

Study on Mother and Child Health, Health Services and Facilities Household Survey 2014

A. Study Areas

| | | | | |
|---|---|---|---|---|
| District | 1. Baglung | 2. Parbat | 3. Syangja | |
| VDC/Municipality..... | | | Ward No <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | |
| ID No | District | VDC | Ward No | HH No |
| | <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> |
| | | | | Household Head _____ |
| GPS Coordinates: Latitude..... Longitude..... | | | Household Ethnicity _____ | |

B. Respondent

| SN | Name of Respondent | Age Years | Sex | |
|----|--------------------|--------------|--------|------|
| | | | Female | Male |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

C. Interview

| | | | |
|--|--|---|------------------------------|
| Interview Date: 2071.....Month.....Day | Interview Number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | | |
| Interviewer's ID <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | | | |
| Interview | Start Time | End Time | Total time taken (minute) |
| Pre-edit Time | | | |
| Interview Time | | | |
| Post-edit Time | | | |
| File Checked by: | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | |

ID Number

| District | VDC | Ward No | HH No |
|----------|-----|---------|-------|
| | | | |

Confidential
Only for Research

**Institute for Social and Environmental Research-Nepal
Fulbari, Chitwan**



**Study on Mother and Child Health, Health Services and Facilities
Household Survey 2014**

Data Entry Purpose only:

| | |
|--|--|
| | |
|--|--|

Section 1: Household Information

Exact Time _____

Your household is selected for our study. Therefore, I would like to collect some information about all the people who eat in the same kitchen and sleep in same house most of the time in the last week. In addition, I would also like to collect information about people who is living for your household work. Lets start from household head.

| S.N | Name of household member | Age | Sex: Male=0, Female=1 | Marital status* | Ate and slept most of time in the previous week: 1=Yes; 0=No | Where he/she lives at present? | Circle 10-49 years women | Circle below two years child | Remarks |
|-----|--------------------------|-----|-----------------------|-----------------|--|--------------------------------|--------------------------|------------------------------|---------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |

*Marital Status Code: 0=Never married, 1=Married, 2= Divorce, 3=Widow

Relationship Grid

Instruction to the interviewer:
Please write relationship of people mentioned in the above table with serial number in appropriate column and line.

Now, we would like to collect some information about your family member relationship .

| S.N | Name of family member | Husband/ wife | Mother/ Father | Son/Daugh ter | Brother/ Sister | Grand son/drand daughter | Mother-in- low/Father-in- low | Brother/sister- in-law | Niece or nephew | Other | No relatio nship | Remarks |
|-----|-----------------------|------------------|-------------------|------------------|--------------------|--------------------------------|-------------------------------------|---------------------------|--------------------|-------|------------------------|---------|
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |

Exact Time _____

Section 2: Household Information

201 People earn and manage their livelihood in different ways. In some households, all family members work in farm. In other households, some family members work in farm and other work in salary job or wage labor within Nepal, some have their own business, some are in pension or receive elderly pension or earn interest from investment. Some even go abroad for work, sell their property or even borrow loans to earn or manage their household.

How are you or your family members earning/managing your household livelihood now?

Mark all that applies

1. Agriculture

→ Go to 203

2. Business

3. Salary Jobs

4. Go to abroad for Work

5. Wage Labor

6. Pension

7. Elderly Allowance

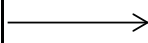
8. Sell Property/borrowed loan/receive interest

97. Other (Please specify).....

202 Is your household currently farming ?

1. Yes

0. No



Go to 205

203 How much land, in total, do you farm? Please include the land if you cultivating another's land.

Ropani _____ Ana _____ Hall/Din _____ Or Haat _____ 0.Not at all

204 How much farmland does your household own?

Ropani _____ Ana _____ Hall/Din _____ Or Haat _____ 0.Not at all

205 Does your household own this house plot?

1 . Yes

0 . No

206 How much total land does your household have?

Ropani _____ Ana _____ Hall/Din _____ Or Haat _____ 0.Not at all

207 How many rooms are there in your household?

Number rooms

208 How many rooms in this household are used for sleeping?

Number

209 Now I'd like to ask you some questions about farm animals. Do you have cattle, sheep/goats, poultry or any other farm animals in your house?

1. Yes 0. No Go to Section 3

210 Does your household have any female and/or male buffaloes? If yes, how many?

1. Yes Number: 0. No

211 Does your household have cattle (bullocks and cows) ? If yes, how many?

1. Yes Number: 0. No

212 Does your household have horses, mules, or donkeys ? If yes, how many?

1. Yes Number: 0. No

213 Does your household have goats ? If yes, how many?

1. Yes Number: 0. No

214 Does your household have sheeps ? If yes, how many?

| | | | |
|--------|---|---------------|-------|
| 1. Yes | → | Number: | 0. No |
|--------|---|---------------|-------|

215 Does your household have chickens ? If yes, how many?

| | | | |
|--------|---|---------------|-------|
| 1. Yes | → | Number: | 0. No |
|--------|---|---------------|-------|

216 Does your household have ducks ? If yes, how many?

| | | | |
|--------|---|---------------|-------|
| 1. Yes | → | Number: | 0. No |
|--------|---|---------------|-------|

217 Does your household have swine/pigs ? If yes, how many?

| | | | |
|--------|---|---------------|-------|
| 1. Yes | → | Number: | 0. No |
|--------|---|---------------|-------|

218 Does your household have yak ? If yes, how many?

| | | | |
|--------|---|---------------|-------|
| 1. Yes | → | Number: | 0. No |
|--------|---|---------------|-------|

Section 3: Household Assets

Now, I would like to collect some information about your household assets. I will tell you name of some of the household assets. Would you please tell me whether or not they are in your house.

