

Table 26 : Distribution of Respondents by Knowledge of Family Planning, Different Methods of Contraceptive by Educational Level

DISTRICT : KAVREPALANCHOK

	KNOWLEDGE FOR FAMILY PLANNING								
	FAMILY PLANNING	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS
READ & WRITE									
NO	1,093	887	325	351	604	956	946	30	11
NOT STATED	-	-	-	-	-	-	-	-	-
SCHOOL									
YES	70	68	44	44	57	64	65	5	1
NO	30	28	14	15	21	26	25	2	1
READ & WRITE									
NO	-	54	6	4	17	127	78	-	-
NOT STATED	-	-	-	-	-	-	-	-	-
SCHOOL									
YES	-	6	2	-	2	5	7	-	-
NO	-	2	1	1	2	4	4	-	1

DISTRICT : DHANUSA

	KNOWLEDGE FOR FAMILY PLANNING								
	FAMILY PLANNING	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS
READ & WRITE									
NO	1,257	695	319	89	466	1,123	1,249	30	4
NOT STATED	1	-	-	-	1	1	1	-	-
SCHOOL									
YES	64	48	38	24	34	55	62	1	-
NO	11	9	7	6	7	11	11	1	-
READ & WRITE									
NO	-	33	10	2	8	30	229	1	-
NOT STATED	-	-	-	-	-	-	1	-	-
SCHOOL									
YES	-	1	1	-	-	4	16	-	-
NO	-	-	-	-	-	3	5	-	-

Table 27 : Distribution of Respondents by Ever-Use of Contraception by Methods and Age (5 Year Age Group)

DISTRICT : KAVREPALANCHOK

AGE	EVER USED							
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS
~14	-	-	-	-	-	-	-	-
15 ~ 19	3	-	-	-	1	1	-	-
20 ~ 24	10	5	-	6	8	6	-	-
25 ~ 29	13	1	-	5	26	20	-	-
30 ~ 34	10	-	1	4	27	25	-	-
35 ~ 39	10	1	1	3	36	21	-	1
40 ~ 44	12	2	2	1	35	14	-	-
45 ~ 49	4	-	1	2	3	3	-	-
50+	-	-	-	-	1	-	-	-
NOT STATED	-	-	-	-	-	-	-	-
TOTAL	62	9	5	21	137	90	-	1

DISTRICT : DHANUSA

AGE	EVER USED							
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS
~14	-	-	-	-	-	-	-	-
15 ~ 19	1	1	-	1	4	8	1	-
20 ~ 24	7	4	-	1	6	19	-	-
25 ~ 29	5	-	1	2	2	39	-	-
30 ~ 34	12	3	1	2	3	78	-	-
35 ~ 39	5	2	-	2	8	56	-	-
40 ~ 44	4	1	-	-	9	30	-	-
45 ~ 49	-	-	-	-	4	19	-	-
50+	-	-	-	-	-	-	-	-
NOT STATED	-	-	-	-	-	-	-	-
TOTAL	34	11	2	8	36	249	1	-

Table 28 : Distribution of Respondents by Current Use of Contraception by Methods and Age (5 Year Age Group)

DISTRICT : KAVREPALANCHOK

AGE	METHOD CURRENTLY USED									
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS	NO USE	NOT STATED
~14	-	-	-	-	-	-	-	-	-	1
15 ~ 19	-	-	-	-	-	-	-	-	43	8
20 ~ 24	1	2	-	6	7	4	-	-	76	8
25 ~ 29	2	1	-	3	20	14	-	-	68	10
30 ~ 34	3	-	-	2	24	23	-	-	59	5
35 ~ 39	3	-	-	-	32	17	-	1	50	3
40 ~ 44	3	-	1	-	34	11	-	-	39	13
45 ~ 49	2	-	-	2	3	3	-	-	25	3
50+	-	-	-	-	-	-	-	-	-	1
NOT STATED	-	-	-	-	-	-	-	-	3	83
TOTAL	14	3	1	13	120	72	-	1	363	135

DISTRICT : DHANUSA

AGE	METHOD CURRENTLY USED									
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS	NO USE	NOT STATED
~14	-	-	-	-	-	-	-	-	-	-
15 ~ 19	-	2	-	-	-	1	-	-	10	8
20 ~ 24	-	2	-	1	2	11	-	-	32	3
25 ~ 29	-	-	-	-	1	36	-	-	13	4
30 ~ 34	2	-	-	-	1	75	-	-	15	4
35 ~ 39	1	-	-	1	3	50	-	-	6	2
40 ~ 44	-	-	-	-	10	27	-	-	6	8
45 ~ 49	-	-	-	-	3	17	-	-	2	1
50+	-	-	-	-	-	-	-	-	-	-
NOT STATED	-	-	-	-	-	-	-	-	-	33
TOTAL	3	4	-	2	20	217	-	-	84	63

Table 29 : Distribution of Respondents by Current Use of Contraception by Methods and Educational Level

DISTRICT : KAVREPALANCHOK

	METHOD CURRENTLY USED							
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS
READ & WRITE NO	13	1	-	11	112	64	-	-
NOT STATED	-	-	-	-	-	-	-	-
SCHOOL YES	1	2	-	1	5	6	-	-
NO	-	-	1	1	2	1	-	1

DISTRICT : DHANUSA

	METHOD CURRENTLY USED							
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS
READ & WRITE NO	3	4	-	2	17	196	-	-
NOT STATED	-	-	-	-	-	1	-	-
SCHOOL YES	-	-	-	-	2	16	-	-
NO	-	-	-	-	1	4	-	-

Table 30 : Distribution of Respondents by Current Use of Contraception by Methods and Number of Living Children

DISTRICT : KAVREPALANCHOK

NO. OF LIVING CHILDREN	METHOD CURRENTLY USED									NOT STATED
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS	NO USE	
0	-	-	-	-	3	-	-	-	61	6
1	1	1	-	4	2	1	-	-	59	9
2	2	1	-	2	14	9	-	-	54	9
3	2	1	1	2	35	21	-	1	64	9
4	3	-	-	3	30	15	-	-	50	3
5	-	-	-	1	24	13	-	-	33	4
6	2	-	-	-	9	8	-	-	21	2
7+	4	-	-	1	3	5	-	-	20	2
NOT STATED	-	-	-	-	-	-	-	-	1	91
TOTAL	14	3	1	13	120	72	-	1	363	135

