

Household Assessment Tool

Namaste,

My name is I work at theHealth Post/Urban Health Center, nearby. I am a nurse midwife. I will be working in your community for the next couple of years and provide family planning and health services in this community. The information we are going to collect by this interview will be used for better understanding of the maternal, child health and family planning services where you live. The discussion will last about 15-20 minutes. We hope you take part in this discussion because your answers are important to us. All of your answers will be kept private and not shared with anyone.

Taking part in this interview will not bring you any harm. I will ask you questions; some of them are very personal. You may feel uncomfortable answering some of the questions. You are free to skip a question or end our discussion at any time. If you are not comfortable answering any questions you can skip the question or end our talk at any time.

Do you have any questions about the study? In case you have any other questions now or after the discussion is over, I will leave you the phone numbers and names of people that you can contact.

May I begin with the discussion now?

Yes ()

No ()

Signature of participant: Date:

Form number:

Name of respondentVDC:Ward:
 House No..... (If available)

SN	Question	Response	Coding	Skip to
Demographic Information				
1.	How old are you?		
2.	What is your religion?	Hindu Buddhist Muslim Kirat Christian Other (specify).....	1 2 3 4 5 97	
3.	What is your caste/ethnicity?	Hill Dalit Terai Dalit Hill Janajati Terai Janajati Other Madeshi Muslim Braman/Chhetri Others (specify).....	1 2 3 4 5 6 7 97	
4.	How are you or your family members usually earning/ managing your household livelihood now?	Agriculture Business Salary job Go abroad for work Wage labor Pension Elderly allowance Sell property/borrowed loan/receive interest Other [specify]	1 2 3 4 5 6 7 8 97	
5.	What occupation were you involved in past 12 months?	Permanent job Temporary job Daily wage basis Self-business Others (specify).....	1 2 3 4 97	
6.	Do you have children?	No Yes	0 1	→ 9
7.	If yes, how many children do you have?	Son..... Daughter..... Total.....		
8.	How old is your last child?	[][]		
Child Health and Reproductive Health Related				
9.	Where do usually receive	Government hospital	1	

	the health services for you and your children? <i>(Choose all that apply)</i>	PHCC HP Urban Health Centre PHC outreach clinic FCHVs Private hospital Private clinic/nursing home Pharmacy Other (specify) _.....	2 3 4 5 6 7 8 9 97	
10.	In the last 6 months, have you visited a health facility for care for yourself (or your children)?	No Yes	0 1	→13
11.	What was your reason for seeking care?	Sick child Other child health concern Pregnancy Family planning Other adult health concern Other (specify).....	1 2 3 4 5 97	
12.	Whom did you see for the health services?	Doctor Nurse HA/AHW ANM FCHV Other (specify).....	1 2 3 4 5 97	
13.	Who usually make the decision of getting health care services of your or children?	Myself Husband Partner and I together Mother in-law Father in law Sister Other (specify)....	1 2 3 4 5 6 97	
	Family planning related Information			
14.	Are you currently using any family planning method to delay or avoid getting pregnancy?	No Yes	0 1	→18
15.	If yes, which family planning method are you, your (spouse) currently using to delay or avoid pregnancy?	Injectable Pills Condom Implants IUCD Male sterilization Female sterilization Rhythm method Withdrawal Other (Specify)	1 2 3 4 5 6 7 8 9 97	
16.	Where did you obtain the family planning methods last time?	HP PHCC Urban health center	1 2 3	

		PHC outreach clinic	4	
		FCHVs	5	
		Government hospital	6	
		Private hospital	7	
		Private clinic/nursing home	8	
		Pharmacy	9	
		Traditional healers	10	
		Other (Specify).....	97	
17.	Do you have difficulty receiving the family planning methods from there?	No	0	→19
		Yes	1	
18.	If yes, what were the difficulties faced in using the family planning methods? (Choose all that apply)	Long distance to health facility	1	
		Unavailability of method of choice		
		Busy in household work	2	
		Male service provider	3	
		Unfriendly behavior of HF staffs	4	
		No permission to go out of house	5	
		Other (Specify).....	6	
			97	
19.	If you are not using any FP method, can you tell me the reason for not using any methods? (Choose all that apply)	Due to fear of side-effects	1	
		Distance of health facility	2	
		Refusal by husband	3	
		Refusal by other family members		
		Not allowed by religion	4	
		Not needed because of migrated husband/ partner	5	
		Other (Specify).....	6	
			97	
20.	Do you intend to use a family planning method in the next 3 months?	No	0	
		Yes	1	
	Migration Status			
21.	Does your husband travel outside of the community?	No	0	End survey
		Yes	1	
22.	In the last year, how many months was your husband away from your community for work?	[] []		
23.	Where does your husband travel for work?	Within district	1	
		Within country	2	
		Out of Country (International)	3	
24.	Do you communicate with your husband while he is away?	No	0	→ End survey
		Yes	1	
25.	When you discuss your husband's next visit time, do you discuss family planning with him	No	0	
		Yes	1	

Thank you



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