301 Does your household have electricity?

1. Yes

0. No

302 Does your household have a radio?

1. Yes

0. No

303 Does your household have a television?

1. Yes

0. No

304 Does your household have mobile telephone?

1. Yes

0. No

305 Does your household have landline telephone?

1. Yes

0. No

306 Does your household have a refrigerator?

1. Yes

0. No

307 Does your household have table?

1. Yes

0. No

308 Does your household have chair?

1. Yes

0. No

309 Does your household have bed?

1. Yes

0. No

310 Does your household have sofa?

1. Yes

0. No

311 Does your household have computer/laptop?

1. Yes

0. No

312 Does your household have clock?

1. Yes

0. No

313 How many household members in your family have wrist watch?

Number

314 Does your household have bicycle?

1. Yes

0. No

315 Does your household have motorcycle or scooter?

1. Yes

0. No

316 Does your household have car, taxi, truck, bus?

1. Yes

0. No

317 Does your household have DVD player?

1. Yes

0. No

318 Does your household have electric rice cooker?

1. Yes

0. No

319 Does your household have electric fan?

1. Yes

0. No

320 Does your household have camera?

1. Yes

0. No

321 Does your household have L.P Gas stove?

1. Yes

0. No

322 Does your household have iron?

1. Yes

0. No

323 Does your household have tractor/power tillage?

1. Yes

0. No

324 Does your household have irrigation pump?

1. Yes

0. No

325 Does your household have biogas?

1. Yes

0. No

326 What is the main source of drinking water in your household?

1 Piped water into Dwelling (Tap Water) → Go to 329

2 Piped water into Yard/Plot → Go to 329

3 Public Tap/Standpipe

10 Tanker Truck

4 Tube well or borehole

11. Surface Water: River/Dam/lake/
pond/stream/canal/irrigation channel

5 Dug Well: Protected Well

12 Stone Tap/Dhara

6 Dug Well: Unprotected Well

13 Bottled Water

7 Water from Spring (Protected Spring)

୧୪ Piped Water from Spring
(Unprotected)

8 Water from Spring (Unprotected Spring)

9 Rainwater

97 Others (Please specify).....

327 What is the type of the source of that drinking water? Is it public or private ?

1. Public

2. Private

97. Others (please specify) _____

328 How long does it take to go there, get water, and come back?

Time (in Minutes)

98. Don't Know

329 Do you use (name of the source main water source) all year round or only part of the year?

1. All year

2. Part of the year

330 Do you do anything to your water brought from (name of the source) to make it safer to drink?

1. Yes

0. No



Go to 332

98. Don't Know

331 What do you usually do to make the water safer to drink?

Check all that apply

1. Boil

6. Let it stand and settle

2. Add bleach/chlorine

97. Others (Please Specify)

3. Strain through a cloth

98. Don't Know

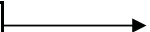
4. Use water filter (ceramic/sand/composite/etc.)

5. Solar disinfection

332 Does your household have toilet ?

1. Yes

0. No



Go to Section 4

333 Is the toilet inside or outside your house ?

1. Inside

2. Outside

3. Both

334 Is the toilet a permanent or temporary structure?

1. permanent

2. temporary

335 What type of toilet facilities do members of your household usually use?

1. Flush or pour toilet/Flush to piped sewer system

2. Flush to septic tank

3. Flush to pit latrine

4. Flush to somewhere else

5. Pit latrine/Ventilated improved

6. Pit latrine with slab

7. Pit latrine w/o slab/open pit

8. Composting toilet

9. Bucket toilet

10. Toilet attached with bio gas

97. Others (Please Specify)

336 Do you share this facility with other households?

1. Yes

0. No

→ Go to Section 4

337 How many households, in total, use this facility?

HH Numbers.....

98. Don't Know

Section 4: Economic Shocks

Now I would like to find out from you if certain positive or negative events have taken place in your house in the last two years.

401.a In the last two years, did any member of your household become seriously ill or injure that kept them from normal activity?

| | | |
|---------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 0. No | → <input type="checkbox"/> Go to 402a |
|---------------------------------|--------------------------------|---------------------------------------|

401.b When did serious illness or injury occur? Did this occur within the last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

| | |
|--|---|
| <input type="checkbox"/> 1. Within the last 2 months | <input type="checkbox"/> 4. Ongoing |
| <input type="checkbox"/> 2. Within 3 to 12 months | <input type="checkbox"/> 98. Don't Know |
| <input type="checkbox"/> 3. Within 13 to 24 months | |

401.c **Rate of severity:** How severe was the effect of serious illness or injury? No effect, some effect or severe.

| |
|---|
| <input type="checkbox"/> 1. No effect |
| <input type="checkbox"/> 2. Some effect |
| <input type="checkbox"/> 3. Severe effect |

402.a Did any member of your household loss his/her regular job in the last two years?

1. Yes

0. No

→ Go to 403a

402.b When did (you/he/she) loss the job? Did (you/he/she) loss the job within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

1. Within the last 2 months

4. Ongoing

2. Within 3 to 12 months

98. Don't Know

3. Within 13 to 24 months

402.c Rate severity: How severe was the effect of the loss of regular job of household member?
No effect, some effect or severe.

1. No effect

2. Some effect

3. Severe effect

403.a Was there any decrease (or stop) in remittances to household from the family members in the last two years?

1. Yes

0. No



Go to 404a

403.b When did decrease (or stop) in remittances occur? Did that happen within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

1. Within the last 2 months

4. Ongoing

2. Within 3 to 12 months

98. Don't Know

3. Within 13 to 24 months

403.c Rate severity: How severe was the effect of decrease in remittances?

1. No effect

2. Some effect

3. Severe effect

404.a Did the household loss able-bodied household member (through marriage, divorce, abandonment) in the last two years?

| | | | |
|--------|-------|---|------------|
| 1. Yes | 0. No | → | Go to 405a |
|--------|-------|---|------------|

404.b When did your household loss able-bodied member household member (through marriage, divorce, abandonment)? (Did this occur within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

| | |
|-----------------------------|----------------|
| 1. Within the last 2 months | 4. Ongoing |
| 2. Within 3 to 12 months | 98. Don't Know |
| 3. Within 13 to 24 months | |

404.c Rate severity: How severe was the effect of loss of able-bodied household member? No effect, some effect or severe.

| |
|------------------|
| 1. No effect |
| 2. Some effect |
| 3. Severe effect |

405.a Has there been any destruction of property of your household due to theft, robbery or fire in the last two years?

| | | | |
|--------|-------|---|------------|
| 1. Yes | 0. No | → | Go to 406a |
|--------|-------|---|------------|