DISTRICT : DHANUSA

NO. OF LIVING CHILDREN	METHOD CURRENTLY USED									NOT STATED
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	TRAD. METHOD	OTHERS	NO USE	
0	-	-	-	-	-	2	-	-	20	5
1	-	2	-	1	1	4	-	-	25	2
2	1	1	-	-	3	23	-	-	17	5
3	-	1	-	1	5	69	-	-	10	1
4	1	-	-	-	6	67	-	-	4	2
5	1	-	-	-	4	30	-	-	4	3
6	-	-	-	-	1	16	-	-	3	-
7+	-	-	-	-	-	6	-	-	1	-
NOT STATED	-	-	-	-	-	-	-	-	-	45
TOTAL	3	4	-	2	20	217	-	-	84	63

Table 31: Distribution of Respondents by Their Future Intentions to Use Contraception by Methods and Age (5 Year Age Group)

DISTRICT : KAVREPALANCHOK

AGE	METHOD OF FUTURE USE								NOT STATED
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	OTHERS	(8)	
~14	1	-	-	-	-	-	-	-	1
15 ~ 19	16	-	1	9	14	20	-	2	6
20 ~ 24	25	2	-	12	44	52	3	3	11
25 ~ 29	27	1	-	19	25	48	4	2	7
30 ~ 34	14	2	1	10	20	20	1	2	7
35 ~ 39	11	1	-	9	8	12	-	-	4
40 ~ 44	6	-	1	6	1	2	1	-	7
45 ~ 49	1	1	-	2	-	-	-	-	3
50+	-	-	-	-	-	-	-	-	-
NOT STATED	-	-	-	-	-	-	-	-	83
TOTAL	101	7	3	67	112	154	9	9	129

DISTRICT : DHANUSA

AGE	METHOD OF FUTURE USE								NOT STATED
	PILL	CONDOM	IUD	DEPO	MALE STERIL.	FEMALE STERIL.	OTHERS	(8)	
~14	-	-	-	-	-	-	-	-	-
15 ~ 19	2	-	-	-	5	42	2	3	8
20 ~ 24	3	-	-	4	3	117	1	5	4
25 ~ 29	7	-	-	5	6	97	3	5	4
30 ~ 34	5	-	1	5	2	66	2	2	1
35 ~ 39	3	-	-	2	2	38	-	-	1
40 ~ 44	3	-	-	1	2	11	-	-	9
45 ~ 49	1	-	1	-	-	2	1	-	-
50+	-	-	-	-	-	-	-	-	-
NOT STATED	-	-	-	-	-	-	-	-	33
TOTAL	24	-	2	17	20	373	9	15	60

Table 32 : Distribution of Respondents by Reason for Not Using Any Methods of Contraception

DISTRICT : KAVREPALANCHOK

AGE	TOTAL	THE REASON FOR NOT USING FAMILY PLANNING											A : Desire of Additional Children	B : Desire of Sons	C : Desire of Daughters	D : Health Reason	E : Religious Reason	F : Husband's Disapproval	G : Husband Away	H : Menopause	I : No Fertility	J : Contraception Not Available	K : Other Reason
		A	B	C	D	E	F	G	H	I	J	K											
<14	2	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
15 ~ 19	91	60	7	1	1	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-			
20 ~ 24	204	132	40	5	1	1	2	5	2	-	6	10	-	-	-	-	-	-	-	-			
25 ~ 29	191	63	59	5	22	5	5	3	-	2	13	14	-	-	-	-	-	-	-	-			
30 ~ 34	129	13	22	7	37	1	3	5	-	3	17	21	-	-	-	-	-	-	-	-			
35 ~ 39	113	8	15	2	36	2	7	4	2	8	11	18	-	-	-	-	-	-	-	-			
40 ~ 44	92	4	3	-	24	6	1	2	12	10	13	17	-	-	-	-	-	-	-	-			
45 ~ 49	50	1	3	-	8	3	-	1	19	10	4	1	-	-	-	-	-	-	-	-			
50+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
NOT STATED	3	1	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-			
TOTAL	875	303	151	20	129	18	18	20	35	34	64	82	-	-	-	-	-	-	-	-			

DISTRICT : DHANUSA

AGE	TOTAL	THE REASON FOR NOT USING FAMILY PLANNING											A : Desire of Additional Children	B : Desire of Sons	C : Desire of Daughters	D : Health Reason	E : Religious Reason	F : Husband's Disapproval	G : Husband Away	H : Menopause	I : No Fertility	J : Contraception Not Available	K : Other Reason
		A	B	C	D	E	F	G	H	I	J	K											
<14	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-			
15 ~ 19	110	65	3	-	-	1	1	2	-	-	-	18	-	-	-	-	-	-	-	-			
20 ~ 24	243	169	43	2	-	7	5	-	-	1	2	14	-	-	-	-	-	-	-	-			
25 ~ 29	237	113	67	4	13	8	7	-	-	4	3	18	-	-	-	-	-	-	-	-			
30 ~ 34	184	68	35	3	21	8	8	-	1	10	3	26	-	-	-	-	-	-	-	-			
35 ~ 39	122	23	19	2	22	10	8	-	12	7	1	18	-	-	-	-	-	-	-	-			
40 ~ 44	82	11	9	2	5	5	8	-	21	13	-	8	-	-	-	-	-	-	-	-			
45 ~ 49	69	3	8	-	6	3	4	-	27	12	-	6	-	-	-	-	-	-	-	-			
50+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
NOT STATED	2	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-			
TOTAL	1,050	473	185	13	67	42	41	2	62	47	9	109	-	-	-	-	-	-	-	-			

Table 33 : Distribution of Respondents With Regard to What They Usually Do When Someone in The Household Is Sick and by Reasons for Not Treating the Patient.

