon since my last birth, my baby still small</p> <p>4 I was going to drop out of school</p> <p>5 I am not married to the man</p> <p>6 My job was going to spoil Got pregnant by someone other than husband/regular partner</p> <p>8 Abandoned by partner or partner denied pregnancy</p> <p>9 Forced to have sex</p> <p>10 Health reasons</p> <p>11 Feel too old to have children</p> <p>12 Feel too young to have children</p> <p>13 Forced by partner to end pregnancy</p> <p>14 Parents/other relatives were opposed</p> <p>99 Other (specify)</p>
PG4_sp (required)	Specify the other reason(s) why you did not want to get pregnant at all	Day Day
PG5_unit (required)	PG5. How many weeks (or months) pregnant were you before you lost your pregnancy? Pick weeks or months.	Week Week Month Month
PG5_num (required)	PG5. How many [PG5_unit] pregnant were you before you lost your pregnancy? <i>If unknown gestation, enter 98</i>	Year Year

Field	Question	Answer
Consented > MODULE 3 - PATIENT'S MOST RECENT PREGNANCY > Complications - First Started		
complications1_label	PG6-1. Please describe the problems you had when you first started having health problems as a result of this pregnancy as a mild, moderate or severe problem. <i>Interviewer: Read out each, ie "Did you experience bleeding?" If YES, ask if problem was mild, moderate, severe. Probe for any other problems</i>	1 YES - Mild 2 YES - Moderate 3 YES - Severe 0 NO
bleeding1 (required)	Bleeding	1 YES - Mild 2 YES - Moderate 3 YES - Severe 0 NO
pain1 (required)	Pain	1 YES - Mild 2 YES - Moderate 3 YES - Severe 0 NO
injuries1 (required)	Injuries	1 YES - Mild 2 YES - Moderate 3 YES - Severe 0 NO
fever1 (required)	Fever	1 YES - Mild 2 YES - Moderate 3 YES - Severe 0 NO
discharge1 (required)	Vaginal discharge (other than blood)	1 YES - Mild 2 YES - Moderate 3 YES - Severe 0 NO
other_complications1 (required)	Other (specify)	1 YES - Mild 2 YES - Moderate 3 YES - Severe 0 NO
other_complications1_sp (required)	Specify the other complications you experienced.	
Consented > MODULE 3 - PATIENT'S MOST RECENT PREGNANCY > Complications - First Presented to Facility		
complications2_label	PG6-2. Please describe the problems you had when you first presented at this facility as a	1 YES - Mild 2 YES - Moderate 3 YES - Severe

Field	Question	Answer
	result of this pregnancy as a mild, moderate or severe problem. <i>Interviewer: Read out each, ie "Did you experience bleeding?" If YES, ask if problem was mild, moderate, severe. Probe for any other problems</i>	0 NO 1 YES - Mild 2 YES - Moderate 3 YES - Severe
bleeding2 (required)	Bleeding	0 NO 1 YES - Mild 2 YES - Moderate 3 YES - Severe
pain2 (required)	Pain	0 NO 1 YES - Mild 2 YES - Moderate 3 YES - Severe
injuries2 (required)	Injuries	0 NO 1 YES - Mild 2 YES - Moderate 3 YES - Severe
fever2 (required)	Fever	0 NO 1 YES - Mild 2 YES - Moderate 3 YES - Severe
discharge2 (required)	Vaginal discharge (other than blood)	0 NO 1 YES - Mild 2 YES - Moderate 3 YES - Severe
other_complications2 (required)	Other (specify)	0 NO 1 YES - Mild 2 YES - Moderate 3 YES - Severe
other_complications2_sp (required)	Specify the other complications you experienced.	1 Mild 2 Moderate 3 Severe 4 I don't know
severity_overall (required)	PG6-3. Thinking about all your health problems put together, will you consider your complications to be mild, moderate or severe?	1 Mild 2 Moderate 3 Severe 4 I don't know
Consented > MODULE 3 - PATIENT'S MOST RECENT PREGNANCY > Activities		
activities_label	PG7. In spite of the health problems, were you able to do the following activities between the	1 Yes

Field	Question	Answer
	time the problem started, and when you decided to come to this facility to seek care?	0 No
cooking (required)	Cooking	1 Yes 0 No
housework (required)	Housework (other than cooking)	1 Yes 0 No
business (required)	Going to work / business	1 Yes 0 No
caring (required)	Caring for other family members	1 Yes 0 No
Consented > MODULE 3 - PATIENT'S MOST RECENT PREGNANCY > Telling Others		
PG8 (required)	PG8. When you realized that you were having health problems, did you tell someone?	1 Yes 0 No 2 Don't know/Can't remember
PG9 (required)	PG9. Who did you tell that you were having health problems? <i>DO NOT READ ALOUD. SELECT ALL THAT THE WOMAN MENTIONS.</i>	1 Husband/partner/boyfriend 2 Mother/mother-in-law 3 Sister/sister -in-law 4 Some other relative 5 Friend 6 Health care worker 7 Traditional health provider 99 Other person (specify)
PG9_sp (required)	Who else did you tell that you were having health problems?	1 Did not consider it serious enough 2 Afraid of husband/partner's reaction 3 Afraid of family's reaction
PG10 (required)	PG10. If you did not tell someone about your health problems, what was the reason? <i>DO NOT PROMPT. Multiple responses allowed</i>	4 Afraid of being reported to police 5 Did not want others to know 6 Do not have a close friend/relative to tell 7 Felt embarrassed 99 Other (specify)

