

STUDY NUMBER: \_\_\_\_\_

**COST OF UNSAFE ABORTION**

**FOLLOW-UP IN-DEPTH INTERVIEW  
GUIDELINES**

**To be administered about 2-3 weeks after leaving the health facility**

**1. IDENTIFICATION**

**101. Patient identification number**

**(WRITE IN FROM Q101 IN WOMEN'S QUESTIONNAIRE):** \_\_\_\_\_

**102. Date when patient was discharged from health facility:** \_\_\_/\_\_\_/\_\_\_  
**(WRITE IN FROM Q211 IN PROVIDER'S QNNAIRE)** Day Month Year

998 = Permission not given

**103. Date of follow-up IDI:**

\_\_\_/\_\_\_/\_\_\_  
Day Month Year

**104. Days or weeks patient waited before arriving at health facility:**

**(WRITE IN FROM Q601 IN WOMEN'S QUESTIONNAIRE)**

\_\_\_\_\_ days *OR* \_\_\_\_\_ weeks

**105. Interviewer's name** \_\_\_\_\_

**106. Language of follow-up interview** \_\_\_\_\_

**107. Number of contacts made for follow-up interview**

1<sup>st</sup> contact attempt \_\_\_/\_\_\_/\_\_\_  
Day Month Year

2<sup>nd</sup> contact attempt \_\_\_/\_\_\_/\_\_\_  
Day Month Year

3<sup>rd</sup> contact attempt \_\_\_/\_\_\_/\_\_\_  
Day Month Year

**108. Final result of follow-up IDI:**

- \_\_\_ 1. Completed
- \_\_\_ 2. Partly Completed (explain) \_\_\_\_\_
- \_\_\_ 3. Refused
- \_\_\_ 4. Respondent incapacitated
- \_\_\_ 5. Respondent not at home or did not show for appointment
- \_\_\_ 6. Respondent postponed
- \_\_\_ 7. Respondent died
- \_\_\_ 8. Other (specify) \_\_\_\_\_

**109. Time follow-up interview:** Started: \_\_\_\_\_ Ended: \_\_\_\_\_

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## **2. INTRODUCTION AND CONSENT**

**Hello Madam. My name is \_\_\_\_\_ and I am working with the [NAME OF ORGANIZATION]. As you may recall, some weeks ago we had the opportunity to talk at [NAME OF HEALTH FACILITY] when you were receiving medical treatment. At that time you kindly agreed to meet again to continue that conversation.**

**I would like to request your collaboration again in this study by answering some questions about how your health has been since you left [NAME OF FACILITY], the expenses you may have had and in general how was your experience there. If you agree, you will be interviewed for about one hour**

**Your participation is entirely voluntary and you will not receive a direct benefit for participating. We want to audio tape record the interview so that we are able to go back and review the responses later thus, not missing any details. Participation in this study is only possible if you are willing to have the discussion recorded. If you decide to take part, you may stop at any time if you do not want to continue, and you may refuse to answer any question if it makes you uncomfortable. No information which could identify you will ever be released.**

**Do you have any questions about this study today that you want to ask me? If you have any questions later about the study, you can contact [PRINCIPAL INVESTIGATOR] of [NAME OF ORGANIZATION] at [TELEPHONE NUMBER].**

**If you agree to be interviewed and to have the interview audio tape recorded, please sign or write your initials in the space below provided for both agreements to show that you understand the information above and that your consent is given voluntarily.**

**I agree to be interviewed and to have the interview audio tape recorded**

\_\_\_\_\_

**(Respondent)**

\_\_\_\_\_

**(Date)**

**IF PERSON IS UNWILLING TO INITIAL OR SIGN OR UNABLE TO READ OR SIGN BUT AGREES TO BE A PARTICIPANT:**

**I [the interviewer] will sign here indicating that the information above was read to you, that you agree to participate in this interview and that your consent is given voluntarily.**

\_\_\_\_\_

**(Interviewer)**

\_\_\_\_\_

**(Date)**

### 3. INTERVIEW GUIDELINES

**INTERVIEWER: PLEASE REMIND THE RESPONDENT –AT ALL TIMES, IN ALL QUESTIONS—THAT WE ARE REFERRING TO THE TIME SINCE SHE WAS DISCHARGED FROM THE HEALTH FACILITY FOR POST-ABORTION TREATMENT (QUESTION 102) AND TODAY’S DATE (QUESTION 103).**

**A. Please tell me about how your health has been since you left (NAME OF HEALTH FACILITY)? What kind of health problems have you experienced, if any?**

**IF NO HEALTH PROBLEMS, GO TO B.**

- **How have these health problems prevented you from doing your normal activities (school, work, household chores), if at all?**
  - What specific activities were you unable to perform?
  - How long were you unable to perform these activities?
  - Did you lose any income during this time? If so, how much income did you lose? [PROBE FOR ESTIMATE]
  - Did anyone else in your household lose income during this time because of your illness? If so, how much income did he/she lose? [PROBE FOR ESTIMATE]
  - Did your health problems cause you to seek treatment?

**B. Let us talk in more detail about the expenses you, a family member or someone else may have incurred since you left the health facility (date in 102).**

[IF RESPONDENT SAYS SHE WENT TO HEALTH FACILITY ONE OR MORE TIMES AFTER BEING DISCHARGED, SAY YOU ARE ASKING ABOUT EXPENSES FOR ALL VISITS. PROBE FOR ESTIMATE]

- Did you or someone else pay for transportation when you left the health facility? If so, about how much was it?
- Did you or someone else pay fees for health facility visits since then? If so, about how much (for all visits since discharge)?
- Did you or someone else pay for any for tests since then? If so, about how much (for all tests since discharge)?
- Did you or someone else pay for medicines or supplies prescribed after being discharged? If so, about how much?

- Were there any other costs you or someone else had to cover? What were those costs? About how much were these additional costs in total?

**C. Now let's talk about your life and feelings after returning from the health facility.**

- **In what ways have your usual social activities changed or not?**
  - What were the reasons why your usual social activities have (or have not) changed?
- **Are there any things you wanted to do but have not been able to?**
  - What things have you been unable to do?
  - Any reason(s) that made you not been able to do them?
- **As far as you know, did anyone find out that you had an abortion or that you were in the hospital because you needed post-abortion care?**
  - (If yes) Who found out?
  - What was (his/her/their) reaction? Could you describe it (give an example)?
  - How did you feel because of his/her/their reaction? Did it bother you or make you feel relieved?
  - Has anyone been supportive? If so, who has been supportive and in what ways?
- **In your opinion, how were people's attitudes or behaviors toward you because of your abortion? Any change in (his/her/their) behaviors that you observed?**
  - Could you give me an example how his/her attitude or behavior changed?
  - How does this attitude or behavior change make you feel?
- **When you started having health problems as a result of the abortion, you waited some time (SEE QUESTION 104) before going to the health facility. Could you tell me what that prevented you from going sooner?**
  - Were you afraid of someone or something?
  - Could you tell me who or what you were afraid of and why you felt afraid?
- **Could you tell me how your experience at the health facility was when you were treated for the abortion complications of your last pregnancy?**
  - How many hours did you wait before receiving treatment?
  - How did the staff treat you?

**THANK YOU VERY MUCH FOR YOUR TIME**

**INTERVIEWER: RECORD ENDING TIME IN Q109 ON FIRST PAGE.**