


TYPES OF QUESTIONS USED IN A STRUCTURED QUESTIONNAIRE

Type of question	Question example	Responses
Numerical response questions	How many children do you have?	_____
Dichotomous/two-option response questions	Did you receive tetanus injection during your last pregnancy? If No, skip to question 6	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Multiple choice questions	Which is your highest level of education?	<input type="checkbox"/> Tertiary <input type="checkbox"/> Secondary <input type="checkbox"/> Upper primary <input type="checkbox"/> Lower primary <input type="checkbox"/> No education <input type="checkbox"/> Other (please specify) _____
Likert scale questions	To what extent do you agree with the following statement: "My government has adequately provided infrastructure to ensure that no child is left behind in matters education."	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither disagree nor agree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree
Rating scale questions	How satisfied were you with the services offered at your health facility during your last delivery?	<input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Neither dissatisfied nor satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very satisfied

Rank order questions	<p>From the following features of maternal health services offered at your local health facility, order them according to your level of importance (most important first, least important last):</p> <p>Respectful care, compassionate care, affordability of the services, availability of skilled healthcare workers, cleanliness of the facility, ambience of the facility</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p>
Checklist questions	<p>Which of the following electronic goods does your household possess? Tick all that apply</p> 	<p><input type="checkbox"/> TV</p> <p><input type="checkbox"/> Radio</p> <p><input type="checkbox"/> Washing machine</p> <p><input type="checkbox"/> Cooker</p> <p><input type="checkbox"/> Mobile phone</p> <p><input type="checkbox"/> Microwave</p> <p><input type="checkbox"/> Laptop</p> <p><input type="checkbox"/> Personal computer</p> <p><input type="checkbox"/> Printer</p> <p><input type="checkbox"/> Scanner</p> <p><input type="checkbox"/> Other (please specify)</p> <p>_____</p>