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INTERVIEW SCHEDULE

Knowledge and Practice of Contraceptive Device of Limbu Women
Tribhuvan University Faculty of Education Janta Multiple Campus
Health Education Department Itahari-5 Sunsari

Section I: Household Questionnaire

(a) Identification

1. District 4. Name of Locality 7. Name of respondent
..... 2. Municipality..... 5. Name of HH head..... 8. Age
(Complete years) 3. Ward No. 6. HH No. 9. Religion
..... 10. Date

(b) Family Background

S.N.	Name of family member (01)	Relation to HH head (02)	Sex (03)	Age in Completed year (04)	Education (05)	Marital status (06)	Occupation
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Code for:

Related to Q. No. 02	Related to Q. No. 03	Related to Q. No. 05	Related to Q. No. 06	Related to Q. No. 07
01: Household Head	1: Male	00: No Schooling	01: Unmarried	01: Agriculture
02: Husband/Wife	2: Female	01: 1-4 class pass	02: Currently married	02: Service
03: Son/Daughter		02: 5-7 class pass	03: Widow/Widower	03: Business
04: Daughter in law		03: 8 class and above	04: Separate	04: Daily wages

05: Grandson/Daughter			05: Divorce	05: Student
06: Father/Mother			06: Remarried	06: Pension
07: Father/Mother in law				07: Housewife
08: Brother/Sister				08: Foreign employee
09: No relation				09: Other (specify)
10: Don't know				10: Don't know
11: Annual Income				1. Less than 4000 2. 4001 – 10000 3. Above 10000
12. Facilities				1. Radio 2. Solar Power 3. Television
13. Materials in their roof				1. Zink roof 2. RCC Building 3. Hut roof

Section II: Individual Questionnaire

(Only for currently married women in reproductive age, i.e. 15-49 years)

(a) Respondents' Background

S.N.	Questions	Response	Skip
14	How old are you? (completed years) years	
15	What is your main occupation?	
16	What is your husband's major occupation?	
17	Can you read and write?	Yes No	Q. 19
18	If yes, what class have you completed?	
19	Does your husband read and write?	Yes No	Q. 21
20	If yes, what is your husband's education attainment?	
21	How old were you at the time of first menarche? year	
22	What was age at first marriage year	
23	How many children have your ever born	Number	
24	How may sons/daughter?	No. of sons No. of daughter	
25	How many times have you been pregnancy so far?	Times	

26	Have any of your children died?	Yes No	Q. 28
27	If yes, how many children died?	Number	
28	How many children living with you?	Sons Daughter Total	
29	Have you ever been pregnancy up to now?	Yes No	
30	How many children do you prefer?	Number	
31	How many sons and daughters do you prefer for ideal family?	Sons Daughters Total	
32	If your opinion, what should be the child bearing space for better health of mother and child?	1 year 2 year 3 year 4 year Don't know	

(b) Knowledge of Family Planning Methods

S.N.	Questions	Response	Skip
35	Have you ever heard about any methods of family planning?	Year No	
36	If yes, what are they? (multiple answer)	Condom Yes No Pills Yes No Male Sterilization Yes No Female St. Yes No Depo. Yes No Nor Plan Yes No Foarm tab. Yes No Safe Period Yes No Other (specify)	
37	When did you heard about these family planning methods?	After marriage Before marriage	
38	From which sources of information did you heard about the family planning methods?	Radio Newspaper TV Husband Friends Other relatives Other (specify)	

(c) Use of Family Planning Methods

S.N.	Questions	Response	Skip
40	Have you ever used any methods of FP?	Year No	Q. 42
41	If yes, which method have you ever used?	Name of the method	
42	If not, what is the main reason?	Want children Husband's opposition Parent's opposition Against religion Fear of side effects Other (specify)	
43	Are you/your husband currently using any method of family planning?	Yes No	Q. 53
44	If yes, which method are you/your husband currently using?	Name of the method	
45	Did you discuss about the method which you/your husband used	Yes No	
46	Where do you usually obtain the source of family planning methods?	Government hospital Local Health post Private clinic General shop Other (specify)	
47	How long have you been using the method? years months	
48	When you used any family planning method, did you notice any side effects?	Yes No	Q. 50
49	If yes, what are they?	Irregular menstruation Bleeding Vomiting Headache Weight loss Other (specify)	
50	Do you want to use? Any family planning methods in future?	Yes No Don't know	Q. 53
51	If yes, which method that?	Name of the method	
52	If no, what is the main reason?	Want children Husband's opposition Parent's opposition Against religion Fear of side effects Other (specify) Don't know	

53	In your opinion, what is the main advantage of family planning?	To make happy family life To make healthy Mother and child To develop economic Condition of household To contract unwanted Pregnancy Other (specify) Don't know	
54	Do you have any comment about FP?	