405.b When did destruction of property occur? (Did your household property theft, fire, destruction within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

| | |
|-----------------------------|----------------|
| 1. Within the last 2 months | 4. Ongoing |
| 2. Within 3 to 12 months | 98. Don't Know |
| 3. Within 13 to 24 months | |

405.c Rate severity: How severe was the effect of theft, fire, or destruction of property? No effect, some effect or severe?

| |
|------------------|
| 1. No effect |
| 2. Some effect |
| 3. Severe effect |

406.a Was there any failure in business in your households in the last two years?

| | | | |
|--------|-------|---|------------|
| 1. Yes | 0. No | → | Go to 407a |
|--------|-------|---|------------|

406.b When did failure in business occur? Did failure in business occur within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

| | |
|-----------------------------|----------------|
| 1. Within the last 2 months | 4. Ongoing |
| 2. Within 3 to 12 months | 98. Don't Know |
| 3. Within 13 to 24 months | |

406.c Rate severity: How severe was the effect of business failure? No effect, some effect or severe?

| |
|------------------|
| 1. No effect |
| 2. Some effect |
| 3. Severe effect |

407.a Was there any failure in farm production in your households in the last two years?

| | | | |
|--------|-------|---|------------|
| 1. Yes | 0. No | → | Go to 408a |
|--------|-------|---|------------|

407.b When did crop production fail? (Did crop production fail within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

| | |
|-----------------------------|----------------|
| 1. Within the last 2 months | 4. Ongoing |
| 2. Within 3 to 12 months | 98. Don't Know |
| 3. Within 13 to 24 months | |

407.c Rate severity: How severe was the effect of failure in crop production ?

| |
|------------------|
| 1. No effect |
| 2. Some effect |
| 3. Severe effect |

408.a Was there any loss of any type (e.g. crop failure, death of livestock) due to natural disaster i.e. drought, hailstorm, epidemic, within your households in the last two years?

| | | | |
|--------|-------|---|------------|
| 1. Yes | 0. No | → | Go to 409a |
|--------|-------|---|------------|

408.b When did natural disaster occur? Did natural disaster occur within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

| | |
|---------------------------|----------------|
| 1. Within last 2 months | 4. Ongoing |
| 2. Within 3 to 12 months | 98. Don't Know |
| 3. Within 13 to 24 months | |

408.c Rate severity: How severe was the effect of natural disaster?

| |
|------------------|
| 1. No effect |
| 2. Some effect |
| 3. Severe effect |

409.a Was there any loss of land in your household in the last two years?

1. Yes

0. No

→ Go to 410a

409.b When did your household loss land ? Did your household loss land within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

1. Within the last 2 months

4. Ongoing

2. Within 3 to 12 months

98. Don't Know

3. Within 13 to 24 months

409.c Rate severity: How severe was the effect of loss of land?

1. No effect

2. Some effect

3. Severe effect

410.a Did your household get displaced from the place you have been living in the last two years?

| | | |
|--------|-------|--------------|
| 1. Yes | 0. No | → Go to 411a |
|--------|-------|--------------|

410.b When did displacement occur? Did this occur within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

| | |
|-----------------------------|----------------|
| 1. Within the last 2 months | 4. Ongoing |
| 2. Within 3 to 12 months | 98. Don't Know |
| 3. Within 13 to 24 months | |

410.c Rate severity: How severe was the effect of displacement?

| |
|------------------|
| 1. No effect |
| 2. Some effect |
| 3. Severe effect |

411.a Did your household bear a loss due to decrease in price of agricultural products in the last two years?

| | | |
|--------|-------|--------------|
| 1. Yes | 0. No | → Go to 412a |
|--------|-------|--------------|

411.b When did your household bear a loss due to decrease in price of agricultural product ?
(Did this occur within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

| | |
|-----------------------------|----------------|
| 1. Within the last 2 months | 4. Ongoing |
| 2. Within 3 to 12 months | 98. Don't Know |
| 3. Within 13 to 24 months | |

411.c Rate severity: How severe was the effect of the decrease in price of agricultural products?

| |
|------------------|
| 1. No effect |
| 2. Some effect |
| 3. Severe effect |

412.a Did any household member die in the last two years?

| | | |
|--------|-------|--------------|
| 1. Yes | 0. No | → Go to 413a |
|--------|-------|--------------|

412.b When did household member die? (Did your household member die within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

| | |
|-----------------------------|----------------|
| 1. Within the last 2 months | 4. Ongoing |
| 2. Within 3 to 12 months | 98. Don't Know |
| 3. Within 13 to 24 months | |

412.c Rate severity: How severe was the effect due to the death of a household member?

| |
|------------------|
| 1. No effect |
| 2. Some effect |
| 3. Severe effect |

413.a Did any household member get a new job in the last two years?

| | | |
|--------|-------|--------------|
| 1. Yes | 0. No | → Go to 414a |
|--------|-------|--------------|

413.b When did he/she get a new job ? Was it within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

| | |
|-----------------------------|----------------|
| 1. Within the last 2 months | 4. Ongoing |
| 2. Within 3 to 12 months | 98. Don't Know |
| 3. Within 13 to 24 months | |

413.c Rate severity: How much easier it has been due to new job of household member?

| |
|--------------------------------|
| 1. No effect |
| 2. Some effect/somewhat easier |
| 3. Severe effect/ much easier |

414.a Did any member of household start to send remittances or increase the amount remittances in the last two years?

| | | | |
|--------|-------|---|------------|
| 1. Yes | 0. No | → | Go to 415a |
|--------|-------|---|------------|

414.b When did a household member start to send or increase the remittances? (Did this occur in the last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

| | |
|-----------------------------|----------------|
| 1. Within the last 2 months | 4. Ongoing |
| 2. Within 3 to 12 months | 98. Don't Know |
| 3. Within 13 to 24 months | |

414.c Rate severity: How much easier it has been due to new or increased remittances?

| |
|--------------------------------|
| 1. No effect |
| 2. Some effect/somewhat easier |
| 3. Severe effect/ much easier |

415.a Has your household started receiving new or received increased government grants or money from NGOs in the last two years?

| | | | |
|--------|-------|---|------------|
| 1. Yes | 0. No | → | Go to 416a |
|--------|-------|---|------------|

415.b When did your household start receiving new or receive increased government grants or money from NGOs? (Within the last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

| | |
|-----------------------------|----------------|
| 1. Within the last 2 months | 4. Ongoing |
| 2. Within 3 to 12 months | 98. Don't Know |
| 3. Within 13 to 24 months | |

415.c Rate severity: How much easier it has been due to new or increased government grants or money from NGOs?

| |
|--------------------------------|
| 1. No effect |
| 2. Some effect/somewhat easier |
| 3. Severe effect/ much easier |

416.a Did your household receive inheritance, large gift, lottery winnings, or dowry in the last two years?