Field	Question	Answer
PG10_sp (required)	What other reasons did you not tell someone about your health problems?	
Consented > MODULE 3 - PATIENT'S MOST RECENT PREGNANCY > Time to Seeking Care		
PG11_time_unit (required)	PG11. After experiencing health problems, how long did it take for you to realize you needed medical care? Select the time unit used by the patient	Minutes Minutes Hours Hours Days Days Weeks Weeks
PG11_time_sp (required)	PG11. How many [PG11_time_unit] did it take for the patient to realize she needed medical care?	
PG12 (required)	PG12. What was it about your health problems that made you realize you needed medical care? <i>DO NOT PROMPT, select ALL that are mentioned</i>	1 Symptoms would not stop 2 Symptoms felt severe 3 Worried about health consequences of waiting 4 Experienced this problem before 5 Partner/relative/friend told me to seek care 6 Symptoms interfered with my work/school/housework 99 Other (specify)
PG12_sp (required)	PG12. What other reason made you realize you needed medical care	1 Self-treated 2 Went to friend/relative 3 Went to a traditional healer
PG14 (required)	PG14. What action did you take when you realized that you needed help?? <i>DO NOT PROMPT, select ONE</i>	4 Went to a TBA 5 Went to a pharmacist 6 Went to a private doctor 7 Went to a health facility 99 Other (specify)
PG14_sp (required)	PG14. What other action did you take when you realized you need help?	
PG15 (required)	PG15. What was (were) the reason(s) why you did NOT seek care from a doctor or health	1 Partner makes decisions, waited for approval

Field	Question	Answer
	facility when you started having health problems? <i>DO NOT PROMPT, select ALL that are mentioned</i>	2 Partner did not think I should go Other family member's 3 decision, waited for approval 4 Other family member did not think I should go 5 Disagreement among family about what to do 6 Did not know where to go 7 Health facilities are too far 8 Afraid of mistreatment at facility 9 Afraid others would find out 10 Afraid of facility calling police 11 Lack (or difficulty) of transportation 12 Did not think health problem was serious 13 Did not have someone to take care of children 14 My religion does not allow me to go 99 Other (specify)
 PG16_time_unit <i>(required)</i>	PG16 (a). How long it stayed between the time you started feeling sick and the time the decision was made that you go to the health facility ? Select the time unit used by the patient	Minutes Minutes Hours Hours Days Days Weeks Weeks
 PG16_time_sp <i>(required)</i>	PG16 (b). How many [PG16_time_unit] did it take for the patient to realize she needed medical care?	
 PG17 <i>(required)</i>	PG17. During the time you waited between the time you started feeling sick and the time you went to the hospital, did your symptoms get worse?	1 Yes 0 No 2 Don't know/Can't remember

Field	Question	Answer
PG18 (required)	PG18. Whose decision was it to seek medical care in a health facility?	1 Myself (Respondent) 2 Husband/partner/boyfriend 3 Couple jointly 4 Mother/mother-in-law 5 Some other relative 6 Family decision jointly 7 Neighbour/friend 99 Someone else (specify) 0 Don't know
PG18_sp (required)	PG18. Who is the other person whose decision it was to seek medical care in a health facility?	
PG19_time_unit (required)	PG19. How much time passed between when the decision was made for you to seek care in a facility and the time you actually got to a facility?"	Minutes Minutes Hours Hours Days Days Weeks Weeks
PG19_time_sp (required)	PG19. How many [PG19_time_unit] passed between when the decisions was made for you to be taken to a health facility and the time you actually got to the facility?	
PG20 (required)	PG20. What was (were) the reason(s) why you didn't go to a facility right away? <i>DO NOT PROMPT, select ALL that are mentioned</i>	1 Lack of transport 2 Lack of money 3 Live too far from a health facility 4 Bad weather 5 No one to accompany respondent 6 No one to watch children 7 Indecision about which facility 8 Fear of other people knowing 99 Other (specify) 0 Don't know
PG20_sp (required)	PG20. What were other reasons why you didn't go to a facility right away?	

Field	Question	Answer
 PG21 <i>(required)</i>	PG21. Did you come directly to this facility , or did you first go to another health facility before coming here?	1 Yes, came directly here 0 No, didn't come directly 2 Can't remember 1 National Referral hospital 2 County hospital 3 District hospital 4 Rural hospital
 PG22 <i>(required)</i>	PG22. Where did you first seek care when you had the complication?	5 Primary health center 6 Private hospital 7 Private clinic / person 8 NGO clinic 9 Traditional healer 10 Pharmacy/Drug store 99 Other (specify)
 PG23 <i>(required)</i>	PG23. What was (were) the reason(s) you sought care there first? <i>DO NOT PROMPT, select ALL that are mentioned</i>	1 Close to house 2 Charges low fees 3 Takes care of patients 4 Staff are very considerate 5 Privacy/small facility 6 I know someone who works at the facility 99 Other (specify) 0 No specific reason
 PG23_sp <i>(required)</i>	PG23. What were the other reasons why you sought care there first?	1 Did not get better 2 Could not afford the charges 3 Was referred elsewhere
 PG24 <i>(required)</i>	PG24. Why did you leave the first facility for another facility? <i>DO NOT PROMPT, select ALL that are mentioned</i>	4 No staff on duty to provide treatment 5 No equipment to provide treatment 6 No bed was available 7 Too long of a wait/too many other patients