PANCHAYAT CODE	TREATMENT			TOTAL	THE REASON FOR NOT (MULTIPLE ANSWER)				TOTAL	
	TO TREAT	NOT TO TREAT	NOT STATED		A	B	C	D		
1 ~ 3	380	7	19	406	6	3	1	2	12	
4 ~ 5	255	1	23	279	1	-	-	1	2	
6 ~ 8	430	5	42	477	4	2	2	1	9	1 - 3 : Bhumlutar
9 ~ 10	299	-	5	304	-	1	-	1	2	4 - 5 : Dapcha
SUB-TOTAL	1,364	13	89	1,466	11	6	3	5	25	6 - 8 : Khopasi
11 ~ 13	379	7	5	391	5	1	-	-	6	9 - 10 : Nala
14 ~ 15	305	2	2	309	1	-	-	1	2	11 - 13 : Godar
16 ~ 18	448	9	11	468	5	2	1	2	10	14 - 15 : Godhaghas
19 ~ 20	278	6	19	303	4	-	-	2	6	16 - 18 : Sabaila
SUB-TOTAL	1,410	24	37	1,471	15	3	1	5	24	19 - 20 : Tarapatti
TOTAL	2,774	37	126	2,937	26	9	4	10	49	

A : Financial Problems. B : No Belief In Treatment. C : Long Distance.
D : Bad Treatment In Health Institution.

Table 34 : Distribution of Respondents by Places Contacted for Treatment

PANCHAYAT CODE	THE PLACE TO TREAT								
	A	B	C	D	E	F	G	H	
1 ~ 3	9	234	4	139	-	-	3	19	
4 ~ 5	1	160	10	85	1	4	-	22	
6 ~ 8	6	267	20	130	6	7	3	41	1 - 3 : Bhumlutar
9 ~ 10	1	138	12	124	13	11	2	4	4 - 5 : Dapcha
SUB-TOTAL	17	799	46	478	20	22	8	86	6 - 8 : Khopasi
11 ~ 13	8	155	133	5	-	48	39	6	9 - 10 : Nala
14 ~ 15	4	136	156	1	10	4	2	1	11 - 13 : Godar
16 ~ 18	9	198	195	3	-	48	9	10	14 - 15 : Godhaghas
19 ~ 20	2	133	137	2	3	5	1	20	16 - 18 : Sabaila
SUB-TOTAL	23	622	621	11	13	105	51	37	19 - 20 : Tarapatti
TOTAL	40	1,421	667	489	33	127	59	123	

A : Inapplicable. B : Hospital/Health Center. C : Doctor/Other Health Worker/Nurse. D : Dhami/Jankri.
E : Kaviraj. F : Quack. G : Others. H : Not Stated

Table 35 : Distribution of Respondents by Frequency of Health Workers Visit Reported

PANCHAYAT CODE	FREQUENCY OF VISIT OF HEALTH WORKER							
	A	B	C	D	E	F	G	H
1 ~ 3	1	9	9	23	343	-	-	23
4 ~ 5	4	4	9	10	234	-	-	22
6 ~ 8	4	22	25	29	353	-	-	47
9 ~ 10	1	5	8	5	281	-	-	5
SUB-TOTAL	10	40	51	67	1,211	-	-	97
11 ~ 13	3	291	17	12	61	-	-	10
14 ~ 15	4	83	34	30	156	-	2	5
16 ~ 18	4	237	43	36	134	-	-	18
19 ~ 20	-	85	40	50	99	-	-	20
SUB-TOTAL	11	696	134	137	450	-	2	53
TOTAL	21	736	185	204	1,661	-	2	150

1 - 3 : Bhumlutar
 4 - 5 : Dapcha
 6 - 8 : Khopasi
 8 - 10 : Nala
 11 - 13 : Godar
 14 - 15 : Godhaghas
 16 - 18 : Sabaila
 19 - 20 : Tarapatti
 A : Inapplicable
 B : Once a Month
 C : Once Every Three Months
 D : Once A Year
 E : Does Not Come
 F : Others
 G : Don't Know
 H : Not Stated

Table 36 : Distribution of Respondents Who Talked with Health Worker by Contents Talked with Health Worker and Frequency of His/Her Visit

DISTRICT : KAVREPALANCHOK

TALK ABOUT	FREQUENCY OF VISIT OF HEALTH WORKER				
	A	B	C	D	E
F.P.	34	28	39	4	-
HEALTH OF CHILDREN	32	19	32	1	-
ARI	23	14	22	-	-
WORMS	22	19	22	-	-
BREASTFEEDING	21	11	17	-	-
BIRTH SPACING	23	16	17	1	-
DIARRHOEA/ORT	27	24	27	1	-
IMMUNIZATION	29	24	50	1	-
HEALTH EDUCATION	24	15	26	-	-
NUTRITION	20	8	20	1	-
PRE & POSTNATAL CARE	24	12	18	-	-
MEDICINE	25	17	25	1	-
POSTERS/PAMPHLETS	8	1	10	-	-

A : Once A Month
 B : Once Every Three Months
 C : Once A Year
 D : Does Not Come
 E : Others

DISTRICT : DHANUSHA

TALK ABOUT	FREQUENCY OF VISIT OF HEALTH WORKER				
	A	B	C	D	E
F.P.	661	129	134	2	-
HEALTH OF CHILDREN	414	44	23	1	-
ARI	218	21	9	1	-
WORMS	308	59	40	-	-
BREASTFEEDING	268	18	13	1	-
BIRTH SPACING	281	34	31	1	-
DIARRHOEA/ORT	381	64	47	1	-
IMMUNIZATION	366	47	27	1	-
HEALTH EDUCATION	242	13	9	-	-
NUTRITION	255	13	9	1	-
PRE & POSTNATAL CARE	278	17	17	-	-
MEDICINE	337	37	18	1	-
POSTERS/PAMPHLETS	106	26	7	-	-

Table 37 : Distribution of Respondents by Knowledge of Diarrhoea by 5 Year Age Group

DISTRICT : KAVREPALANCHOK
KNOWLEDGE OF DIARRHOEA

AGE	YES	NO
~14	2	-
15 ~ 19	105	16
20 ~ 24	252	18
25 ~ 29	277	12
30 ~ 34	220	12
35 ~ 39	188	5
40 ~ 44	167	6
45 ~ 49	80	7
50+	3	-
NOT STATED	2	1
TOTAL	1,296	77

