# Implant Removal Client Questionnaire

(to be conducted after FP service today)

<table>
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<tr>
<th>Date:</th>
<th>District:</th>
<th>Facility:</th>
<th>Brand or how many rods of implant removed:</th>
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<th>Client’s age:</th>
<th>Marital status:</th>
<th># of living children:</th>
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1. When was the implant removed today originally put in your arm? Month/Year:  
2. When your implant was inserted, did the provider tell you when to get it removed?  
   - Yes 1  
   - No 2  
   - Don’t remember 3

3. Why did you want your implant removed today?  
   - I want to get pregnant 1  
   - My implant was due to come out 2  
   - I experienced side effects (specify): 3  
   - Other (specify): 4

4. Did you ever try to have your implant removed before today?  
   - Yes 1  
   - No (skip to #5) 2

4A. If yes, why were you unable to have it removed?  
   - Facility not open 1  
   - Qualified provider not available 2  
   - Provider attempted but could not complete it 3  
   - Provider refused 4  
   - Cost of removal service was too much for me 5  
   - Travel cost made it difficult for me 6  
   - Provider counseled against it 7  
   - Told to return another day 8  
   - I don’t know 9  
   - Other (specify): 10

4B. Were you satisfied with the reason(s) given to you by the provider for not removing it?  
   - Yes 1  
   - No 2

4C. Did someone pressure you to keep the implant in your previous attempt at removal?  
   - Yes: If yes, who? (specify): 1  
   - No 2

5. Were you satisfied with your removal experience today?  
   - Yes 1  
   - No: If no, why not? (specify): 2

6. Did you adopt another contraceptive method today?  
   - Yes 1  
   - No 2

6A. If yes, which method did you adopt today (include implant reinsertion if applicable)?

Today’s Method:

Version: August 10, 2016