

APPENDIX II : SURVEY QUESTIONNAIRE

NEPAL IN-DEPTH SURVEY DHS/NEW ERA HOUSEHOLD QUESTIONNAIRE

PLEASE CONFIRM THAT YOU HAVE COME TO THE CORRECT (SAMPLED) HOUSE AND NOTE DOWN THE NAME OF THE HOUSEHOLD HEAD ACCORDING TO SAMPLE LIST.

1.1 Name of Household Head (Original) _____

IF THE HOUSEHOLD HEADSHIP HAS CHANGED DUE TO DEATH OR OTHER REASON(S), WRITE THE ORIGINAL NAME ABOVE AND THE NEW HOUSEHOLD HEAD'S NAME BELOW.

1.2 Name of New Household Head _____

IDENTIFICATION*	
DISTRICT _____	
PANCHAYAT _____	
WARD NUMBER _____	VILLAGE _____
SAMPLE POINT NUMBER _____	HOUSEHOLD NUMBER _____

INTERVIEWER VISITS				
		1	2	3
DATE				
INTERVIEWERS'S NAME				
RESULT*				
NEXT VISIT	DATE TIME			

* RESULT CODES: 1. COMPLETED
 2. NOT ADULT AT HOME
 3. POSTPONED
 4. REFUSED
 5. DWELLING VACANT
 6. ADDRESS NOT A DWELLING
 7. ADDRESS NOT FOUND
 8. OTHERS (SPECIFY) _____

	FIELD EDITED BY	CHECKED BY SUPERVISOR	OFFICE EDITED BY
NAME	_____	_____	_____
DATE	_____	_____	_____

2.1 Could you please tell me the names of all married women who slept last night in this house and their ages and marital status ?

EXCLUDE THOSE WOMEN WHO DID NOT SLEEP IN THIS HOUSE LAST NIGHT.

S.No.	Woman's Name	(Age in Completed Years)	MARITAL STATUS		ELIGIBILITY
			Now Married	Separated Widowed/ Divorced	Circle No. for All Women Currently Married and Between 15-49 Years
1.		[[]]	1	2	1
2.		[[]]	1	2	2
3.		[[]]	1	2	3
4.		[[]]	1	2	4
5.		[[]]	1	2	5
6.		[[]]	1	2	6
7.		[[]]	1	2	7
8.		[[]]	1	2	8

NEPAL IN-DEPTH SURVEY
DHS/NEW ERA
SCREENING QUESTIONNAIRE
CURRENTLY MARRIED WOMEN AGED 15 TO 49 YEARS

IDENTIFICATION			
District _____	Panchayat _____	[]	[]
Ward No. _____	Sample Point Number _____	[] [] []	
Household No. _____	Woman's Line No. _____	[] []	[]

		INTERVIEWER VISITS			
		1	2	3	
Date					[] []
Interviewer's Name					[] []
Result*					[] []
Interview Duration (in minutes)					[] [] []
Next Vist	DATE TIME				[]
<p>* RESULT CODES:</p> <p>1. Completed Screening only</p> <p>2. Completed Screening and In-Depth</p> <p>3. No Adult at Home</p> <p>4. Postponed</p> <p>5. Refused</p> <p>6. Dwelling Vacant</p> <p>7. Address not a Dwelling</p> <p>8. Address not Found</p> <p>9. Other (Specify) _____</p>					

	Field Edited By	CHECKED BY SUPERVISOR		Office Edited By
		Spot Check	Final Check	
Name Date				

1.0 Could you please tell me the year and month that you were born ?

Year [] [] []

Month [] [] []

88. Only Year/Don't Know



1.1 How old were you at your last Birthday ?

Age in Completed Years [] [] []

(IF THE RESPONDENT'S AGE IS BELOW 15 YEARS OR ABOVE 49 YEARS
TERMINATE INTERVIEW)

2.0 Are you currently pregnant ?

1. Yes

2. No

8. Don't Know



(TERMINATE INTERVIEW)

3.0 There are various ways or methods that a couple can use to delay or
avoid a pregnancy. Which of these ways or methods have you heard of
or know about ?