DISTRICT : DHANUSA
KNOWLEDGE OF DIARRHOEA

AGE	YES	NO
~14	-	1
15 ~ 19	91	34
20 ~ 24	235	43
25 ~ 29	255	45
30 ~ 34	235	39
35 ~ 39	171	22
40 ~ 44	114	22
45 ~ 49	78	16
50+	-	-
NOT STATED	1	1
TOTAL	1,180	223

Table 38 : Distribution of Respondents by Their Knowledge About Causes of Diarrhoea by 5 Year Age Group

DISTRICT : KAVREPALANCHOK

AGE	THE REASON									
	A	B	C	D	E	F	G	H	I	J
~14	1	-	1	-	-	-	-	-	-	-
15 ~ 19	36	5	9	-	10	4	4	1	34	-
20 ~ 24	92	21	19	6	20	14	12	1	57	-
25 ~ 29	101	16	25	4	20	14	19	2	72	1
30 ~ 34	70	17	15	3	18	12	9	3	63	2
35 ~ 39	60	12	19	2	15	15	11	1	52	-
40 ~ 44	43	14	17	2	16	8	15	1	41	1
45 ~ 49	22	5	5	2	7	2	6	1	29	-
50+	1	1	-	-	1	-	-	-	-	-
NOT STATED	1	-	-	-	-	-	-	-	1	-
TOTAL	427	91	110	19	107	69	76	10	349	4

A : Inapplicable
 B : Indigestible Food Eaten/Over Eating
 C : Superstition
 D : Stomach Disorder
 E : Stale Food
 F : Dirty Food
 G : Food With Flies
 H : Stagnant Water
 I : Don't Know
 J : Not Stated

DISTRICT : DHANUSA

AGE	THE REASON									
	A	B	C	D	E	F	G	H	I	J
~14	-	-	-	-	-	-	-	-	-	-
15 ~ 19	64	6	1	-	7	2	-	-	8	-
20 ~ 24	142	18	11	-	11	5	-	-	42	-
25 ~ 29	174	14	8	-	15	2	-	1	37	-
30 ~ 34	127	21	15	1	20	3	1	-	42	-
35 ~ 39	97	14	7	3	11	5	-	-	31	-
40 ~ 44	72	5	6	1	7	3	-	-	18	-
45 ~ 49	48	9	4	1	5	-	-	1	8	-
50+	-	-	-	-	-	-	-	-	-	-
NOT STATED	1	-	-	-	-	-	-	-	-	-
TOTAL	725	87	52	6	76	20	1	2	186	-

Table 39 : Distribution of Respondents by Their Attitude Towards Types of Treatment of Diarrhoea

DISTRICT : KAVREPALANCHOK

AGE	TREATMENTS								
	A	B	C	D	E	F	G	H	I
<14	-	-	-	2	-	-	-	-	-
15 ~ 19	5	11	5	20	6	30	12	13	3
20 ~ 24	12	40	16	62	16	63	22	16	5
25 ~ 29	9	49	18	70	26	68	30	5	1
30 ~ 34	6	33	6	46	19	76	28	5	1
35 ~ 39	12	15	3	60	14	46	29	6	3
40 ~ 44	5	16	5	42	7	58	26	7	1
45 ~ 49	4	6	1	23	6	27	12	-	1
50+	-	-	-	2	-	1	-	-	-
NOT STATED	-	-	-	-	-	1	1	-	-
TOTAL	53	170	54	327	94	370	160	52	15

A : No Treatment
 B : Rehydration With Jeevan Jal
 C : Rehydration (With Salt Sugar Water) Solution
 D : Medicine (Modern)
 E : Medicine (Ayurvedic)
 F : Other Traditional Treatment
 G : Other Treatment
 H : Don't Know
 I : Not Stated

DISTRICT : DHANUSA

AGE	TREATMENTS								
	A	B	C	D	E	F	G	H	I
<14	-	-	-	-	-	-	-	-	-
15 ~ 19	3	15	1	32	6	3	13	15	3
20 ~ 24	13	46	3	99	16	9	27	17	4
25 ~ 29	14	44	3	117	16	8	37	13	3
30 ~ 34	10	47	5	100	19	6	30	14	4
35 ~ 39	7	37	1	72	10	3	25	12	4
40 ~ 44	2	18	3	56	6	6	20	2	1
45 ~ 49	3	9	-	43	3	2	11	6	1
50+	-	-	-	-	-	-	-	-	-
NOT STATED	-	-	-	-	-	-	1	-	-
TOTAL	52	216	16	519	76	37	164	79	20

Table 40 : Distribution of Respondents by Their Knowledge of "Jeevan Jal"

PANCHAYAT CODE	HEARD OF "JEEVAN JAL"			
	YES	NO	NOT STATED	
1 ~ 3	232	154	22	
4 ~ 5	193	66	23	1 - 3 : Bhumlutar
6 ~ 8	356	73	48	4 - 5 : Dapcha
9 ~ 10	195	104	5	6 - 8 : Khopasi
SUB-TOTAL	976	397	98	9 - 10 : Nala
				11 - 13 : Godar
11 ~ 13	229	151	10	14 - 15 : Godhaghas
14 ~ 15	228	76	5	16 - 18 : Sabaila
16 ~ 18	240	214	17	19 - 20 : Tarapatti
19 ~ 20	190	89	20	
SUB-TOTAL	887	530	52	
TOTAL	1,863	927	150	

Table 41: Distribution of Respondents (Who Knew About "Jeevan Jal") by Source of Information about "Jeevan Jal" and Age (5 Year Age Group)

DISTRICT : KAVREPALANCHOK

SOURCE OF INFORMATION (JEEVAN JAL)

AGE	HEALTH WORKER	SPOUSE	FAMILY MEMBER	FRIENDS	RADIO	NEWS-PAPER	MOTHERS' CLUB	OTHERS
~14	-	-	1	-	-	-	-	1
15 ~ 19	2	2	2	2	66	-	-	8
20 ~ 24	7	2	9	5	163	-	-	25
25 ~ 29	23	8	3	3	142	1	2	31
30 ~ 34	12	7	4	2	104	-	-	38
35 ~ 39	8	5	4	3	78	-	-	29
40 ~ 44	8	-	3	2	86	-	-	15
45 ~ 49	2	1	5	4	34	-	-	9
50+	-	-	-	-	1	-	-	-
NOT STATED	-	-	-	-	1	-	-	1
TOTAL	62	25	31	21	675	1	2	157