Field	Question	Answer
		8 Treatment was unsatisfactory
		99 Other (specify)
		0 No specific reason
PG24_sp (required)	PG24. What are other reasons why you left the first facility for another?	
Consented > MODULE 3 - PATIENT'S MOST RECENT PREGNANCY > Time Spent in Facility		
PG25_time_unit (required)	PG25 (a). How much time passed between the time you arrived at this health facility and the time you were first attended to? - Select the time unit used by the patient	Minutes Minutes Hours Hours Days Days Weeks Weeks
PG25_time_sp (required)	PG25 (b). How many [PG25_time_unit] passed between the time you arrived at this health facility and the time you were first attended to ? - Select the time unit used by the patient	
PG26_time_unit (required)	PG26 (a). How much time passed between the time you were attended to and the time you received COMPLETE treatment ? - Select the time unit used by the patient	Minutes Minutes Hours Hours Days Days Weeks Weeks
PG26_time_sp (required)	PG26 (b). How many [PG26_time_unit] passed between the time you were attended to and the time you received COMPLETE treatment?	
PG27 (required)	PG27. How do you feel about the duration of the time you spent in this facility?	1 Reasonable 2 Too short 3 Too long
PG28 (required)	PG28. Why did it take time for you to be treated once you arrived at this facility? <i>DO NOT PROMPT, select ALL that are mentioned</i>	1 I was treated immediately 2 I did not have money at the time 3 There was no bed for me 4 No doctor/nurse was available 5 There were many patients in line ahead of me 6 Initially went to a wrong department 7 Facility staff did not consider me a priority

Field	Question	Answer
		Would not treat me 8 without my parent's consent 9 Surgery room was busy 10 No anesthesiologist was on duty 11 Lack of supplies (i.e. blood, anesthesia) 12 Problems with water/electricity 99 Other (specify) 0 Don't know
PG28_sp (required)	PG28. What are other reasons why it took time for you to be treated once you arrived at the facility?	
Consented > MODULE 3 - PATIENT'S MOST RECENT PREGNANCY > Income Loss		
PG29 (required)	PG29. Did you or any other members of your household lose income because of your health problems between the time the problems started, and when you came to this facility for care? <i>Interviewer: Remind the respondent that this does not include transportation costs to the facility and hospital bills.</i>	1 Yes 0 No 2 Don't know/Can't remember
Consented > MODULE 3 - PATIENT'S MOST RECENT PREGNANCY > Income Loss > Income Loss		
PG30 (required)	PG30. How much income did you, or your household, lose as a result of your health problems(NOT including cost of treatment or transportation)?	
PG30Currency (required)	Currency	1 Liberian Dollar (LUD) 2 US Dollar(USD)
Consented > MODULE 4 - PATIENT FAMILY PLANNING HISTORY		
notemodule4instruction	Directions: This section will continue to talk about the patient's personal life; therefore, please reaffirm to the patient that all information will be kept CONFIDENTIAL . Tell her you will be asking about her family planning history.	
fp1 (required)	FP1. BEFORE you became pregnant this gone time (the pregnancy that resulted in your	1 Yes 0 No

Field	Question	Answer
fp2 (required)	<p>seeking treatment in this facility), were you doing something or using any family planning to delay or avoid getting pregnant?</p>	<ol style="list-style-type: none"> 1 Condom - male 2 Condom - female 3 Oral contraceptive pills (Microgynon or Microlut) 4 Injectable - Depo-Provera / DMPA-IM 5 Injectable - Sayana Press / DMPA-SC
fp2 (required)	<p>FP2. Which methods were you using (or what were you doing) at the time you became pregnant?</p>	<ol style="list-style-type: none"> 6 Implant - 2-rod (e.g. Jadelle) 7 Intrauterine contraceptive device (IUD) 8 Cycle beads for standard days method 9 Vasectomy 10 Bilateral Tubal Ligation (BTL) 11 Withdrawal 12 Other Traditional method 99 Other (specify)
fp3 (required)	<p>FP3. Please tell me the reasons why you were not using a method of family planning when you became pregnant this time? I am asking about this most recent pregnancy that resulted in your seeking treatment in this facility. <i>DO NOT PROMPT, select ALL that are mentioned</i></p>	<ol style="list-style-type: none"> 1 Fear of side-effects 2 Health reasons 3 Husband or partner opposed 4 Other family members opposed 5 Don't want to use it/don't like it 6 Wanted more children 7 Didn't know where to get FP 8 FP services too far away 9 Against religious beliefs 10 Couldn't afford family planning

Field	Question	Answer
fp4 (required)	FP4. If you fear the side effects of family planning, please tell me which side effects were you concerned about? <i>DO NOT PROMPT, select ALL that are mentioned</i>	11 Didn't think I could get pregnant 12 Didn't expect to have sex 13 Didn't think about it 14 Coerced into having sex 15 I have never used family planning I have traveled away and 16 didn't know where to get FP 99 Other 1 Loss of menstrual cycle 2 Heavy periods 3 Spotting (irregular bleeding) 4 Infertility 5 Weight gain 6 Weight loss 7 Mood swings 8 Headaches 9 Nausea 10 Fatigue 11 Contraindications (e.g. high blood pressure) 99 Other (specify)
fp4_sp (required)	FP4. Please specify the other side effects you are concerned about.	1 Loss of menstrual cycle 2 Heavy periods 3 Spotting (irregular bleeding)
fp5 (required)	FP5. If your husband or partner opposed for you to use family planning, what were their reasons? <i>DO NOT PROMPT, select ALL that are mentioned</i>	4 Fear of infertility 5 Fear of weight gain 6 Fear of weight loss 7 Mood swings 8 He wants more children 9 Against religious beliefs

Field	Question	Answer
		10 He thinks I am or would be unfaithful
		99 Other (specify)
fp5_sp (required)	FP5. Please specify the other reasons your husband or partner opposed to you using family planning.	1 They want me to abstain from sex
		2 They want me to have more children
		3 Fear that contraception will cause infertility
fp6 (required)	FP6. If your family members opposed to your using family planning, what were their reasons? <i>DO NOT PROMPT, select ALL that are mentioned</i>	4 Fear of contraception's side effects
		5 Fear that contraception may interfere with bodily processes
		6 Against their religious beliefs
		99 Other (specify)
fp6_sp (required)	FP6. Please specify the other reasons your family members opposed to you using family planning.	
fp7 (required)	FP7. Are you CURRENTLY using any family planning?	1 Yes
		0 No
fp8 (required)	FP8. Do you intend to use family planning in the next 12 months?	1 Yes
		0 No
		1 Loss of menstrual cycle
		2 Heavy periods
		3 Spotting (irregular bleeding)
fp9 (required)	FP9. Why do you not want to use family planning? <i>DO NOT PROMPT, select ALL that are mentioned</i>	4 Fear of infertility
		5 Fear of weight gain
		6 Fear of weight loss
		7 Fear of mood swings
		8 Fear of headaches
		9 Fear of nausea
		10 Fear of fatigue