1. Yes

0. No

→ Go to 417a

416.b When did your household receive inheritance, large gift, lottery winnings, or dowry? Was it within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

1. Within the last 2 months

4. Ongoing

2. Within 3 to 12 months

98. Don't Know

3. Within 13 to 24 months

416.c Rate severity: How much easier it has been due to inheritance, large gift, lottery winnings, or dowry?

1. No effect

2. Some effect/somewhat easier

3. Severe effect/ much easier

417.a Did any children or adults in the household receive scholarship in the last two years?

1. Yes

0. No

→ Go to 418a

417.b When did children or adults in the household receive scholarship? Within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

1. Within last 2 months

4. Ongoing

2. Within 3 to 12 months

98. Don't Know

3. Within 13 to 24 months

417.c Rate severity: How much easier it has been due to scholarship for children or adults in the household?

1. No effect

2. Some effect/somewhat easier

3. Severe effect/ much easier

418.a Did your household receive loan from micro-enterprise program in the last two years?

| | | |
|--------|-------|--------------|
| 1. Yes | 0. No | → Go to 419a |
|--------|-------|--------------|

418.b When did your household receive loan from micro-enterprise program? (within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

| | |
|-----------------------------|----------------|
| 1. Within the last 2 months | 4. Ongoing |
| 2. Within 3 to 12 months | 98. Don't Know |
| 3. Within 13 to 24 months | |

418.c Rate severity: How much easier it has been due to loan from micro-enterprise program?

| |
|--------------------------------|
| 1. No effect |
| 2. Some effect/somewhat easier |
| 3. Severe effect/ much easier |

419.a Was there been any increase in agricultural production or increase in the price of agricultural products in the last two years?

| | | | |
|--------|-------|---|------------|
| 1. Yes | 0. No | → | Go to 420a |
|--------|-------|---|------------|

419.b When did increase in agricultural production or increase in the price of agricultural products occur? (within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?)

| | |
|-----------------------------|----------------|
| 1. Within the last 2 months | 4. Ongoing |
| 2. Within 3 to 12 months | 98. Don't Know |
| 3. Within 13 to 24 months | |

419.c Rate severity: How much easier it has been due to increase in agricultural production or increase in price for agricultural products?

| |
|--------------------------------|
| 1. No effect |
| 2. Some effect/somewhat easier |
| 3. Severe effect/ much easier |

420.a Did your household receive any other benefits, other than mentioned above, in the last two years?

| | | | |
|--------|-------|---|--------------------|
| 1. Yes | 0. No | → | Go to next section |
|--------|-------|---|--------------------|

420.b When did you receive other economic benefits ? Did your household receive other economic benefits within last 2 months, 3 to 12 months ago, 13 to 24 months ago or ongoing?

| | |
|-----------------------------|----------------|
| 1. Within the last 2 months | 4. Ongoing |
| 2. Within 3 to 12 months | 98. Don't Know |
| 3. Within 13 to 24 months | |

420.c Rate severity: How much easier it has been due to receive in any other economic benefits?

| |
|--------------------------------|
| 1. No effect |
| 2. Some effect/somewhat easier |
| 3. Severe effect/ much easier |

Section 5: Household Health Expenditures

Now, I would like to ask some questions about your family health and expenditure for seeking health services

501 Did anyone in your household become ill or injured in the last month?

| | | | |
|---|--------------------------------|---|------------------------------------|
| <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 0. No | → | <input type="checkbox"/> Go to 526 |
| <input type="checkbox"/> 98. Don't Know | | | |

502 Please tell me the name of the family members who got ill or injured last month?

| | |
|--------------|----------------------------|
| 1 Name _____ | Serial # from census _____ |
| 2 Name _____ | Serial # from census _____ |
| 3 Name _____ | Serial # from census _____ |
| 4 Name _____ | Serial # from census _____ |

503 Did <first NAME in the above list> consult with a health provider or a doctor without staying overnight at the facility?

| | | | |
|---|--------------------------------|---|------------------------------------|
| <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 0. No | → | <input type="checkbox"/> Go to 508 |
| <input type="checkbox"/> 98. Don't Know | | | |

504 Did..... <first NAME in the above list> have more than one visit in the last month?

1. Yes

Number of visit _____

0. No

505 What was the type of health provider that<NAME> visited?

Check all that apply

Public Sector

1. Govt. Hospital

2. Government health care clinic

3. Gov. dispensary

4. Govt. Public pharmacy/chemist

5. Govt. Nursinghome /maternal-child care centre home

6. Govt. Community-based health worker (inc. TBA)

7. Satelite Clinic

Private for-profit sectors

14. Private hospital

15. Private clinics

16. Private doctors/nurses/midwife

17. Company/parastatal clinic

Private not-for profit (NGO) sector:

8. NGO hospital

9. NGO health center/clinic/post

10. NGO Nursing/maternity home

11. NGO Community-based health worker

12. Community pharmacies

13. Others (please specify).....

18. Private pharmacy/shop/mobile vendor

19. Private laboratory

20. Traditional Healer

21. Others (Please specify).....

506 How much money did <NAME> spend on treatment and services s/he received in the last month?

Amount in rupees _____

507 What were the main reasons..... <NAME> sought care in the last month?

Check all that apply

1. Malaria or fever

12. Routine check-up

2. Diseases of respiratory system, pneumonia

13. Immunizations

3. Skin diseases

14. Family planning

4. TB

15. Delivery

5. HIV/AIDS

16. Prenatal/antenatal care

6. Diabetes

17. Dental check-up

7. Diarrhoea

18. Circumcision

8. Intestinal worms

19. VCT

9. Accidents and injuries

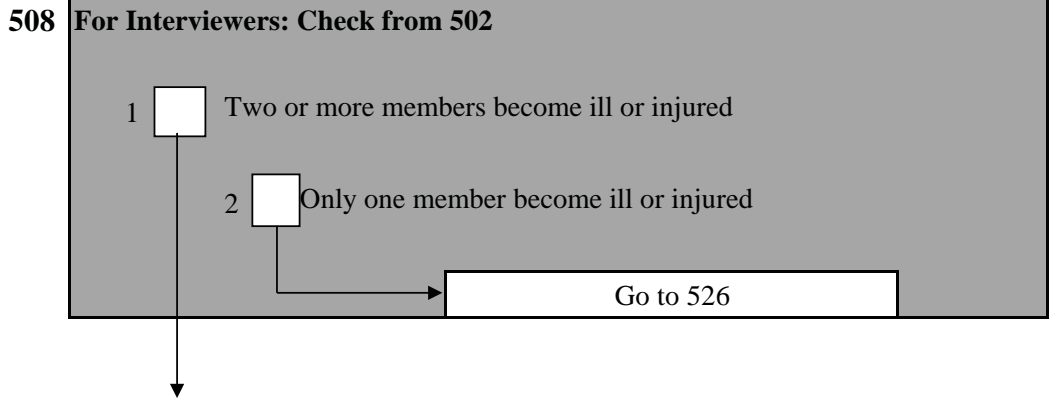
20. Other forms of counselling

10. STD

21. Physiotherapy

11. Eye infection

97. Other services (specify).....



509 Did <second NAME in the previous list > consult with a health provider or a doctor without staying overnight at the facility?

1. Yes
 0. No → Go to 514
 98. Don't Know

510 Did..... <second NAME in the above list> have more than one visit in the last month?

1. Yes → Number of visit _____ 0. No

511 What was the type of health provider that<NAME of second person > visited? Government, NGO or private ?

Check all that apply

Public Sector

1. Govt. Hospital

2. Government health care clinic

3. Gov. dispensary

4. Govt. pharmacy/chemist

5. Govt. Nursing/maternity home

6. Govt. Community-based health worker (inc. TBA)

7. Satellite Clinic

Private for-profit sectors

14. Private hospital

15. Private clinics

16. Private doctors/nurses/midwife

17. Company/parastatal clinic

Private not-for profit (NGO) sector:

8. NGO hospital

9. NGO health center/clinic/post

10. NGO Nursing/maternity home

11. Community-based health worker from an NGO

12. Community pharmacies

13. Others (please specify).....

18. Private pharmacy/shop/mobile vendor

19. Private laboratory

20. Traditional Healer

21. Others (specify).....

512 How much money did <NAME of second person> spend on treatment and services s/he received in the last month?

Amount in rupees _____

513 What were the main reasons..... <NAME of second person> sought care in the last month?

Check all that apply

1. Malaria or fever

12. Routine check-up

2. Diseases of respiratory system, pneumonia

13. Immunizations

3. Skin diseases

14. Family planning

4. TB

15. Delivery

5. HIV/AIDS

16. Prenatal/antenatal care

6. Diabetes

17. Dental check up

7. Diarrhoea

18. Circumcision

8. Intestinal worms

19. VCT

9. Accidents and injuries

20. Other forms of counselling

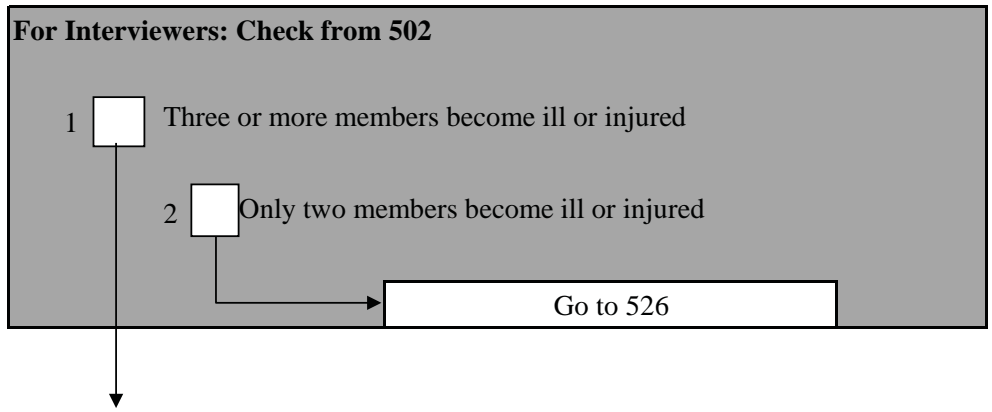
10. STD

21. Physiotherapy

11. Eye infection

97. Other services (specify).....

514 For Interviewers: Check from 502



515 Did <NAME of Third person> consult with a health provider or a doctor without staying overnight at the facility?

| | | | |
|----------------|-------|---|-----------|
| 1. Yes | 0. No | → | Go to 520 |
| 98. Don't Know | | | |

516 Did <NAME of third person> have more than once visit in the last month?

| | | | |
|--------|---|-----------------------|-------|
| 1. Yes | → | Number of visit _____ | 0. No |
|--------|---|-----------------------|-------|

517 What was the type of health provider that..... <NAME of third person > visited? Government, NGO or privet ?

Check all that apply

Public Sector

1. Govt. Hospital

2. Government health care clinic

3. Gov. dispensary

4. Public pharmacy/chemist

5. Govt. Nursing/maternity home

6. Govt. Community-based health worker (inc. TBA)

7. Satelite Clinic

Private for-profit sectors

14. Private hospital

15. Private clinics

16. Private doctors/nurses/midwife

17. Company/parastatal clinic

Private not-for profit (NGO) sector:

8. NGO hospital

9. NGO health center/clinic/post

10. NGO Nursing/maternity home

11. NGO Community-based health worker

12. Community pharmacies

13. Other (specify).....

18.Private pharmacy/shop/mobile vendor

19. Private laboratory

20. Traditional Healer

21. Other (specify).....

518 How much money did <NAME of third person> spend on treatment and services s/he received in the last month?

Amount in rupees _____

519 What were the main reasons..... <NAME of third person> sought care in the last month?

Check all that apply

1. Malaria or fever

12. Routine check-up

2. Diseases of respiratory system, pneumonia

13. Immunizations

3. Skin diseases

14. Family planning

4. TB

15. Delivery

5. HIV/AIDS

16. Prenatal/antenatal care

6. Diabetes

17. Dental

7. Diarrhoea

18. Circumcision

8. Intestinal worms

19. VCT

9. Accidents and injuries

20. Other forms of counselling

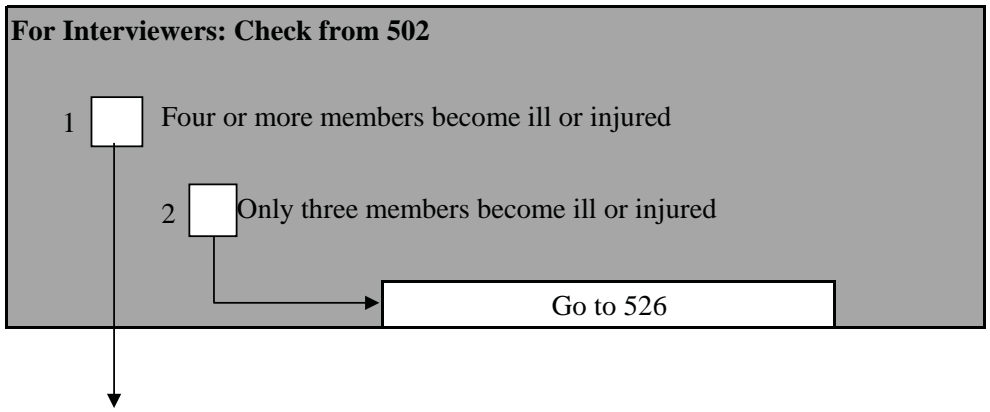
10. STD

21. Physiotherapy

11. Eye infection

22. Other services (specify).....

520 For Interviewers: Check from 502



521 Did <NAME of fourth person> consult with a health provider or a doctor without staying overnight at the facility?

1. Yes 0. No → Go to 526

98. Don't Know

522 Did <NAME second person> have more than one visit in the last month?

1. Yes → 0. No

523 What was the type of health provider that<NAME of third person
> visited? Government, NGO or private ?

Check all that apply

Public Sector

1. Govt. Hospital

2. Government health care clinic

3. Gov. dispensary

4. Public pharmacy/chemist

5. Govt. Nursing/maternity home

6. Govt. Community-based health worker (inc. TBA)

7. Satelite Clinic

Private for-profit sectors

14. Private hospital

15. Private clinics

16. Private doctors/nurses/midwife

17. Company/parastatal clinic

Private not-for profit (NGO) sector:

8. NGO hospital

9. NGO health center/clinic/post

10. NGO Nursing/maternity home

11. NGO Community-based health worker

12. Community pharmacies

13. Other (specify).....

18.Private pharmacy/shop/mobile vendor

19. Private laboratory

20. Traditional Healer

97. Other (specify).....

524 How much money did <NAME of fourth> spend on treatment and services s/he received in the last month?

Amount in rupees _____

525 What were the main reasons..... <NAME of fourth person> sought care in the last month?

Check all that apply

1. Malaria or fever

12. Routine check-up

2. Diseases of respiratory system, pneumonia

13. Immunizations

3. Skin diseases

14. Family planning

4. TB

15. Child Birth Delivery

5. HIV/AIDS

16. Prenatal/antenatal care

6. Diabetes

17. Dental check up

7. Diarrhoea

18. Circumcision

8. Intestinal worms

19. VCT

9. Accidents and injuries

20. Other forms of counseling

10. STD

21. Physiotherapy

11. Eye infection

97. Other services (specify).....

526 Was any member in the household admitted to stay overnight at a health facility in the past 6 months?

1. Yes

0. No



Go to 547

98. Don't Know

527 Who was admitted overnight to a health facility? Please tell me their name (Record household member number)

1 Name _____

Serial # from census _____

2 Name _____

Serial # from census _____

3 Name _____

Serial # from census _____

4 Name _____

Serial # from census _____

528 How many times <NAME of first person > stayed at hospital in the last 6 months ?

Number of visit.....

529 What was the type of health provider that <NAME > stayed overnight at first time ? Government, NGO or private ? (mention all appropriate answers)

Check all that apply

Public Sector

1. Govt. Hospital

2. Government health care clinic

3. Gov. dispensary

4. Public pharmacy/chemist

5. Govt. Nursing/maternity home

6. Govt. Community-based health worker (inc. TBA)

7. Other (specify).....

Private for-profit sectors

14. Private hospital

15. Private clinics

16. Private doctors/nurses/midwife

17. Company/parastatal clinic

Private not-for profit (NGO) sector:

8. NGO hospital

9. NGO health center/clinic/post

10. NGO Nursing/maternity home

11. NGO Community-based health worker

12. Community pharmacies

13. Other (specify).....

18. Private pharmacy/shop/mobile vendor

19. Private laboratory

20. Traditional Healer

21. Other (specify).....

530 How much money did <NAME first person> spend on treatment and services while s/he stayed at hospital in the past 6 months?

Amount in rupees _____

531 What were the main reasons..... <NAME of first person> sought care in the last 6 six months?

Check all that apply

1. Malaria or fever

12. Routine check-up

2. Diseases of respiratory system, pneumonia

13. Immunizations

3. Skin diseases

14. Family planning

4. TB

15. Delivery

5. HIV/AIDS

16. Prenatal/antenatal care

6. Diabetes

17. Dental Check up

7. Diarrhoea

18. Circumcision

8. Intestinal worms

19. VCT

9. Accidents and injuries

20. Other forms of counselling

10. STD

21. Physiotherapy

11. Eye infection

97. Other services (specify).....

532 **For Interviewers: Check from 527**

1 Two or more members become ill or injured

2 Only one member become ill or injured

→

533 How many times <NAME second person > stayed at hospital in past 6 months ?

Number of visit.....