DISTRICT : DHANUSA

SOURCE OF INFORMATION (JEEVAN JAL)

AGE	HEALTH WORKER	SPOUSE	FAMILY MEMBER	FRIENDS	RADIO	NEWS-PAPER	MOTHERS' CLUB	OTHERS
~14	-	-	-	-	-	-	-	-
15 ~ 19	24	1	3	2	22	-	1	12
20 ~ 24	72	4	19	2	32	-	1	42
25 ~ 29	59	1	21	7	43	2	2	47
30 ~ 34	75	4	16	10	30	-	4	47
35 ~ 39	54	-	12	2	23	-	3	35
40 ~ 44	31	-	6	9	13	1	3	24
45 ~ 49	19	-	9	4	3	1	-	17
50+	-	-	-	-	-	-	-	-
NOT STATED	-	-	-	-	-	-	-	1
TOTAL	334	10	86	36	166	4	14	225

Table 42: Distribution of Respondents (Who Knew About "Jeevan Jal") by Whether Or Not They Have Right Knowledge of Preparing It

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
CORRECT WAY	156	136
WRONG WAY	245	384
DON'T KNOW	581	366
NOT STATED	95	51

Table 43: Distribution of Respondents (Who Knew About "Jeevan Jal") by Their Knowledge About Amount to Be Given to Diarrhoea Patients

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
CORRECT WAY	98	123
WRONG WAY	302	446
DON'T KNOW	585	319
NOT STATED	95	54

Table 44 : Distribution of Respondents (Who Knew About Medicine Water) by Their Source of Information about Medicine Water and Age (5 Year Age Group)

DISTRICT : KAVREPALANCHOK

AGE	SOURCE OF INFORMATION (SALT, SUGAR, WATER SOLUTION)										TOTAL (1-8)
	INAPPLI- CABLE (0)	NOT STATED (9)	HEALTH WORKER (1)	SPOUSE (2)	FAMILY MEMBER (3)	FRIENDS (4)	RADIO (5)	NEWS- PAPER (6)	MOTHERS' CLUB (7)	OTHERS (8)	
~14	1	1	-	-	1	-	-	-	-	-	1
15 ~ 19	31	4	1	2	1	3	89	-	-	1	97
20 ~ 24	44	4	2	1	1	1	210	-	-	9	224
25 ~ 29	58	1	2	1	4	1	199	-	2	21	230
30 ~ 34	46	1	6	1	3	1	163	-	-	12	186
35 ~ 39	50	2	3	-	3	2	123	-	-	11	142
40 ~ 44	39	4	-	-	1	2	125	-	-	8	136
45 ~ 49	23	-	1	1	4	-	53	-	-	5	64
50+	1	-	-	-	-	-	2	-	-	-	2
NOT STATED	2	83	-	-	-	-	1	-	-	-	1
TOTAL	295	100	15	6	18	10	965	-	2	67	1,083

DISTRICT : DHANUSA

AGE	SOURCE OF INFORMATION (SALT, SUGAR, WATER SOLUTION)										TOTAL (1-8)
	INAPPLI- CABLE (0)	NOT STATED (9)	HEALTH WORKER (1)	SPOUSE (2)	FAMILY MEMBER (3)	FRIENDS (4)	RADIO (5)	NEWS- PAPER (6)	MOTHERS' CLUB (7)	OTHERS (8)	
~14	1	-	-	-	-	-	-	-	-	-	-
15 ~ 19	82	10	10	-	5	2	20	-	-	8	45
20 ~ 24	181	-	34	2	12	1	34	-	1	16	100
25 ~ 29	201	1	41	-	6	3	34	1	2	16	103
30 ~ 34	168	2	35	2	11	7	36	-	1	18	110
35 ~ 39	116	1	24	1	4	2	27	-	2	19	79
40 ~ 44	86	9	18	2	2	2	15	1	1	11	52
45 ~ 49	62	1	12	1	3	2	10	-	-	5	33
50+	-	-	-	-	-	-	-	-	-	-	-
NOT STATED	2	33	-	-	-	-	-	-	-	-	-
TOTAL	899	57	174	8	43	19	176	2	7	93	522

Table 45: Distribution of Respondents (Who Knew About Medicine Water) by Whether or Not They Have Right Knowledge of Preparing It

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
CORRECT WAY	195	109
WRONG WAY	347	175
DON'T KNOW	538	229
NOT STATED	101	67

Table 46: Distribution of Respondents by Their Attitude Towards Giving Fluid to Diarrhoea Patient As Usual

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	1185	927
NO	193	417
DON'T KNOW	2	64
NOT STATED	94	57

Table 47: Distribution of Respondents (Who Said That Fluids Should Not Be Given To Diarrhoea Patients) by Reason for Not Giving Fluids

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
WORSEN DIARRHOEA	146	372
CUSTOMARY	3	3
UNADVISABLE TO GIVE	1	4
DON'T KNOW	6	23
NOT STATED	129	98

Table 48: Distribution of Respondents by Their Attitude Towards Breastfeeding to Diarrhoea Patients

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
ADVISABLE TO BREASTFEED		
YES	1344	1324
NO	30	29
DON'T KNOW	2	51
NOT STATED	96	57

Table 49: Distribution of Respondents by Knowledge Of Immunization

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	1110	1210
NO	267	206
DON'T KNOW	1	2
NOT STATED	97	52

Table 50: Distribution of Respondents by Knowledge of Preventable Disease Through Immunization

DISTRICT: KAVREPALANCHOK

	YES	NO	DON'T KNOW	NOT STATED
TETANUS	110	871	125	96
POLIO	113	870	124	95
DIPHTHERIA	112	871	124	95
WHOOPING COUGH	277	707	124	95
MEASLES	499	485	124	95
TUBERCULOSIS	186	797	124	96
OTHERS	142	527	432	98

DISTRICT: DHANUSA

	YES	NO	DON'T KNOW	NOT STATED
TETANUS	592	473	135	65
POLIO	133	933	127	64
DIPHTHERIA	68	999	127	64
WHOOPING COUGH	142	923	127	64
MEASLES	188	878	127	64
TUBERCULOSIS	121	945	127	64
OTHERS	3	682	512	67