Field	Question	Answer
fp10 (required)	<p>FP10. Which family planning methods do you know are available to you, if you wanted to start using? <i>DO NOT PROMPT, select ALL that are mentioned</i></p>	<p>11 Worried it won't work 12 Inconvenient to use 13 Inconvenient to obtain 14 Worried family will find out 15 My religion does not allow it 16 Family planning is immoral 99 Other (specify) 1 Condom - male 2 Condom - female 3 Oral contraceptive pills (Microgynon or Microlut) 4 Injectable - Depo-Provera / DMPA-IM 5 Injectable - Sayana Press / DMPA-SC 6 Implant - 2-rod (e.g. Jadelle) 7 Intrauterine contraceptive device (IUD) 8 Cycle beads for standard days method 9 Vasectomy 10 Bilateral Tubal Ligation (BTL) 11 Withdrawal 12 Other Traditional method 99 Other (specify)</p>

Consented > MODULE 5 - PATIENT EXPERIENCE IN HEALTH FACILITY

notemodule5instruction	<p>Now, I am going to ask you some questions about how you were treated in this facility and your views about the care you received. Please note that all of your responses will be kept confidential.</p>	
pc1 (required)	<p>PC1. How did you feel about the amount of time you waited on the first day you came to the health facility?</p>	<p>1 Waited for long time 2 Waited for an average time 3 Waited for short time</p>

Field	Question	Answer
		4 Was not attended to on that day
pc2 (required)	PC2. During your time admitted in the facility, did the doctors, nurses, or other staff introduce themselves to you when they first came to see you?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times
pc3 (required)	PC3. Did the doctors, nurses, or other staff refer to you with a name that you like?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times
pc4 (required)	PC4. Did the doctors, nurses, or other staff at the facility treat you in a way that you felt was RESPECTFUL ?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times
pc5 (required)	PC5. Did the doctors, nurses, or other staff at the facility treat you in a way that you felt was FRIENDLY ?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times
pc6 (required)	PC6. Did you feel the doctors, nurses, or other health providers shouted at you, scolded, insulted, threatened, or talked to you rudely?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times
pc7 (required)	PC7. During the period you were admitted in this facility, were you treated roughly, like pushed, beaten, slapped, pinched, physically restrained, or gagged?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times
pc8 (required)	PC8. Were you kept in the facility against your will because you didn't have money to pay for the services provided to you?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times
Consented > MODULE 5 - PATIENT EXPERIENCE IN HEALTH FACILITY > Patient's Privacy and Confidentiality		
patient_privacy_note	I would like to talk to you about your views on how you felt about the confidentiality & privacy of information you provided during the period you're in the facility.	
pc9 (required)	PC9. When you were talking to the doctors, nurses, or other staff, did you feel other people	1 No, never

Field	Question	Answer
	not involved in your care could hear what you were discussing?	2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times
pc10 (required)	PC10. During examinations in the procedure room or in the ward, were you covered up with a cloth or blanket or screened with a curtain so that you did not feel exposed?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times
pc11 (required)	PC11. Do you feel that the information you give to the doctors, nurses, or other staff about your situation was or will be kept confidential at this facility?	1 Yes 0 No 2 Don't know/Can't remember

Consented > MODULE 5 - PATIENT EXPERIENCE IN HEALTH FACILITY > Patient's Autonomy

patient_autonomy_note	I would like to talk to you about what made you an integral part of care process, including decisions on appropriate treatments.	
pc12 (required)	PC12. Did the doctors, nurses, or other staff that were treating you talk to you about what kind of treatment and care they were going to give you so that you agree or not before they do it ?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times
pc13 (required)	PC13. Did the doctors, nurses, or other staff ask your permission/consent before doing procedures and examinations on you?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times
pc14 (required)	PC14. During the procedure, do you feel like the doctors, nurses or other staff were concerned about your comfort?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times

Consented > MODULE 5 - PATIENT EXPERIENCE IN HEALTH FACILITY > Communication

pc15 (required)	PC15. Did the doctors, nurses, or other staff speak to you in a language you could understand?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times
pc16 (required)	PC16. Did the doctors, nurses, or other staff explain to you clearly why they were doing examinations or procedures on you?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times

Field	Question	Answer
pc17 (required)	PC17. Did the doctors, nurses, or other staff explain to you why they were giving you any medicines?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times
pc18 (required)	PC18. Did you feel free to ask the doctors, nurses or other staff any questions you had?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times
pc19 (required)	PC19. Were you allowed to have someone you wanted (outside of staff at the facility, such as family or friends) to stay with you during the consultation/procedure/counseling/treatment?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times
pc20 (required)	PC20. Did you feel the doctors, nurses, or other staff were doing everything they could to help you whenever you were in pain or needed care?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times

Consented > MODULE 5 - PATIENT EXPERIENCE IN HEALTH FACILITY > Trust

pc21 (required)	PC21. Did you feel the doctors, nurses or other staff took the best care of you?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times
pc22 (required)	PC22. Did you feel you could completely trust the doctors, nurses or other staff at the facility with regards to your care?	1 No, never 2 Yes, a few times 3 Yes, most of the times 4 Yes, all of the times

Consented > MODULE 5 - PATIENT EXPERIENCE IN HEALTH FACILITY > Predictability and Transparency of Payment

pc23 (required)	PC23. During your time at this facility, did any staff at the facility ask you or your family for "small thing" so that they could help you with your care?	1 Yes 0 No
pc24 (required)	PC24. During your time at this facility, did you feel that you pay money for something that was UNNECESSARY to your care and treatment?	1 Yes 0 No