(PUT A CIRCLE MARK UNDER SPONTANEOUS COLUMN IN TABLE 1 FOR EACH
METHOD MENTIONED SPONTANEOUSLY AND ASK QUESTION 4 i.e. WHETHER SHE
HAS EVER USED THE METHOD).

3.1 (CHECK TO SEE IF ALL ITEMS LISTED IN 1 TO 10 HAVE BEEN
MENTIONED. IF ONE OR MORE ITEMS HAVE NOT BEEN MENTIONED, THEN
ASK 1 TO 10 IN TURN, SKIPPING THOSE METHODS ALREADY CIRCLED
UNDER SPONTANEOUS COLUMN. BEGIN BY ASKING)

There are some other methods which you have not mentioned and I
would like to find out if you might have heard of them.

(IF THE RESPONDENT HAS HEARD THE SPECIFIC METHOD, THEN PUT A
CIRCLE MARK UNDER 'PROBED' COLUMN, OTHERWISE PUT A CIRCLE MARK
UNDER 'NO' COLUMN. FOR EVERY ITEM FROM 1 TO 10 THERE SHOULD BE
A CIRCLE MARK IN ONE OF THE THREE COLUMNS).

4.0 Have you ever used _____ (mention name of method) ?

(IF SHE SAYS 'YES' CIRCLE CODE '1' UNDER EVER USE COLUMN IN TABLE 1.
IF SHE OR HER HUSBAND HAS BEEN STERILIZED, DO NOT ASK QUESTIONS 6
AND 6.1. BUT PUT CIRCLES IN THE APPROPRIATE CODES AND THEN TERMINATE
INTERVIEW).

Table 1 :

Family Planning Methods	KNOWLEDGE			5.3 EVER-USE	
	5.1 Sponta- neous	5.2 Probed	No	Yes	No
1. <u>PILL</u> : Women can take a pill everyday.	1	2	3	1	2
2. <u>IUD</u> : Women can have a loop or coil placed inside them by a doctor or nurse.	1	2	3	1	2
3. <u>INJECTIONS</u> : Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	3	1	2
4. <u>CONDOM</u> : Men can use a rubber sheath during sexual intercourse.	1	2	3	1	2
5. <u>FEMALE STERILIZATION</u> : Women can have an operation to avoid having anymore children.	1	2	3	1	2
6. <u>MALE STERILIZATION</u> : Men can have an operation to avoid having any more children.	1	2	3	1	2
7. <u>VAGINAL TABLETS</u> : Women can insert a foaming tablet inside them before intercourse.	1	2	3	1	2
8. <u>PERIODIC ABSTINENCE</u> : Couples can avoid having sexual intercourse on particular days of the month when the woman is likely to become pregnant.	1	2	3	1	2
9. <u>WITHDRAWAL</u> : Men can be careful and pull out before climax.	1	2	3	1	2
10. <u>ANY OTHER METHODS</u> : Have you heard of any other ways or methods including traditional ones that women or men can use to avoid pregnancy ? (Specify)	1	2	3	1	2

5. (CHECK TO SEE IF THERE IS A TICK MARK UNDER THE 'SPONTANEOUS' OR 'PROBED' COLUMN FOR ANY ONE OF THE ITEMS IN 1 TO 10. IF THERE IS AT LEAST ONE TICK MARK CONSIDER HER AS HAVING HEARD ABOUT FAMILY PLANNING).

1. Heard about family planning 2. Not heard about family planning
↓
(Terminate Interview)

6. Are you or your spouse currently using any family planning method ?

1. Yes 2. No
↓ ↓
(Skip to Question 7)

6.1 What method are you or your spouse currently using ?

01. Pill
02. IUD (Loop)
03. Injection (Depo-provera)
04. Condoms
05. Female sterilization
06. Male sterilization
07. Vaginal tablets
08. Periodic abstinence/calendar
09. Withdrawal
10. Others (specify) _____

(IF SHE OR HER HUSBAND IS USING ANY OF THE METHODS BETWEEN '01' AND '07' TERMINATE INTERVIEW)

