


A66053 - Scale up of female genital mutilation prevention and care services in primary care in Guinea and Kenya - CLIENT EXIT QUESTIONNAIRE (EXT)

IDENTIFICATION



World Health Organization

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You are being asked to participate in Scale up of female genital mutilation prevention and care services in primary care study in Guinea and Kenya.

Centre ID

☐ 2235 = Centre for Research in Reproductive Health – Guinea

☐ 2028 = University of Nairobi College of Health Sciences – Kenya

Region/County

Facility ID

Participant ID

Confirm participant ID

Type of visit

☐ 0 = Baseline

☐ 1 = Three months

☐ 2 = Nine Months

SOCIO-DEMOGRAPHIC INFORMATION

| | |
|--|---|
| 1. How old are you? (years) | * |
| 2. What is your sex? <input type="radio"/> 1 = Female <input type="radio"/> 2 = Male | * |
| 3. What is your religion? <input type="radio"/> 0 = None <input type="radio"/> 1 = Muslim <input type="radio"/> 2 = Christian <input type="radio"/> 3 = Other <input type="radio"/> 4 = Refused | * |
| 3a. If <i>Other</i> , specify: | * |
| 4. What is the highest level of education you achieved? <input type="radio"/> 0 = None <input type="radio"/> 1 = Primary <input type="radio"/> 2 = Secondary <input type="radio"/> 3 = University <input type="radio"/> 4 = Other | * |
| 4a. If <i>Other</i> , specify: | * |
| 5. Did you see any FGM poster(s) in the consultation and/or waiting room? <input type="radio"/> 1 = Yes <input type="radio"/> 2 = No <input type="radio"/> 3 = I don't know <input type="radio"/> 4 = Refused | * |
| 6. Did the health care provider ask if you have undergone FGM? <input type="radio"/> 1 = Yes <input type="radio"/> 2 = No <input type="radio"/> 3 = I don't know <input type="radio"/> 4 = Refused | * |
| 7. Did the health care provider explain how FGM harm your health? <input type="radio"/> 1 = Yes <input type="radio"/> 2 = No <input type="radio"/> 3 = I don't know <input type="radio"/> 4 = Refused | * |
| 8. Did the health care provider ask about your personal belief regarding FGM? <input type="radio"/> 1 = Yes <input type="radio"/> 2 = No <input type="radio"/> 3 = I don't know <input type="radio"/> 4 = Refused | * |

9. Did the health care provider discuss why FGM should be prevented? *

- ☐ 1 = Yes ☐ 2 = No ☐ 3 = I don't know
☐ 4 = Refused

10. Did the health care provider discuss how FGM could be prevented? *

- ☐ 1 = Yes ☐ 2 = No ☐ 3 = I don't know
☐ 4 = Refused

11. Did you have any questions about FGM to ask the health care provider? *

- ☐ 1 = Yes ☐ 2 = No ☐ 3 = I don't know
☐ 4 = Refused

12. Did you feel encouraged to ask questions about FGM? *

- ☐ 1 = Yes ☐ 2 = No ☐ 3 = I don't know
☐ 4 = Refused

13. Are you satisfied with how FGM was addressed during your visit with your health care provider today? *

- ☐ 1 = Yes ☐ 2 = No ☐ 3 = I don't know
☐ 4 = Refused

CLINIC EXPERIENCE

14. What do you feel about FGM now as compared to before you came to the clinic today? *

- ☐ 1 = Same, no change,
 ☐ 2 = I feel more supportive of FGM now as compared to before I came
- ☐ 3 = I feel less supportive of FGM now as compared to before I came
 ☐ 4 = I don't know
- ☐ 5 = Other

14a. If *Other*, specify: *

15. How supportive are you of female genital mutilation? *

- ☐ 1 = Strongly opposed
 ☐ 2 = Somewhat opposed
- ☐ 3 = Neutral (neither opposed nor supportive)
 ☐ 4 = Somewhat supportive
- ☐ 5 = Strongly supportive

16. Many women in your community have had their genitals cut when they were children. If you are comfortable telling me, can I ask if you have undergone this practice? *

- ☐ 1 = Yes
 ☐ 2 = No
 ☐ 3 = I don't know
- ☐ 4 = Refused

17. Pretend you had a daughter now who was at an age when cutting occurs, what would your intention to cut her be? *

- ☐ 1 = Intend to cut her
 ☐ 2 = Do not intend to cut her
 ☐ 3 = I don't know
- ☐ 4 = Refused

18. If *Intending to cut*, who would you prefer to do the cutting? *

- ☐ 1 = Traditional practitioner
 ☐ 2 = Health care provider
 ☐ 3 = Other

18a. If *Other*, specify: *

19. Do you wish/want to be active in preventing FGM? *

- ☐ 1 = Yes
 ☐ 2 = No
 ☐ 3 = I don't know

COMMENTS

| |
|---------------------|
| Comments |
| |
| Data Collector name |
| |