Consented > MODULE 5 - PATIENT EXPERIENCE IN HEALTH FACILITY > Stigma and Discrimination

pc25 (required)	PC25. During the time you spend in the facility, did you feel treated differently because of any	1 Yes 0 No
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Field	Question	Answer
	personal attribute ... like your age, marital status, number of children, your education, wealth, your connections with the facility, or something like that?	
pc26 (required)	PC26. Do you think you were at any point treated differently in the facility because your belly spoiled?	1 Yes 0 No
pc27 (required)	PC27. Were you denied care and treatment in the facility because of the status of your belly?	1 Yes 0 No
pc28 (required)	PC28. Were you ever asked questions or requested to make statements that embarrassed you or make you feel uncomfortable?	1 Yes 0 No
Consented > MODULE 5 - PATIENT EXPERIENCE IN HEALTH FACILITY > Facility Environment		
pc29 (required)	PC29. Do you think there were enough health staff in the facility to take care of you and the others?	1 Yes 0 No
pc30 (required)	PC30. The ward in which you were treated, did you feel there were plenty people jam-up there?	1 Yes 0 No
pc31 (required)	PC31. The wards, washrooms, and the general environment of the health facility, will you say the facility was very clean, dirty, or very dirty?	1 1. Very clean 2 2. Clean 3 3. Dirty 4 4. Very dirty
pc32 (required)	PC32. Was there tap/running water in the facility?	1 Yes 0 No
pc33 (required)	PC33. Was there electricity in the facility?	1 Yes 0 No
pc34 (required)	PC34. In general, did you feel safe in the facility?	1 Yes 0 No
Consented > MODULE 5 - PATIENT EXPERIENCE IN HEALTH FACILITY > Post-Abortion Counseling		
pc35 (required)	PC35. Did the health workers in the facility talk to you about taking family planning after your belly spoil / you spoil the belly?	1 Yes 0 No
pc36 (required)	PC36. What method of family planning did they recommend to you? <i>Multiple responses allowed. Do not read options aloud</i>	1 Condom - male 2 Condom - female 3 Oral contraceptive pills (Microgynon or Microlut)

Field	Question	Answer
		4 Injectable - Depo-Provera / DMPA-IM
		5 Injectable - Sayana Press / DMPA-SC
		6 Implant - 2-rod (e.g. Jadelle)
		7 Intrauterine contraceptive device (IUD)
		8 Cycle beads for standard days method
		9 Vasectomy
		10 Bilateral Tubal Ligation (BTL)
pc37 (required)	PC37. Do you think it is a good idea to talk to women who belly spoil about family planning?	1 Yes 0 No

Consented > MODULE 6: PATIENT KNOWLEDGE ABOUT INDUCED ABORTION





notemodule6instruction	<p>Now I am going to ask you some questions about what you know about induced abortion (or spoiling belly). Your answers will be kept CONFIDENTIAL AND WILL NOT BE SHARED WITH ANYONE, so please try to provide me with honest answers. This will help us understand problems that women face and how the country can better help them.</p>	
abortion_legal_knowledge (required)	<p>A1. To your knowledge, under which circumstances is abortion LEGAL in Liberia? <i>Select all that are mentioned. Do not read options aloud</i></p>	<p>1 If the woman's physical health is at risk</p> <p>2 If pregnancy is from rape</p> <p>3 If pregnancy is from incest</p> <p>4 If the woman is HIV positive</p> <p>5 If the woman is mentally incapacitated</p> <p>6 If the woman's mental health is at risk</p> <p>7 If a girl is under age 16</p> <p>8 Economic reasons (e.g. cannot care for the child)</p>

Field	Question	Answer
abortion_legal_knowledge_sp (required)	A1. Under what other circumstances is abortion legal?	<p>9 If the girl or woman is unmarried</p> <p>10 If pregnancy is from contraceptive failure</p> <p>11 If the woman doesn't want the pregnancy</p> <p>12 If there is fetal impairment</p> <p>0 Under no circumstances</p> <p>98 I don't know</p> <p>99 Others (specify)</p> <p>13 If the woman's life is in danger</p>
■ abortion_legal_opinion (required)	<p>A2. Under which situations/conditions should abortion be allowed in Liberia??</p> <p><i>Select all that are mentioned. Do not read options aloud</i></p>	<p>1 If the woman's physical health is at risk</p> <p>2 If pregnancy is from rape</p> <p>3 If pregnancy is from incest</p> <p>4 If the woman is HIV positive</p> <p>5 If the woman is mentally incapacitated</p> <p>6 If the woman's mental health is at risk</p> <p>7 If a girl is under age 16</p> <p>8 Economic reasons (e.g. cannot care for the child)</p> <p>9 If the girl or woman is unmarried</p> <p>10 If pregnancy is from contraceptive failure</p> <p>11 If the woman doesn't want the pregnancy</p> <p>12 If there is fetal impairment</p> <p>0 Under no circumstances</p> <p>98 I don't know</p>

