

Adapted Questionnaire for Assessing Client Satisfaction with Comprehensive Abortion Care Services-English version

Hi, how are you? My name is _____. This is an interview to be done with you on the behalf of Demeke Taye for a study that is being conducted at Saint Paul millennium medical college school of public Health, and department of Epidemiology. The purpose of the study is to assess Satisfaction and Associated Factors of Comprehensive Abortion Care Users in Public and Private Health Facilities of Addis Ababa, Ethiopia. I request you kindly to participate in this survey which is voluntary and involves no risk to you. You have the right to refuse participation. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time without any consequences. The information you provide is strictly confidential and will be useful in improving quality of abortion care services in Ethiopia. The questionnaire/interview will take about 20-30 minutes to fill.

Signature/ Thumb print..... Date.....

Respondent agree to participate? YES No

Thank You!

VQ	Section I Facility and client background information	Response
Q1	Interviewers code	
Q2	Facility code	
Q3	Facility type <input type="checkbox"/> private <input type="checkbox"/> public	
	Section I: Socio-demographic and Behavioral Questions for Participants	Possible Response
Q04	Sex <input type="checkbox"/> Female, <input type="checkbox"/> Male	
Q05	Age <input type="checkbox"/> 15-19 <input type="checkbox"/> 20-`24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-45	
Q06	Marital status (1. Single, 2. Married, 3. Divorced, 4. Widowed)	
Q07	Educational status (1. Illiterate, 2. Primary School, 3. Secondary School, 4. College and Above)	
Q08	Job category (1. Housewife, 2. Private Worker, 3. Govt Worker, 4. Don't have any Work)	
Q09	Residency (1. Rural, 2. Urban)	
Q10	Reason for visiting facility (1. Safe abortion 2.spontaneous abortion)	
Q11	Is this your first visit to this facility? (1. New 2. Repeat)	

Section II: Client Satisfaction Measurement Questions

(Give “1” strongly Satisfied, “2” satisfied “3” Neutral, “4” Dissatisfied), “5” strongly dissatisfied

Q12	Did you feel that you were warmly welcomed after entering the facility compound (by security, card room, and triage services)?	
Q13	Is the facility compound and its surroundings clean, attractive, and adequately maintained for the comfort of patients and visitors?	
Q14	Was it easy to find the service department where you could receive the service you needed?	
Q15	How long did you wait at the beginning before receiving the service?	
Q16	Was your medical card issued on time?	
Q17	Did you receive timely medical consultation and treatment from the doctor for the service you wanted?	
Q18	Are you aware of the professional’s job responsibilities and identity who provided you the service? (e.g., name recognition, job title)	
Q19	Are you able to identify the doctors, nurses, and other staff members at the facility?	
Q20	When receiving the service, do the professionals address you by your name?	
Q21	Was your privacy/confidentiality respected during your medical visit?	
Q22	How thoroughly did the doctor examine you?	
Q23	Were you able to express your thoughts and ask questions during your medical visit?	
Q24	Did the healthcare professionals treat you with respect and courtesy?	
Q25	During your medical visit, were you subjected to any form of moral abuse (such as shouting, insults, or psychological harm) or physical harm?	
Q26	Were you asked for your consent before conducting the medical examination?	
Q27	Have you been given adequate advice and information about your illness, the type of treatment, and the medication you will receive?	
Q28	Have you been provided with clear and understandable information about the service you received, in a language you understand?	
Q29	Was your wish and preference respected even if it differed from that of the professional?	
Q30	Were all the laboratory tests ordered for you available at the facility?	
Q31	Were the laboratory staffs courteous and respectful in their treatment of you?	

Q32	Have you been provided with sufficient information about the necessary precautions for the laboratory test to be conducted, when it will be done, and where the results will be obtained?	
Q33	Did you receive the laboratory test results within the time frame that was communicated to you?	
Q34	Were all the medications prescribed to you available at the facility on the same day?	
Q35	Were the pharmacy staffs courteous and respectful in their treatment of you?	
Q36	Have you received sufficient information about the prescribed medication's usage, dosage, possible side effects, and necessary precautions?	
Q37	Were the restroom and shower facilities at the facility open and accessible at all times during your visit?	
Q38	Were the restroom and shower facilities at the facility clean and comfortable at all times during your visit?	
Q39	Were the restroom and shower facilities separated for females and males during your visit to the facility?	
Q40	Were you informed about how long you could stay in the hospital bed and the total cost you would be expected to pay?	
Q41	Did you receive adequate pain relief when you were in pain?	
Q42	Do you feel that the service you needed was delayed or not provided in a timely manner?	
Q43	Have you received sufficient information about your stay in the ward, procedures you need to follow, and waste disposal practices?	
Q44	Was the service area where you stayed free from disturbing noise?	
Q45	Do you feel that there is good teamwork among the service providers?	
Q46	When you requested assistance, did the professional providing the service respond promptly and demonstrate appropriate professional conduct?	
Q47	Do you feel that the professionals providing the service have adequate knowledge and skills, and demonstrate confidence in what they do?	
Q48	Do you believe the service you received was fair and unbiased, regardless of your age, gender, social status, etc.?	
Q49	Were you properly informed about the administrative decision made regarding the issue that caused you to not receive the needed service on time?	
Q50	Overall, do you trust the service delivery at the facility enough to recommend it to others?	

SECTION-III-service type, method used family planning and follow-up.		
Q51	Reason that make you to visit HF 1. Safe abortion 2. spontaneous abortion	
Q52	Method used to evacuate retained tissue/Pregnancy 1. Medical 2. surgical 3.other	
Q53	Offered to use family planning option. 1. Yes 2. No	
Q54	Follow-up visit appointed 1. Yes 2. NO	
Q55	Service payment method 1.Cash 2.CBHI 3.Exempted 4. other(specify)	
Section-IV; health care providers profession, sex and attitude.		
Q56	What is your background profession? <input type="checkbox"/> nurse <input type="checkbox"/> midwife <input type="checkbox"/> health officer <input type="checkbox"/> Doctor <input type="checkbox"/>	
Q57	Sex 1.Male 2. Female	
Q58	How do you perceive/think of a woman who has had an induced abortion? 1. Strongly positive 2.positive 3.moderate 4. negative 5.strongly positive	
Q59	How do you perceive/think of a woman who has had a spontaneous abortion? <input type="checkbox"/> strongly positive <input type="checkbox"/> positive <input type="checkbox"/> moderate <input type="checkbox"/> negative <input type="checkbox"/> strongly positive	
Q60	Do Women who have undergone unsafe abortion deserve equal attention like any other patients? <input type="checkbox"/> Strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neutral <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree	
Q61	Do you feel comfortable to provide CAC services? <input type="checkbox"/> strongly positive <input type="checkbox"/> positive <input type="checkbox"/> moderate <input type="checkbox"/> negative <input type="checkbox"/> strongly positive	

Reference

1. Tesfaye G, Hambisa MT, Semahegn A. Induced abortion and associated factors in health facilities of Guraghe zone, southern Ethiopia. BMC Womens Health. 2019.
2. Assefa M, et al. Women's Satisfaction with Comprehensive Abortion Care and Associated Factors in Public Health Facilities of Mojo Town, East Ethiopia. Health Serv Insights. 2024
3. Client satisfaction checklist for abortion care service. Health, Ministry of. addis ababa : s.n., 2022.