7. As far as you know, is it Physically Possible For you and your Husband to have a child in case you wanted one ?

1. Yes 2. No 8. Don't Know
↓
(TERMINATE INTERVIEW)

8. Would you like to have more children or would you prefer not to have any more children ?

1. Have Another

↓
(Go To 8.2)

2. No More

↓
(CLASSIFY AS LIMITER
IN 9 AND FOLLOW
SUBSEQUENT INSTRUCTION)

8. Undecided/Don't Know



8.1 Are you more inclined towards having another child or towards not having another child ?

1. Have Another

↓
(Go to 8.2)

2. No More

↓
(CLASSIFY AS
LIMITER IN 9
AND FOLLOW
SUBSEQUENT
INSTRUCTION)

3. Undecided/Don't know

↓
(TERMINATE
INTERVIEW)

8.2 How many additional children would you like to have ?

Children

8.3 Would you like to have the next child as soon as possible or would you prefer to wait until sometime in the future ?

1. As soon as
Possible



2. Wait Until Sometime
in the future



3. Don't Know/Others

↓
(CLASSIFY AS SPACER
IN Q. 9 AND FOLLOW
SUBSEQUENT
INSTRUCTION)

8.3.1 For the next child, how long would you like to wait before becoming pregnant ?

1. One Month or Less

↓
(TERMINATE INTERVIEW)

2. More than One Month

↓
(CLASSIFY AS 'SPACER' IN
Q. 9 AND FOLLOW INSTRUCTION)

9. 1. Spacer

2. Limiter

(GO TO IN-DEPTH QUESTIONNAIRE)

NEPAL IN-DEPTH STUDY
DHS/NEW ERA

IN-DEPTH QUESTIONNAIRE

(INSTRUCTION; ADMINISTER THE IN-DEPTH QUESTIONNAIRE AND ATTACH IT TO THE SCREENING QUESTIONNAIRE).

10. Can you read and write a simple letter ?

1. Yes

2. No

11. Have you ever attended any school ?

1. Yes

2. No



What is the highest grade/class that you have completed ?

Grade/Class

12. Can your husband read and write a simple letter ?

1. Yes

2. No

8. Don't know

13. Has your husband ever attended any school ?

1. Yes

2. No

8. Don't know



What is the highest grade/class that he has completed ?

Grade/Class

14.1 At present, how many live children do you have ?

(PROBE FOR MARRIED DAUGHTERS, CHILDREN STUDYING SOMEWHERE ELSE OR LIVING WITH RELATIVES, SONS AWAY ON JOB ETC. PLEASE WRITE (00) IN THE BOXES BELOW IF SHE DOES NOT HAVE ANY CHILDREN).

Children

14.2 Do you have any of your own children who were born alive but later died ? If yes, how many ?

Children

(PROBE FOR ANY CHILD BORN ALIVE BUT SURVIVED ONLY A FEW HOURS OR DAYS. IF THERE ARE NONE WRITE (00))

(CHECK Q.No. 9 IN SCREENING QUESTIONNAIRE, AND CIRCLE (0) THE APPROPRIATE CODE).

1. Limiter - 15. You have said that you don't want to have any more children and you and your husband are not currently using any contraceptives to prevent pregnancy. Could you please tell me the reason(s) why you and your husband are not practicing some modern method of contraception.
3. Spacer - 16. You have said that you want more children sometime in the future but not immediately and you and your husband are not currently using any modern contraceptives to prevent pregnancy. Could you please tell me the reason(s) why you and your husband are not practicing any method of contraception.

(RECORD THE REASON(S) IN THE RESPONDENT'S OWN WORDS AND ASK QUESTIONS NO. 17 AND 18).

