

## Supplementary file

### 7.Questionnaire

Code and Card number

Section 1

Basic Socio-demographic Characteristics

|                     |   |
|---------------------|---|
| Age                 |   |
| Marital Status      | Single<br>Married<br>Divorced<br>Separated<br>Widowed   |
| Educational Status  | No formal education<br>Primary education<br>Secondary education<br>Diploma or above                       |
| Occupational Status | Housewife<br>Governmental employee<br>Non-governmental employee<br>Private<br>Daily laborer<br>Unemployed |
| Religion            | Muslim<br>Orthodox<br>Protestant<br>Other   |
| Place of Residence  | Addis Ababa<br>Outside Addis  |

Section 2

Assessments of Informed Consent

|  |  |
|--|--|
| 1. Respondent knows what a CS is   | Yes<br>No<br>Do not remember             |
| 2. Respondent knows what informed consent is                                 | Yes<br>No<br>Do not remember             |
| 3. Respondent was asked for informed consent prior to the CS                 | Yes<br>No<br>Do not remember             |
| 4. Was the CS emergency or elective  | Emergency<br>Elective<br>Do not remember |
| 5. Respondent received detail explanation on how the operation would be done | Yes<br>No<br>Do not remember             |
| 6. Respondent was told why the CS was necessary                              | Yes<br>No<br>Do not remember             |
| 7. Was the informed consent information given in a language they understood  | Yes<br>No<br>Do not remember             |
| 8. Respondent understood why the CS was necessary                            | Yes<br>No<br>Do not remember             |
| 9. Respondent was told and knew who would perform the operation              | Yes<br>No<br>Do not remember             |

|   |   |
|---|---|
| 10. Respondent was told the duration of the CS  | Yes<br>No<br>Do not remember  |
| 11. Respondent was told about the complications of the CS                               | Yes<br>No<br>Do not remember  |
| 12. If the response to the above question was yes, which of the following were you told | Post op-bleeding and blood transfusion<br>Infection<br>Hysterectomy<br>Visceral Injury<br>Thrombosis<br>Uterine rupture in future pregnancies<br>Neonatal complication<br>Other |
| 13. Respondent was told about alternative options to the CS                             | Yes<br>No<br>Do not remember  |
| 14. Respondent were told about the type of anesthesia to be used (general or local)     | Yes<br>No<br>Do not remember  |
| 15. Respondent had a choice on the type of anesthesia to be used                        | Yes<br>No<br>Do not remember  |
| 16. Respondent was given a chance to ask questions about the CS                         | Yes<br>No<br>Do not remember  |
| 17. Respondent knew the consequence of refusing the CS                                  | Yes<br>No<br>Do not remember  |
| 18. There was a favorable environment to say "no"                                       | Yes<br>No<br>Do not remember  |
| 19. Respondent was informed about future complications due to the CS                    | Yes<br>No<br>Do not remember  |

|   |                              |
|---|------------------------------|
| 20. Respondent had adequate time to decide and sign the informed consent form | Yes<br>No<br>Do not remember |
| 21. Following the CS a healthcare provider debriefed the operation            | Yes<br>No<br>Do not remember |
| 22. Respondent was informed about likelihood of CS during antenatal visit     | Yes<br>No<br>Do not remember |

Section 3

Objective Assessment s of informed consent

Review of consent documents.

|   |                              |
|---|------------------------------|
| 1.Full name of patient                        | Documented<br>Not documented |
| 2. Age  | Documented<br>Not documented |
| 3. Address                                    | Documented<br>Not documented |
| 4. Phone number                               | Documented<br>Not documented |
| 5. Name of procedure                          | Documented<br>Not documented |
| 6. Reason for the procedure                   | Documented<br>Not documented |
| 7. Name of physician performing the procedure | Documented<br>Not documented |
| 8. Name and signature of patient              | Documented<br>Not documented |
| 9. Name and signature of 2 witness is present | Documented<br>Not documented |