Field	Question	Answer
		99 Others (specify)
		13 If the woman's life is in danger
abortion_legal_opinion_sp (required)	A2. Under what other circumstances do you think abortion should be allowed?	
abortion1 (required)	A3. Do you know anyone who spoil their belly by themselves? (i.e. induced abortion)	1 Yes 0 No
abortion2 (required)	A4. Who is the person that you know spoil their belly? We do not need to know her name, just their relationship to you. <i>Do not read the option aloud. Select all apply.</i>	1 My friend 2 My neighbour 3 My Sister or Sister-in-law 4 My Mother or Mother-in-law 99 Other (specify)
abortion2_sp (required)	Please specify.	
notea5	I will now ask you about your own belly that spoiled that made you come to the hospital	
abortion3 (required)	A5. Did you or someone else do anything to interfere with the continuation of this pregnancy (the pregnancy that brought you to the facility)	1 Yes 0 No
Consented > MODULE 6: PATIENT KNOWLEDGE ABOUT INDUCED ABORTION > Abortion-Self		
		1 Husband/partner did not want anymore children
		2 Have too many children
		3 Cannot afford anymore children
		4 Too soon after last pregnancy
		5 Would have to drop out of school
		6 Would have to leave job
		7 Too young
		8 Too old
		9 Not married
		10 The pregnancy was not with husband/partner
		11 The pregnancy was the result of rape/incest
abortion4 (required)	A6. What was the reason(s) that made you to make the decision not to continue with the pregnancy? <i>DO NOT PROMPT, select ALL that are mentioned.</i>	

Field	Question	Answer
		12 It endangered their health The fetus (baby) would have been
		13 handicapped/foetal anomaly
		14 Had HIV positive
		99 Other (specify)
abortion4_sp (required)	Please specify.	
	A7 (a). How much time passed between the moment you realized you were pregnant to when you decided to spoil your belly? Select the time unit used by the patient	Minutes Minutes Hours Hours Days Days Weeks Weeks
abortion5_unit (required)		
	A7 (b). How many [abortion5_unit] passed between the moment you realized you are pregnant to when you decided to spoil your belly?	
abortion5_time (required)		
	A8. Who made the final decision to spoil that pregnancy? <i>DO NOT PROMPT; if respondent says that the person made the decision herself, ask her if anyone else helped her make that decision and select that person in the list. Select ALL that apply.</i>	1 The person self 2 Husband/partner 3 The couple together 4 Woman's parents 5 Husband/partner's parents 6 Other family member 99 Other (specify)
abortion10 (required)		
	Please specify.	
abortion10_sp (required)		
	A9. Did you try more than once to spoil the belly?	1 Yes 0 No 2 Don't know/Can't remember
abortion11 (required)		
	A9A. How many weeks pregnant were you when you spoiled the belly? _____	
a9a (required)		1 Drank herbal concoction 2 Drank other home remedies 3 Used any herbal enema 4 Inserted herb/object/other substance into vagina 5 Heavy Massage 6 D&C
A9b (required)	A9B.What did you do to spoil the belly?	

Field	Question	Answer
a9c (required)	A9C.. Who provided the method that you used to spoil the belly? We do not need to know the name of the person, just their position/relationship.	<ul style="list-style-type: none"> 7 Manual vacuum aspiration 8 Injection 9 Saline instillation 10 Misoprostol/cytotec 11 Oxytocin 12 Other tablets 13 Catheter 14 Excessive physical activity 15 Don't know/can't remember 16 Traditional/Untrained provider 99 Other (specify) <ul style="list-style-type: none"> 1 Doctor 2 Nurse 3 Midwife 4 Physician assistant 5 Pharmacist 6 Family or friend 7 Self 99 Other (specify)
abortion12 (required)	A10. How many weeks pregnant were you when you first tried to spoil the belly?	<ul style="list-style-type: none"> 1 Drank herbal concoction 2 Drank other home remedies 3 Used any herbal enema 4 Inserted herb/object/other substance into vagina 5 Heavy Massage 6 D&C 7 Manual vacuum aspiration 8 Injection 9 Saline instillation 10 Misoprostol/cytotec 11 Oxytocin 12 Other tablets
abortion13 (required)	A11. What did you first do to spoil the belly? <i>DO NOT PROMPT; select ONE</i>	<ul style="list-style-type: none"> 1 Drank herbal concoction 2 Drank other home remedies 3 Used any herbal enema 4 Inserted herb/object/other substance into vagina 5 Heavy Massage 6 D&C 7 Manual vacuum aspiration 8 Injection 9 Saline instillation 10 Misoprostol/cytotec 11 Oxytocin 12 Other tablets

Field	Question	Answer
		13 Catheter
		14 Excessive physical activity
		15 Don't know/can't remember
		16 Traditional/Untrained provider
		99 Other (specify)
 abortion13_sp <i>(required)</i>	Please specify.	
 abortion14_unit <i>(required)</i>	A12. How much time passed between the first attempt to spoil your belly and to the time you were able to finally spoil the belly? Select the unit used by the patient	Day Day Week Week Month Month Year Year
 abortion14_time <i>(required)</i>	A12. How many [abortion14_unit] passed between the first attempt to spoil your belly and to the time you were able to finally spoil the belly? Select the unit used by the patient	
		1 Drank herbal concoction
		2 Drank other home remedies
		3 Used any herbal enema
		4 Inserted herb/object/other substance into vagina
		5 Heavy Massage
		6 D&C
		7 Manual vacuum aspiration
		8 Injection
		9 Saline instillation
		10 Misoprostol/cytotec
		11 Oxytocin
		12 Other tablets
		13 Catheter
		14 Excessive physical activity
		15 Don't know/can't remember
		16 Traditional/Untrained provider
		99 Other (specify)
 abortion15 <i>(required)</i>	A13. What was the last thing you did to spoil the belly? <i>DO NOT PROMPT; select ONE</i>	