Reasons	17. If no method given in reason, repeat reason and ask, which contraceptive method (s) does this reason prevent you or your husband from using ?	18. Does this reason come from your own experience or your friends/neighbours/relatives experiences or did you hear about it from another source ?
	1. Pill 2. IUD 3. Depo. 4. Condom 5. Female sterilization 6. Male sterilization 7. Other (specify) _____ 8. Not related to any method	1. Own experience 2. Friends/'relatives' experience 3. Other (specify) _____ _____ _____
	1. Pill 2. IUD 3. Depo. 4. Condom 5. Female sterilization 6. Male sterilization 7. Other (specify) _____ 8. Not related to any method	1. Own experience 2. Friends/'relatives' neighbours experience 3. Other source (specify) _____ _____ _____
	1. Pill 2. IUD 3. Depo. 4. Condom 5. Female sterilization 6. Male sterilization 7. Other (specify) _____ 8. Not related to any method	1. Own experience 2. Friends/'relatives' neighbours experience 3. Other source (specify) _____ _____ _____
	1. Pill 2. IUD 3. Depo. 4. Condom 5. Female sterilization 6. Male sterilization 7. Other (specify) _____ 8. Not related to any method	1. Own experience 2. Friends/'relatives' neighbours experience 3. Other source (specify) _____ _____ _____

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19. Of all the reasons you have mentioned which ones would you say are the most important ?

(PLACE A TICK MARK IN THE BOX NEXT TO THE REASON (S)).

20. You have told me your reasons for not practicing family planning. Now, just to make more that we have all the reasons from you, I will read the reasons given by other women. Please let me know if these reasons are also preventing you or your husband from using contraceptive method(s).

(IF ANY OF THE FOLLOWING REASONS HAVE ALREADY BEEN STATED EARLIER IN QUESTION NO. 15 AND 16 DO NOT REPEAT THE QUESTION. JUST CIRCLE (O) THE APPROPRIATE CODES).

21. Are you not using family planning methods because you are breastfeeding your child ?

1. Yes

2. No

22. Are you not using family planning methods because of poor health ?

1. Yes

2. No (Skip to Q. No. 23)

↓

22.1 Because of this reason, which family planning method(s) were you not able to adopt ?

1. Pills

6. Male sterilization

2. IUD

7. Other (specify) _____

3. DEPO.

4. Condom

5. Female sterilization

8. All methods of family planning

23. Are you not using family planning methods because they cause heavy bleeding ?

1. Yes

2. No (Skip to Q. No. 24)

↓

23.1 Because of this reason, which family planning method(s) were you not able to adopt ?

1. Pills

6. Male sterilization

2. IUD

7. Other (specify) _____

3. DEPO

4. Condom

5. Female sterilization

8. All methods of family planning

23.2 Is this your own/friend's/relative's experience or did you hear about it from somebody else ?

1. Own experience

2. Friend's/relative's experience

3. Other (specify) _____

24. Are you not using family planning methods because they cause headache, weakness, and nausea ?

1. Yes

2. No (Skip to Q. No. 25)



24.1 Because of this reason, which family planning method were you not able to adopt ?

1. Pills

6. Male sterilization

2. IUD

7. Other (specify) _____

3. DEPO.

4. Condom

5. Female sterilization

8. All methods of family planning

24.2 Is this your own/friend's/relative's experience or did you hear about it from somebody else ?

1. Own experience

2. Friend's/relative's experience

3. Other (specify) _____

25. Are you not using family planning methods because they cause weight loss ?

1. Yes

2. No (Skip to Q. No. 26)



25.1 Because of this reason, which family planning method(s) were you not able to adopt ?

1. Pills

6. Male sterilization

2. IUD

7. Other (specify) _____

3. DEPO.

4. Condom

5. Female sterilization

8. All methods of family planning

25.2 Is this your own/friend's/relative's experience or did you hear about it from somebody else ?

1. Own experience

2. Friend's/relative's experience

3. Other (specify) _____

26. Are you not using family planning methods because they will reduce your husband's sexual potency ?

1. Yes

2. No (Skip to Q. No. 27)

26.1 Because of this reason, which family planning method were you not able to adopt ?

- | | |
|-------------------------|-----------------------------------|
| 1. Pills | 6. Male sterilization |
| 2. IUD | 7. Other (specify) _____ |
| 3. DEPO. | |
| 4. Condom | |
| 5. Female sterilization | 8. All methods of family planning |