534 What was the type of health facility that <NAME second person> stayed overnight at first time ? Government, NGO or privet ?

| Check all that apply | |
|---|--|
| Public Sector | Private not-for profit (NGO) sector: |
| 1. Govt. Hospital | 8. NGO hospital |
| 2. Government health care clinic | 9. NGO health center/clinic/post |
| 3. Gov. dispensary | 10. NGO Nursing/maternity home |
| 4. Public pharmacy/chemist | 11. NGO Community-based health worker |
| 5. Govt. Nursing/maternity home | 12. Community pharmacies |
| 6. Govt. Community-based health worker (inc. TBA) | 13. Other (specify)..... |
| 7. Other (specify)..... | |
| Private for-profit sectors | |
| 14. Private hospital | 18. Private pharmacy/shop/mobile vendor |
| 15. Private clinics | 19. Private laboratory |
| 16. Private doctors/nurses/midwife | 20. Traditional Healer |
| 17. Company/parastatal clinic | 21. Other (specify)..... |

535 How much money did <NAME second person> spend on treatment and services while s/he stayed at hospital in the past 6 months?

Amount in rupees _____

536 What were the main reasons <NAME of second person> sought care in the last 6 six months?

Check all that apply

1. Malaria or fever

12. Routine check-up

2. Diseases of respiratory system, pneumonia

13. Immunizations

3. Skin diseases

14. Family planning

4. TB

15. Delivery

5. HIV/AIDS

16. Prenatal/antenatal care

6. Diabetes

17. Dental check up

7. Diarrhoea

18. Circumcision

8. Intestinal worms

19. VCT

9. Accidents and injuries

20. Other forms of counselling

10. STD

21. Physiotherapy

11. Eye infection

97. Other services (specify).....

537 **For Interviewers: Check from 527**

1 Three or more members become ill or injured

2 Only two members become ill or injured

→

538 How many times <NAME third person > stayed at hospital in the last 6 months ?

Number of visit.....

539 What was the type of health facility that <NAME third person> stayed overnight at first time ? Government, NGO or private ?

| Check all that apply | |
|---|---|
| Public Sector | Private not-for profit (NGO) sector: |
| 1. Govt. Hospital | 8. NGO hospital |
| 2. Government health care clinic | 9. NGO health center/clinic/post |
| 3. Gov. dispensary | 10. NGO Nursing/maternity home |
| 4. Public pharmacy/chemist | 11. NGO Community-based health worker |
| 5. Govt. Nursing/maternity home | 12. Community pharmacies |
| 6. Govt. Community-based health worker (inc. TBA) | 13. Other (specify)..... |
| 7. Other (specify)..... | |
| Private for-profit sectors | |
| 14. Private hospital | 18. Private pharmacy/shop/mobile vendor |
| 15. Private clinics | 19. Private laboratory |
| 16. Private doctors/nurses/midwife | 20. Traditional Healer |
| 17. Company/parastatal clinic | 21. Other (specify)..... |

540 How much money did <NAME third person> spend on treatment and services while s/he stayed at hospital in the past 6 months?

Amount in rupees _____

541 What were the main reasons <NAME of third person> sought care in the last 6 six month?

Check all that apply

1. Malaria or fever

12. Routine check-up

2. Diseases of respiratory system, pneumonia

13. Immunizations

3. Skin diseases

14. Family planning

4. TB

15. Delivery

5. HIV/AIDS

16. Prenatal/antenatal care

6. Diabetes

17. Dental check up

7. Diarrhoea

18. Circumcision

8. Intestinal worms

19. VCT

9. Accidents and injuries

20. Other forms of counselling

10. STD

21. Physiotherapy

11. Eye infection

97. Other services (specify).....

542 **For Interviewers: Check from 527**

1 Four or more members become ill or injured

2 Only three members become ill or injured

543 How many times <NAME fourth person > stayed at hospital in past 6 months ?

Number of visit.....

544 What was the type of health facility that <NAME fourth person > stayed overnight at first time ? Government, NGO or private ?

| Check all that apply | |
|---|--|
| Public Sector | Private not-for profit (NGO) sector: |
| 1. Govt. Hospital | 8. NGO hospital |
| 2. Government health care clinic | 9. NGO health center/clinic/post |
| 3. Gov. dispensary | 10. NGO Nursing/maternity home |
| 4. Public pharmacy/chemist | 11. NGO Community-based health worker |
| 5. Govt. Nursing/maternity home | 12. Community pharmacies |
| 6. Govt. Community-based health worker (inc. TBA) | 13. Other (specify)..... |
| 7. Other (specify)..... | |
| Private for-profit sectors | |
| 14. Private hospital | 18. Private pharmacy/shop/mobile vendor |
| 15. Private clinics | 19. Private laboratory |
| 16. Private doctors/nurses/midwife | 20. Traditional Healer |
| 17. Company/parastatal clinic | 21. Other (specify)..... |

545 How much money did <NAME fourth person> spend on treatment and services while s/he stayed at hospital in the past 6 months?

Amount _____

546 What were the main reasons <NAME of fourth person> sought care in the last 6 six month?

Check all that apply

1. Malaria or fever

12. Routine check-up

2. Diseases of respiratory system, pneumonia

13. Immunizations

3. Skin diseases

14. Family planning

4. TB

15. Delivery

5. HIV/AIDS

16. Prenatal/antenatal care

6. Diabetes

17. Dental

7. Diarrhea

18. Circumcision

8. Intestinal worms

19. VCT

9. Accidents and injuries

20. Other forms of counseling

10. STD

21. Physiotherapy

11. Eye infection

97. Other services (specify).....

547 In addition to health expenditures from the medical visits you've told me about, how much did all members of your household spend on the following health and health-related commodities in the last month? Routine medication? Family planning commodities? Vitamins? Anything else?

1. Routine medication Rs.....

2. Family planning commodities Rs.

3. Vitamins Rs.....

4. Other (Specify what and amount spent) Rs.....

Section 6: Household Income

Now we would like to ask you a few questions about your household income in the last 12 months.

- 601 Could you please tell me the total income for a year without deducting the expenses. Please try to remember your total household income from all sources, including wages, salaries, pensions, income from selling crops, animals, or goods, income from renting houses, land or equipment, business income, or income from gifts or other payments.