Table 51 : Distribution of Respondents by Source of Information About Immunization

PANCHAYAT CODE	SOURCE OF INFORMATION (IMMUNIZATION)									TOTAL (1-9)	
	INAPPLI- CABLE (0)	HEALTH WORKER (1)	SPOUSE (2)	FAMILY MEMBER (3)	FRIENDS (4)	RADIO (5)	NEWS- PAPER (6)	MOTHERS' CLUB (7)	IMMUNI. CAMP (8)		OTHERS (9)
1 ~ 3	114	38	4	4	2	10	-	1	154	81	294
4 ~ 5	51	24	8	4	2	18	-	-	117	59	232
6 ~ 8	68	24	14	7	5	32	-	1	222	107	412
9 ~ 10	42	16	10	3	6	24	-	-	151	53	263
SUB-TOTAL	275	102	36	18	15	84	-	2	644	300	1,201
11 ~ 13	69	23	5	7	2	-	-	2	262	24	325
14 ~ 15	84	24	4	3	2	1	-	1	177	68	280
16 ~ 18	94	17	9	3	1	-	1	2	305	40	378
19 ~ 20	50	27	1	-	2	-	-	-	170	73	273
SUB-TOTAL	227	91	19	13	7	1	1	5	914	205	1,256
TOTAL	502	193	55	31	22	85	1	7	1,558	505	2,457

1 - 3 : Bhumlutar
 4 - 5 : Dapcha
 6 - 8 : Khopasi
 9 - 10 : Nala
 11 - 13 : Godar
 14 - 15 : Godhaghas
 16 - 18 : Sabaila
 19 - 20 : Tarapatti

Table 52 : Incidence of Immunization of B. C. G., D. P. T., Polio and Measles

PANCHAYAT CODE	B. C. G.				D. P. T.					POLIO					MEASLES			
	A	B	C	D	E	F	G	H	D	E	F	G	H	D	A	B	C	D
1 ~ 3	3	67	61	30	41	56	20	7	38	66	38	14	4	40	2	61	70	29
4 ~ 5	2	43	48	22	32	41	11	9	22	39	28	14	8	26	6	54	33	22
6 ~ 8	16	84	67	50	40	69	33	21	54	77	45	19	17	59	14	87	65	51
9 ~ 10	19	54	31	6	36	32	18	15	9	51	23	11	15	10	19	44	41	6
SUB-TOTAL	40	248	207	108	149	196	82	52	123	233	134	58	44	135	41	246	209	108
11 ~ 13	3	161	12	21	12	46	40	79	20	15	49	34	78	21	16	121	39	21
14 ~ 15	4	127	13	19	21	20	29	73	20	25	25	28	65	20	10	72	61	20
16 ~ 18	5	152	31	29	22	46	50	69	30	45	45	39	57	31	10	120	55	32
19 ~ 20	5	131	4	28	17	20	30	73	28	22	26	26	65	29	20	79	42	27
SUB-TOTAL	17	571	60	97	72	132	149	234	98	107	145	127	265	101	56	392	197	100
TOTAL	57	819	267	205	221	330	231	346	221	340	279	185	309	236	97	638	406	208

1 - 3 : Bhumlutar
 4 - 5 : Dapcha
 6 - 8 : Khopasi
 9 - 10 : Nala
 11 - 13 : Godar
 14 - 15 : Godhaghas
 16 - 18 : Sabaila
 19 - 20 : Tarapatti

A : Inapplicable
 B : Yes
 C : No
 D : Not Stated
 E : Never Done
 F : Once
 G : Twice
 H : Three Times

Table 53 : Distribution of Children Immunized by Place of Taking Immunization

PANCHAYAT CODE	THE PLACE FOR IMMUNIZATION						NOT STATED	
	INAPPLI- CABLE	HOSPITAL	HEALTH POST	IMMUNI- CAMP	IP CLINIC	OTHERS		
1 ~ 3	245	13	16	102	-	-	31	1 - 3 : Bhumlutar
4 ~ 5	172	4	21	58	-	1	23	4 - 5 : Dapcha
6 ~ 8	271	8	8	138	1	1	53	6 - 8 : Khopasi
9 ~ 10	199	10	10	75	-	3	8	9 - 10 : Nala
SUB-TOTAL	687	35	55	373	1	5	115	
11 ~ 13	198	11	7	161	-	1	15	11 - 13 : Godar
14 ~ 15	150	25	4	123	-	1	11	14 - 15 : Godhaghas
16 ~ 18	260	5	3	180	-	2	22	16 - 18 : Sabaila
19 ~ 20	129	14	3	133	-	-	24	19 - 20 : Tarapatti
SUB-TOTAL	737	55	17	597	-	4	72	
TOTAL	1,624	90	72	970	1	9	187	

Table 54 : Distribution of Respondents (Who Had at Least A Child Under 5 and Have Not Immunized Their Child/ren) by Reasons for Not Immunizing the Children (Multiple Answer)

PANCHAYAT CODE	THE REASON FOR NOT IMMUNIZATION						TOTAL	
	A	B	C	D	E	F		
1 ~ 3	44	2	5	3	7	3	64	1 - 3 : Bhumlutar
4 ~ 5	28	1	2	2	3	2	38	4 - 5 : Dapcha
6 ~ 8	52	4	2	6	7	3	74	6 - 8 : Khopasi
9 ~ 10	50	-	5	1	1	2	59	9 - 10 : Nala
SUB-TOTAL	174	7	14	12	18	10	235	
11 ~ 13	14	-	-	1	6	1	22	11 - 13 : Godar
14 ~ 15	9	2	3	2	7	-	23	14 - 15 : Godhaghas
16 ~ 18	18	1	4	3	8	3	37	16 - 18 : Sabaila
19 ~ 20	6	1	3	2	8	3	23	19 - 20 : Tarapatti
SUB-TOTAL	47	4	10	8	29	7	105	
TOTAL	221	11	24	20	47	17	340	

A : Service Not Available
 B : Cost
 C : Not Accessible
 D : Don't Know The Source
 E : Service Not Needed
 F : Don't Know Its Need