26.2 Is this your own/friend's/relative's experience or did you hear about it from somebody else ?

1. Own experience
2. Friend's/relative's experience
3. Other (specify) _____

27. Are you not using family planning methods because extra money will have to be spent on nutritious food ?

1. Yes

2. No (Skip to Q. No. 28)

27.1 Because of this reason, which family planning method(s) were you not able to adopt ?

- | | |
|-------------------------|-----------------------------------|
| 1. Pills | 6. Male sterilization |
| 2. IUD | 7. Other (specify) _____ |
| 3. DEPO. | |
| 4. Condom | |
| 5. Female sterilization | 8. All methods of family planning |

27.2 Is this your own/friend's/relative's experience or did you hear about it from somebody else ?

1. Own experience
2. Friend's/relative's experience
3. Other (specify) _____

28. Are you not using family planning methods because they are not reliable ?

1. Yes

2. No (Skip to Q. No. 29)

28.1 Because of this reason, which family planning method(s) were you not able to adopt ?

1. Pills

6. Male sterilization

2. IUD

7. Other (specify) _____

3. DEPO.

4. Condom

5. Female sterilization

8. All methods of family planning

28.2 Is this your own/friend's/relative's experience or did you hear about it from somebody else ?

1. Own experience

2. Friend's/relative's experience

3. Other (specify) _____

29. Are you not using family planning methods because your husband will be unable to perform religious functions ?

1. Yes

2. No (Skip to Q. No. 30)

29.1 Because of this reason, which family planning method(s) were you not able to adopt ?

1. Pills

7. Other (specify) _____

2. IUD

3. DEPO.

4. Condom

8. All methods of family planning

5. Female sterilization

9. Not related to any family

6. Male sterilization

planning methods.

30. Are you not using family planning methods because community disapproves ?

1. Yes

2. No (Skip to Q. No. 31)

3. Nobody talks about family planning

30.1 Because of this reason, which family planning method(s) were you not able to adopt ?

1. Pills

6. Male sterilization

2. IUD

7. Other (specify) _____

3. DEPO.

4. Condom

8. All methods of family planning

5. Female sterilization

9. Not related to any family

planning methods.

31. Are you not using family planning method because religion disapproves?

1. Yes

2. No (Skip to Q. No. 32)



31.1 Because of this reason, which family planning method(s) were you not able to adopt ?

1. Pills

6. Male sterilization

2. IUD

7. Other (specify) _____

3. DEPRO.

4. Condom

5. Female sterilization

8. All methods of family planning

32. Are you not using family planning methods because your husband is away from home ?

1. Yes

2. No

33. Are you not using family planning method because your husband disapproves ?

1. Yes

2. No (Skip to Q. No. 34) 3. Never discuss with husband



33.1 Because of this reason, which family planning method(s) were you not able to adopt ?

1. Pills

6. Male sterilization

2. IUD

7. Other (specify) _____

3. DEPO.

4. Condom

8. All methods of family planning

5. Female sterilization

9. Not related to any family planning methods.

34. Are you not using family planning method because family members other than husband disapprove ?

1. Yes

2. No (Skip to Q. No. 35)



34.1 Because of this reason which family planning method(s) were you not able to adopt ?

1. Pills

6. Male sterilization

2. IUD

7. Other (specify) _____

3. DEPO.

4. Condom

8. All methods of family planning

5. Female sterilization

9. Not related to any family planning methods.

35. Are you not using family planning methods because you don't know how to use them ?

1. Yes

2. No (Skip to Q. No. 36)



35.1 Because of this reason, which family planning method(s) were you not able to adopt ?

1. Pills

2. IUD

3. DEPO.

4. Condom

5. Female sterilization

6. Male sterilization

7. Other (specify) _____

8. All methods of family planning

9. Not related to any family planning methods.

36. Are you not using family planning methods because you don't know where to get it ?

1. Yes

2. No (Skip to Q. No. 37)



36.1 Because of this reason, which family planning method(s) were you not able to adopt ?

1. Pills

2. IUD

3. DEPO

4. Condom

5. Female sterilization

6. Male sterilization

7. Other (specify) _____

8. All methods of family planning

37. Are you not using family planning methods because you are not aware that it can be used for spacing the time between two children ?