Field	Question	Answer
abortion15_sp (required)	Please specify.	<ul style="list-style-type: none"> 1 Nurses' or clinical officers' private office 2 Health facility (public) 3 Health facility (private) 4 NGO 5 Traditional healer 6 Pharmacy 7 Ordered online 8 Markets or street vendor 99 Other (specify) 0 I don't know
abortion15a (required)	A14. If you used misoprostol, where did you get it from? <i>Select ALL that are mentioned.</i>	<ul style="list-style-type: none"> 1 Doctor 2 Nurse 3 Midwife 4 Physician assistant 5 Pharmacist 6 Family or friend 7 Self 99 Other (specify)
abortion15a_sp (required)	Please specify.	<ul style="list-style-type: none"> 1 Doctor 2 Nurse 3 Midwife 4 Physician assistant 5 Pharmacist 6 Family or friend 7 Self 99 Other (specify)
abortion16 (required)	A15. Who provided the method that was finally able to spoil the belly? We do not need to know the name of the person, just their position/relationship.	<ul style="list-style-type: none"> 1 Women herself 2 Husband/boyfriend 3 Parent 4 Other family member 5 Friend 99 Other (specify)
abortion16_sp (required)	Please specify.	<ul style="list-style-type: none"> 1 Women herself 2 Husband/boyfriend 3 Parent 4 Other family member 5 Friend 99 Other (specify)
abortion17 (required)	A16. Who paid the cost to spoil the belly? <i>DO NOT PROMT, select ALL that are mentioned.</i>	<ul style="list-style-type: none"> 1 Women herself 2 Husband/boyfriend 3 Parent 4 Other family member 5 Friend 99 Other (specify)
Consented > MODULE 6: PATIENT KNOWLEDGE ABOUT INDUCED ABORTION > Abortion-Self > Amount Paid		
abortion17a (required)	A17. What was the amount paid?	<ul style="list-style-type: none"> 1 Liberian Dollar (LUD) 2 US Dollar(USD)
abortion17aCurrency (required)	Currency	<ul style="list-style-type: none"> 1 Liberian Dollar (LUD) 2 US Dollar(USD)
endnote1	This is the end of my questions, and I want to thank you for your help on this important project. If you have any questions for me, or concerns, please feel free to raise them now. I would be happy to discuss them with you. If	

Field	Question	Answer
endnote2	<p>you felt uncomfortable or emotionally disturbed in the course of answering some questions, and would like a referral to counseling services, I can provide you with a list of referral services nearby. Would you like me to provide you with this list?</p> <p>To enable us have a better understanding of the issues relating to pregnancies that did not result in a live birth, we would like to request your permission to ask your doctor or other hospital staff more questions about your condition when you came to the hospital, your symptoms, treatment, and other services you received here. Do I have your consent to interview the health care provider who cared for you?</p>	
comments1 <i>(required)</i>	INTERVIEWER'S COMMENT	
consentprovider <i>(required)</i>	<p>G5. Did the woman give consent to interview HER PROVIDER?</p> <p><i>INTERVIEWER: If the woman died or absconded or was unable to answer, check yes and go ahead and interview the provider</i></p>	<p>1 Yes</p> <p>2 No</p>
provider group		
instructions	<p>Directions: Discuss the following questions with PAC providers in this facility as well as review the relevant patient medical chart. Reassure the respondent that their answers will remain CONFIDENTIAL.</p>	
provider group > G4. Patient ID		
date_admission <i>(required)</i>	G5. Date of admission (or date presented, if OPD patient)	
discharged	G6. Has Patient been discharged	<p>1 Yes</p> <p>0 No</p>
date_discharge <i>(required)</i>	G6. Date of discharge	
nearmiss_yn <i>(required)</i>	<p>G7. Was the patient a Near Miss case? <i>The WHO defines "near miss" as a woman who nearly died but survived a complication that occurred during pregnancy or within 42 days of termination of pregnancy.</i></p>	<p>1 Yes</p> <p>0 No</p>
provider group > General Information		

Field	Question	Answer
admission (required)	P1. What type of admission was done for this patient?	1 OPD registration /consultation 2 Inpatient admission
admission_nights (required)	P2. If inpatient, how many nights did the patient stay?	
presentation (required)	P3. What type of complaint did the patient come with to the facility? SELECT ALL THAT APPLY.	1 Bleeding or blood loss 2 Fever 3 Abdominal pain 99 Other (specify)
presentation_sp (required)	P3. What other complaint did the patient come with?	
fever_days (required)	P4. Number of days fever before admission, if known. <i>If unknow, enter 97979</i>	
gestation (required)	P5. What was the patient's gestational age (in weeks) when she presented?	
provider group > General Information > Vital Signs		
note_vitals	Please record the vital signs of the patient at the time of her arrival at the facility. Please check patient's chart for the necessary information.	
temp (required)	P6. Body temperature	
pulse (required)	P7. Pulse rate	
bp_s (required)	P8. Systolic blood pressure	
bp_d (required)	P9. Diastolic blood pressure	
foreignbody (required)	P10. Was there any evidence of foreign body in vagina, cervix, or uterus?	1 Yes 0 No 1 Cervical laceration 2 Cervical tears 3 Tenaculum bites of the cervix
injuries_label (required)	P11. On examination, which of the following mechanical injuries did you detect? <i>If no mechanical injury was detected select "No sign of mechanical injury" ONLY, otherwise SELECT ALL THAT APPLY</i>	4 Mechanical injury of uterus 5 Intra-abdominal injury 6 Puncture marks on cervix or vagina 0 No sign of mechanical injury

Field	Question	Answer
smell (required)	P12. On vaginal examination, did you notice offensive or foul smelling products of conception?	1 Yes 0 No
provider group > Physical Exam		
infection (required)	P13. Did you find any sign of infection on examination?	1 Yes 0 No
complications (required)	P14. What complications did you find on examination and investigation? <i>SELECT ALL THAT APPLY" to "If no signs were found select "None" ONLY, otherwise SELECT ALL THAT APPLY</i>	1 Abdominal/uterine tenderness 2 Pelvic abscess 3 Pelvic peritonitis 4 Generalized peritonitis 5 Uterine perforation 6 Sepsis/septicemia 7 Hemorrhagic shock 8 Hemorrhage 9 Septic shock 10 Purulent discharge 11 Anemia 12 Fever 0 None 99 Other (specify)
complications_sp (required)	P14. What other complications did you find?	1 Respiratory distress syndrome 2 Renal failure 3 Liver failure 4 Cardiac failure 5 Coma 6 Coagulation defect (DIC) 0 None 99 Other (specify)
failure (required)	P15. What signs of organ/system failure did you find on examination and investigation? <i>SELECT ALL THAT APPLY" to "If no surgical procedures were performed select "None" ONLY, otherwise SELECT ALL THAT APPLY</i>	0 None 99 Other (specify)
failure_sp (required)	P.15 What other organ/system failure did you find?	
provider group > Diagnosis		
abortion_type (required)	P16. Based on your overall assessment of the client and your clinical examination findings, how would you classify the patient's abortion?	1 Probably induced 2 Possibly induced 3 Most likely spontaneous