Table 55 : Duration of Breastfeeding of Respondents by Months and Age of Respondents
(5 Year Age Group)

DISTRICT : KAVREPALANCHOK										
MONTHS	A G E									TOTAL
	-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	
1	-	-	4	3	-	2	-	-	-	9
2	-	-	1	2	1	-	-	1	-	5
3	-	-	-	1	-	-	-	1	-	2
4	-	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-	-
6	-	-	-	1	1	-	-	-	-	2
7	-	-	-	1	-	-	1	-	-	2
8	-	-	2	-	-	-	-	-	-	2
9	-	-	-	3	1	-	-	1	-	5
10	-	-	-	-	-	-	-	-	-	-
11	-	-	1	1	-	-	-	-	-	2
12	-	-	3	4	2	2	3	2	-	16
13	-	-	2	-	-	-	-	-	-	2
14	-	-	-	-	-	-	-	-	-	-
15	-	-	-	1	-	-	-	-	-	1
16	-	-	-	-	1	-	-	-	-	1
17	-	-	-	-	-	-	1	-	-	1
18	-	-	1	2	4	4	6	2	-	19
19	-	-	-	-	-	-	-	-	-	-
20	-	-	-	1	-	1	1	-	-	3
21	-	-	-	-	-	-	-	-	-	-
22	-	-	-	-	-	-	-	-	-	-
23	-	-	-	-	-	-	-	-	-	-
24	-	2	9	20	16	20	17	8	-	92
25	-	-	-	-	1	-	-	-	-	1
26	-	-	1	1	1	1	1	-	-	5
27	-	-	-	-	-	-	-	-	-	-
28	-	-	-	1	-	1	-	-	-	2
29	-	-	-	-	-	-	-	-	-	-
30	-	-	2	3	1	5	1	-	-	12
31	-	-	-	-	-	-	-	-	-	-
32	-	-	-	-	1	-	-	-	-	1
33	-	-	-	-	-	-	-	-	-	-
34	-	-	-	1	-	1	-	-	-	2
35	-	-	-	-	-	-	-	-	-	-
36	-	1	3	21	24	26	21	29	1	126
88	1	38	170	191	149	98	64	12	1	726
TOTAL	1	41	199	258	203	161	116	56	2	1,039

DISTRICT : DHANUSA										
MONTHS	A G E									TOTAL
	-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	
1	-	1	1	3	-	1	-	-	-	6
2	-	-	1	1	-	1	2	-	-	5
3	-	1	1	-	-	-	1	1	-	4
4	-	-	-	-	-	-	-	-	-	-
5	-	-	1	-	-	-	-	-	-	1
6	-	-	-	-	2	-	1	-	-	3
7	-	-	-	-	-	-	-	-	-	-
8	-	-	-	-	-	1	-	-	-	1
9	-	-	1	-	-	1	-	1	-	3
10	-	-	1	-	-	1	-	-	-	2
11	-	-	1	1	-	-	1	-	-	3
12	-	-	1	1	5	2	1	1	-	11
13	-	-	-	-	1	-	-	-	-	1
14	-	-	-	-	-	-	-	-	-	-
15	-	-	1	-	-	-	1	-	-	2
16	-	-	-	-	-	-	-	-	-	-
17	-	-	-	1	-	-	-	-	-	1
18	-	1	2	5	4	4	3	1	-	20
19	-	-	-	-	-	-	-	-	-	-
20	-	-	2	-	-	-	-	-	-	2
21	-	-	-	-	-	-	-	-	-	-
22	-	-	-	-	1	-	-	-	-	1
23	-	-	-	1	-	-	-	-	-	1
24	-	-	10	10	15	10	11	5	-	61
25	-	-	-	-	-	1	1	-	-	2
26	-	-	-	1	-	-	-	-	-	1
27	-	-	-	-	-	-	-	-	-	-
28	-	-	-	-	-	-	-	3	-	3
29	-	-	-	1	-	-	1	1	-	3
30	-	-	2	4	3	5	1	3	-	18
31	-	-	-	-	-	-	-	-	-	-
32	-	-	-	1	-	-	-	-	-	1
33	-	-	-	-	-	-	-	-	-	-
34	-	-	-	1	-	-	-	-	-	1
35	-	-	-	-	-	-	-	-	-	-
36	-	-	2	15	26	35	26	19	-	123
88	-	41	163	195	171	86	39	19	-	715
TOTAL	-	44	190	241	228	148	89	54	-	995

Table 56 : Distribution of Respondents by Practice of Breastfeeding to the Last Child

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	1186	1191
NO	13	22
NOT STATED	96	54

Table 57 : Distribution of Respondents by Reasons for Discontinuing Breastfeeding

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
CHILD GREW UP	204	207
MOTHER'S MILK DRIED OUT	54	56
MOTHER'S POOR HEALTH	29	13
MOTHER'S CONCERN FOR BEAUTY	-	1
CHILD DIED	40	49
WORKING MOTHER	4	3
DUE TO NEXT PREGNANCY	53	49
DON'T KNOW	66	80
NOT STATED	106	57

Table 58 : Distribution of Respondents by Reasons for Not Breastfeeding the Last Child

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
CHILD DIED	18	9
MOTHER'S HEALTH	13	4
NO MILK	-	2
DON'T KNOW	-	1
NOT STATED	100	64

Table 59: Distribution of Respondents by Their Attitudes Towards Feeding the First Milk

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	846	434
NO	335	778
DON'T KNOW	-	4
NOT STATED	98	54

Table 60: Distribution of Respondents by Practice of Feeding the Colostrum

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	833	421
NO	19	24
DON'T KNOW	3	7
NOT STATED	110	95

Table 61: Distribution of Respondents by Reasons for the Colostrum

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
NOT GOOD FOR HEALTH	165	259
NOT CUSTOMARY	26	25
NOT GOOD APPEAL	31	305
DIFFICULT TO DIGEST	20	32
UNADVISABLE TO FEED	37	14
DON'T KNOW	12	48
NOT STATED	160	117

Table 62: Distribution of Respondents by Performance of Rice-feeding Ceremony

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	1198	89
NO	173	1327
DON'T KNOW	2	-
NOT STATED	99	54