1. Yes

2. No (Skip to Q. No. 38)



37.1 Because of this reason, which family planning method(s) were you not able to adopt ?

1. Pills

2. IUD

3. DEPO

4. Condom

5. Female sterilization

6. Male sterilization

7. Other (specify) _____

8. All methods of family planning

9. Not related to any family planning methods.

38. Are you not using family planning methods because you don't like the person who distributes contraceptives ?

1. Yes

2. No (Skip to Q. No. 39)

38.1 Why don't you like that person ?

39. Are you not using family planning methods because contraceptives are not available ?

1. Yes

2. No

3. Don't know the place to get contraceptives

(Skip to Q. No. 40) (Skip to Q. No. 40)

39.1 Where did you try to obtain contraceptives ?

1. Family planning worker
2. Clinic/Healthpost
3. Hospital
4. Other (specify) _____
5. All of the above

39.2 Because of this reason which family planning methods were you not able to adopt ?

- | | |
|-------------------------|-----------------------------------|
| 1. Pills | 6. Male sterilization |
| 2. IUD | 7. Other (specify) _____ |
| 3. DEPO | _____ |
| 4. Condom | |
| 5. Female sterilization | 8. All methods of family planning |

40. Are you not using family planning methods because waiting period is to long to obtain contraceptives ?

1. Yes

2. No (Skip to Q.No.41)



40.1 Where did you try to obtain contraceptives ?

1. Family planning worker
2. Clinic/Healthpost
3. Hospital
4. Other (specify) _____
5. All of the above

40.2 Because of this reason which family planning method(s) were you not able to adopt ?

- | | |
|-------------------------|-----------------------------------|
| 1. Pills | 6. Male sterilization |
| 2. IUD | 7. Other (specify) _____ |
| 3. DEPO. | _____ |
| 4. Condom | |
| 5. Female sterilization | 8. All methods of family planning |

41. Are you not using family planning methods because the source of supply of contraceptives is too far away ?

1. Yes

2. No (Skip to Q. No. 42)



41.1 Where did you try to obtain contraceptives ?

1. Family planning worker
2. Clinic/Healthpost
3. Hospital
4. Other (specify) _____
5. All of the above

41.2 Because of this reason which family planning methods were you not able to adopt ?

- | | |
|-------------------------|-----------------------------------|
| 1. Pills | 6. Male sterilization |
| 2. IUD | 7. Other (specify) _____ |
| 3. DEPO | _____ |
| 4. Condom | |
| 5. Female sterilization | 8. All methods of family planning |

42. Are you not using family planning methods because the visiting time of mobile camp is not convenient ?

1. Yes

2. No (Skip to Q. No. 43)

42.1 Because of this reason which family planning method were you not able to adopt ?

1. Pills

6. Male sterilization

2. IUD

7. Other (specify) _____

3. DEPO.

4. Condom

5. Female sterilization

8. All methods of family planning

43. Have you ever visited a clinic or hospital to seek family planning information or services ?

1. Yes (Skip to Q. No.43.2)

2. No

43.1 Has your husband ever visited a clinic or hospital to seek family planning information or services ?

1. Yes

2. No (Skip to Q. No. 44)

3. Don't know (Skip to Q. No. 44)

43.2 Please describe your, or your husband's experience with the staff there.

(INSTRUCTION; WRITE IN RESPONDENT'S WORDS).

(PROBE FOR ADDITIONAL DETAILS)

43.3 How were you or your husband treated by the staff ?

(INSTRUCTION; WRITE IN RESPONDENT'S WORDS AND PROBE TO FIND OUT THE BEHAVIOUR OF THE STAFF)

43.4 Did you or your husband have to wait long to see the staff ?

1. Yes

2. No

3. Don't know

(Skip to Q.No.43.5) (Skip to Q.No.43.5)

43.4.1 How long ? _____

43.5 Did the staff provide the information or services you or your husband wanted ?

1. Yes

2. No

3. Don't know

44. Have you ever been visited by a family planning worker at your home ?

1. Yes

2. No (Go to Q.No.45)



44.1 Please describe your experience relating to the visit of the family planning worker. For example, his/her behaviour towards you and politeness.