Field	Question	Answer
dx (required)	P17. What is the patient's final diagnosis?	0 Don't know 1 Incomplete abortion 2 Missed abortion 3 Complete abortion 4 Threatened abortion 99 Other (specify)
dx_sp (required)	P17. What is the patient's final diagnosis?	
septic (required)	P18. Was the abortion septic?	1 Yes 0 No
provider group > Treatment		
procedure (required)	P19. What was the MAIN EVACUATION PROCEDURE that was used in the management of the patient's condition?	1 Manual vacuum aspiration(MVA) 2 Electric vacuum aspiration(EVA) 3 Medical evacuation (e.g. Misoprostol/Cytotec) 4 D&C 99 Other (specify)
procedure_sp (required)	P19. What was the main evacuation procedure used?	
ward (required)	P20. Where was the evacuation procedure performed?	1 OPD 2 General IPD adult ward 3 General surgical ward 4 Labour & delivery ward 5 Emergency room 6 Intensive care unit (ICU) 99 Other ward
cadre (required)	P21. The evacuation procedure was performed primarily by which provider?	1 Doctors (general) 2 Doctors (specialist, including OBGYN) 3 Nurses 4 Midwives 5 Physician assistants 99 Other (specify)
cadre_sp (required)	P21. What was the cadre that performed the evacuation procedure?	

Field	Question	Answer
<input type="checkbox"/> medication_yn <i>(required)</i>	P22. Was the client provided any pain medication during the evacuation procedure?	1 Yes 0 No
<input type="checkbox"/> medication_sp <i>(required)</i>	P23. What did the client receive? SELECT ALL THAT APPLY.	1 Para-cervical block 2 Sedation 3 Analgesics 99 Other (specify)
<input type="checkbox"/> medication_other <i>(required)</i>	P23. What other medication did the client receive?	
<input type="checkbox"/> antibiotics_yn <i>(required)</i>	P24. Was the client administered antibiotics during her current visit at this facility?	1 Yes 0 No
<input type="checkbox"/> antibiotics_sp <i>(required)</i>	P25. If yes, what type of antibiotic was administered?	1 Oral only 2 IV only 3 Combined (Oral + IV)
<input type="checkbox"/> antibiotics-supply <i>(required)</i>	P26. Who supplied the antibiotic that was administered?	1 Facility supplied 2 Client supplied herself 3 Both
provider group > Treatment > drugs		
<input type="checkbox"/> drugs_label	P27. During the patient's visit, was she given the following drug or product?	1 Yes 0 No
<input type="checkbox"/> iv <i>(required)</i>	Intravenous fluids	1 Yes 0 No
<input type="checkbox"/> blood <i>(required)</i>	Blood or blood products	1 Yes 0 No
<input type="checkbox"/> oxytocin <i>(required)</i>	Oxytocin or ergometrine	1 Yes 0 No
<input type="checkbox"/> miso <i>(required)</i>	Misoprostol	1 Yes 0 No
provider group > Surgical Management		
<input type="checkbox"/> surgery <i>(required)</i>	P28. What surgical procedure(s) were performed on the client? SELECT ALL THAT APPLY.	1 Salpingectomy 2 Abscess drainage 3 Repair of cervical tear 4 Repair of vaginal tears 5 Repair of vulva/perineal tears 6 Repair of perforated uterus

Field	Question	Answer
surger_sp (required)	P28. What other surgical procedure(s) were performed?	7 Repair of gut perforation 8 Laparotomy 99 Other (specify) 0 None
provider group > Post-Abortion Family Planning		
fp_counseled (required)	P29. Was the patient counseled on family planning upon discharge?	1 Yes 0 No 2 Not discharged yet 3 Don't know
fp_provided (required)	P30. Was the patient given a modern method of family planning?	1 Yes 0 No 2 Don't know/Can't remember 1 Condom - male 2 Condom - female 3 Oral contraceptive pills (Microgynon or Microlut) 4 Injectable - Depo-Provera / DMPA-IM 5 Injectable - Sayana Press / DMPA-SC 6 Implant - 2-rod (e.g. Jadelle) 7 Intrauterine contraceptive device (IUD) 8 Cycle beads for standard days method 9 Vasectomy 10 Bilateral Tubal Ligation (BTL) 11 Withdrawal 12 Other Traditional method 99 Other (specify)
fp_method (required)	P31. If patient was given family planning, which method	
fp_method_sp (required)	P31. What was the modern family planning method provided to the patient?	

Field	Question	Answer
fp_refer <i>(required)</i>	P32. If patient was NOT given family planning at this facility, was the patient referred somewhere else for family planning?	1 Yes 0 No
provider group > Patient Outcome		
outcome <i>(required)</i>	P33. What was the outcome from managing this patient?	1 Died 2 Still admitted 3 Defaulted (i.e. Left Against Medical Advice) 4 Discharged 5 Referred to another facility 99 Other (specify)
outcome_sp <i>(required)</i>	P33. What was the outcome from managing this patient?	
note_end	This is the end of the Provider Interview. Thank you very much for your time. Your responses are very important and will help make health services better for women and girls.	