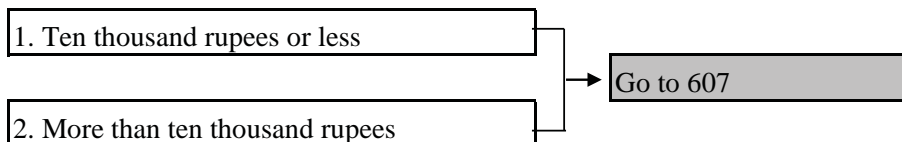
Since ...(month) last year till now, would you say that the total income you received from all sources was fifty thousand rupees or less, or more than fifty

| | |
|------------------------------------|-------------|
| 1. Fifty thousand rupees or less | |
| 2. More than fifty thousand rupees | → Go to 604 |
| 0. No income at all | → Go to 607 |

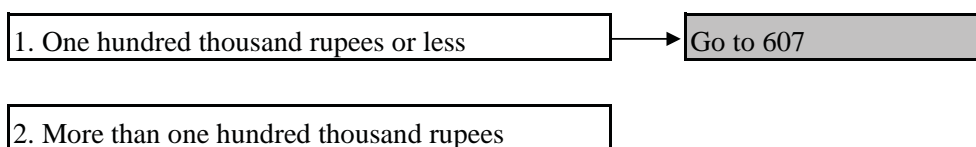
- 602 Since ...(month) last year till now, would you say that the total income you received from all sources was twenty-five thousand rupees or less, or more than twenty-five thousand rupees?

| | |
|--|-------------|
| 1. Twenty-five thousand rupees or less | |
| 2. More than twenty-five thousand rupees | → Go to 607 |

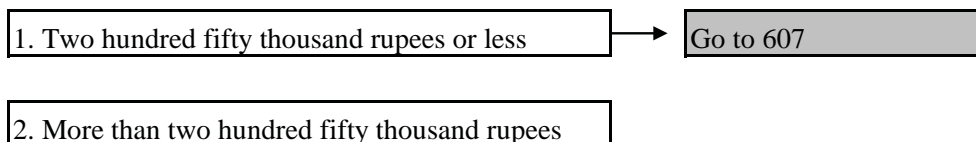
603 Since(month) last year till now, would you say that the total income you received from all sources was ten thousand rupees or less, or more than ten thousand rupees?



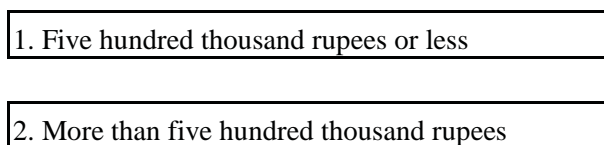
604 Since(month) last year till now, would you say that the total income you received from all sources was one hundred thousand rupees or less, or more than one hundred thousand rupees?



605 Since(month) last year till now, would you say that the total income you received from all sources was two hundred fifty thousand rupees or less, or more than two hundred fifty thousand rupees?



606 Since(month) last year to till now, would you say that the total income you received from all sources was five hundred thousand rupees or less, or more than five hundred thousand rupees?



607 which language do you use in your house?

Language used at home _____

Section 7: Relation With Syanja and Baglung

701

For Interviewers:

1. This Household is in Parbat

0. All others

Go to 709

Let us talk about relationship of your household with Syanja and Baglung districts

702

Do you have any family members, relatives and or friends in Baglung and/or Syangja district?

1. Yes

0. No

Go to 706

703

How often do you visit family members, relatives and friends in Baglung and/or Syangja district? Often, sometimes, rarely, never.

1. Often

3. Rarely

2. Sometimes

4. Never

704 How often family members or relatives or friends from Baglung and/or Syangja district visit your family ? Often, sometimes, rarely, never.

1. Often

3. Rarely

2. Sometimes

4. Never

705 How often do you interact with your family members, relatives and friends from Baglung and/or Syangja district over phone or in person? Often, sometimes, rarely, never.

1. Often

3. Rarely

2. Sometimes

4. Never

706 Do you visit hospitals/private clinics or other health institutions in Baglung and Syangja to get any health services?

1. Yes

0. No

→ Go to 708

707 How often do you visit hospitals/private clinics or other health institutions in Baglung or Syangja districts? Regularly, sometimes, rarely, never.

1. Regularly

3. Rarely

2. Sometimes

4. Never

708 Does any member of your **household** work and or have business in Baglung and Syangja?

1. Yes

0. No

709 Thank you very much for your time and cooperation! The information that you provided is very useful, valuable, and important.

Namaskar !

Exact Time Now.....

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Section 8: Interviewer's Observation Section

For the interviewer:

Answer the following questions based on your own observations.

801 In what kind of house does the respondent live?

1. Single-family house

2. Multi-family house

802 How many storey are there in the house in which the respondent lives?

1. One storey

2. Two storey

3. Three storey

4. Four storey

5. Five or more

803 Of what materials are the walls of the respondent's house made up?

1. Brick

2. Cement/concrete

3. Cane w/ mud

4. Stone

5. Wood shakes Plywood

6. Mud

7. Cement block

97. Other(Specify) _____

804 Of what materials is the roof of the respondent's house made?

1. Tin

2. Thatch

3. Thatch stick

4. Stone/slate

5. Wooden plank

6. Plastic

7. Concrete

97. Other(Specify) _____

805 Of what materials is the floor of the respondent's house made?

1. Mud

2. Wood

3. Parquet

3. Concrete/cement

4. Brick

97. Other(Specify)

Interviewer's Experience

A large, empty rectangular box with a double-line border, intended for the interviewer's experience. The box is oriented vertically and occupies most of the page below the title.

Call Record

| Description | First Time | Second Time | Third Time | Remarks |
|---|------------|-------------|------------|---------|
| Date | | | | |
| Name of Interviewer | | | | |
| Final Result* | | | | |
| Time | | | | |
| Date for Next Visit | | | | |
| | | | | |
| <p>1. Interview Complete 2. Respondent not at home 3. Interview Partially Complete</p> <p>4. Refusal 5.No one living in the house 6, Did not find the house</p> <p>7. Other (Specify)</p> | | | | |