44.2 Did the staff provide you with any helpful information or services ?

1. Yes

2. No

45. (INSTRUCTION ; FOR THOSE WHO ANSWERED 'YES' IN EITHER QUESTION NO 43, 43.1 or 44 ASK QUESTION NUMBER 45, OTHERWISE SKIP TO QUESTION NO. 46)

Is family planning worker's behaviour one of the reasons that you are not using family planning method ?

1. Yes

2. No

46. Would you like to visit the family planning workers in their office or would you prefer them to visit you ?

1. I want to visit them

2. I want them to visit me



46.1 Would you like to visit them even if the clinic or hospital is a far away ?

1. Yes

2. No

47. (INSTRUCTION : IF IT IS MARKED 'YES' IN EITHER QUESTION NO.43, 43.1 OR 44 CIRCLE NO. '1' BELOW, OTHERWISE CIRCLE NO.'2')

1. Has either been to hospital/
health post/clinic or met the
family planning worker at home.



2. Has not been to hospital/
health post/clinic or has not
met the family planning worker
at home.



(Skip to Q.No. 51)

47.1 We have heard from other women about both satisfactory and unsatisfactory experiences with family planning staffs. Now, I will read the unsatisfactory experiences and please let me know if you have ever had the same kind of experience.

47.2 Women have said they were not able to obtain the contraceptive they wanted from family planning staffs.

1. Yes



2. No (Skip to Q. No. 48)

47.2.1 Which contraceptives were you not able to obtain ?

1. Pills
2. IUD
3. DEPO
4. Condom
5. Female sterilization
6. Other (Specify) _____

47.2.2 Was it during your visit to the hospital/clinic/health post or their visit to your home that you were not able to obtain family planning services ?

1. During the home visit by the family planning worker.
2. Clinic/health post
3. Hospital
4. Other (specify) _____

48. Women have said that family planning staff do not tell them about the variety of contraceptives available, but only talk about certain methods.

Have you ever had that experience ?

1. Yes

2. No (Skip to Q. No. 49)

48.1 What methods did the worker talk about ?

1. Pills

6. Male sterilization

2. IUD

7. Others (Specify) _____

3. DEPO

4. Condom

5. Female sterilization

48.2 Where did the above conversation take place ?

1. During the home visit by the family planning worker.

2. Clinic/health post

3. Hospital

4. Other (specify) _____

49. Women have said that they tried to talk about problems of side effects from contraceptive and sterilization with family planning staffs, but they have not been helpful. Have you ever had this experience ?

1. Yes

2. No (Skip to Q.No.50)

49.1 Which contraceptive's/sterilizations side effect did you try to discuss ?

1. Pills

5. Female sterilization

2. IUD

6. Male sterilization

3. DEPO (Injection)

7. Other (Specify) _____

4. Condom

49.2 Was it at the clinic/hospital or at your home that you tried to discuss the side effects of family planning methods ?

1. During the home visit by the family planning worker

2. Clinic

3. Hospital

4. Other (Specify) _____

50. Women have said that family planning workers do not visit them to see how they are doing after using family planning method(s). Have you ever had this experience ?

1. Yes

2. No (Skip to Q.No. 51)



50.1 Which family planning method were you using when you had this experience ?

1. Pills

2. IUD

3. DEPO (Injection)

4. Condom

5. Female sterilization

6. Male sterilization

7. Other (Specify) _____

51. INTERVIEWER : PLEASE CIRCLE THE PEOPLE PRESENT DURING SCREENING AND IN-DEPTH INTERVIEWING SESSION.

People Present

1. Husband	1
2. Mother-in-law	1
3. Father-in-law	1
4. Other adult relatives	1
5. Other females	1
6. Other males	1
7. Children	1