Table 63: Distribution of Respondents by Incidence of Giving Supplementary Food Before the Ceremony

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	829	27
NO	351	55
DON'T KNOW	1	1
NOT STATED	117	59

Table 64: Distribution of Respondents by Types of Solid Foods Given to Children

PANCHAYAT CODE	SOLID FOODS										
	SARBOITAM PITHO	KHIR	EGGS	DRIED BEANS	FRUITS	RICE WITH MILK	DAL & RICE	GREEN VEGETABLE	KHICHADI JAULO, KHOLE	MEATS & FISH	
1 ~ 3	29	1	14	24	11	287	309	81	79	22	1 - 3 : Bhumlutar
4 ~ 5	6	4	2	20	4	194	213	102	54	3	4 - 5 : Dapcha
6 ~ 8	28	3	12	19	13	312	336	132	86	18	6 - 8 : Khopasi
9 ~ 10	7	6	7	15	3	259	249	70	31	11	9 - 10 : Nala
SUB-TOTAL	70	14	35	78	31	1,052	1,107	385	250	54	
11 ~ 13	50	19	22	38	40	198	365	70	155	53	11 - 13 : Godar
14 ~ 15	-	1	-	1	2	101	299	53	46	1	14 - 15 : Godhaghas
16 ~ 18	24	58	11	15	26	236	442	76	109	45	16 - 18 : Sabaila
19 ~ 20	5	5	-	1	7	135	264	38	78	7	19 - 20 : Tarapatti
SUB-TOTAL	79	83	33	53	75	730	1,370	237	388	106	
TOTAL	149	97	68	131	106	1,782	2,477	622	638	160	

Table 65 : Distribution of Respondents by Their Attitude Towards Breastfeeding after the Child Has Started Taking Solid Food

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	1320	1247
NO	32	31
DON'T KNOW	20	72
NOT STATED	98	56

Table 66 : Distribution of Respondents by Their Attitude Towards Giving Additional Food to Pregnant Women and by Type of Food

PANCHAYAT CODE	SUPPLEMENTARY FOOD FOR PREGNANT WOMAN							
	PROTIN	FRUITS	GREEN VEGETABLES	BEENS	EGGS	MILK	GIEE	OTHERS
1 ~ 3	66	28	11	14	7	37	40	62
4 ~ 5	33	21	6	10	6	23	11	45
6 ~ 8	87	40	26	29	26	45	27	80
9 ~ 10	41	25	10	8	5	26	12	41
SUB-TOTAL	227	114	53	61	44	131	90	228
11 ~ 13	43	16	25	-	5	30	8	12
14 ~ 15	19	22	5	1	6	47	2	48
16 ~ 18	31	19	10	4	1	56	6	50
19 ~ 20	22	15	5	5	2	50	2	43
SUB-TOTAL	115	72	45	10	14	183	18	153
TOTAL	342	186	98	71	58	314	108	381

1 - 3 : Bhumlutar
 4 - 5 : Dapcha
 6 - 8 : Khopasi
 9 - 10 : Nala
 11 - 13 : Godar
 14 - 15 : Godhaghas
 16 - 18 : Sabaila
 19 - 20 : Tarapatti

Table 67: Distribution of Respondents by Their Attitude Towards Giving Additional Food to Breastfeeding Mother by Type of Food

PANCHAYAT CODE	SUPPLEMENTARY FOOD FOR BREASTFEEDING MOTHER							OTHERS	
	PROTEIN	FRUITS	GREEN VEGETABLES	BEANS	EGGS	MILK	GHEE		
1 ~ 3	83	16	23	12	8	48	51	34	1 - 3 : Bhumlutar
4 ~ 5	46	14	22	11	7	35	31	82	4 - 5 : Dapcha
6 ~ 8	102	29	29	28	11	55	56	120	6 - 8 : Khopasi
9 ~ 10	76	6	11	9	3	39	37	91	9 - 10 : Nala
SUB-TOTAL	307	65	85	60	29	177	175	377	11 - 13 : Godar
11 ~ 13	21	9	21	1	4	35	3	49	14 - 15 : Godhaghas
14 ~ 15	9	8	4	11	7	106	1	126	16 - 18 : Sabaila
16 ~ 18	15	9	24	7	2	85	2	96	19 - 20 : Tarapatti
19 ~ 20	20	11	7	15	3	89	3	88	
SUB-TOTAL	65	37	56	34	16	315	9	359	
TOTAL	372	102	141	94	45	492	184	736	

Table 68: Distribution of Respondents by Knowledge About "Runche" or "Sukenash"

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
YES	1054	843
NO	326	574
DON'T KNOW	-	1
NOT STATED	97	56

Table 69: Distribution of Respondents by Their Knowledge of Knowing "Runche" or "Sukenash" and by Reasons for Having It

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
PHYSICAL CONTACT WITH PREGNANT MOTHER	358	21
PHYSICAL CONTACT WITH AN INFANT	52	12
OTHER SUPERSTITIOUS REASON	381	316
CHILD IF MALNOURISHED	25	53
DON'T KNOW	5	7
NOT STATED	120	86

Table 70: Distribution of Respondents by Their Knowledge About Treatment of "Runche" or "Sukenash" and by Type of Treatment

	DISTRICT	
	KAVREPALANCHOK	DHANUSA
MORNING BATH	47	13
SPRINKLING COWS' URINE	25	6
SPRINKLING COWS' MILK	11	16
FAITH HEALER/TRADITIONAL TREAT.	724	461
MODERN TREATMENT	65	86
AYURVEDIC TREATMENT	5	23
PROVIDE NOURISHMENT	9	14
DON'T KNOW	13	10
NOT STATED	105	58

Table 71: Distribution of Respondents by Incidence of Eye Problem and Nightblindness to Children

PANCHAYAT CODE	EYE PROBLEM YES	THE KIND OF EYE PROBLEM								NIGHT BLINDNESS			
		0	1	2	3	4	5	6	NOT STATED	0	1	2	3
1 ~ 3	44	335	19	1	-	-	-	24	23	52	1	326	23
4 ~ 5	27	218	17	1	1	-	1	7	38	27	3	215	38
6 ~ 8	29	379	11	-	-	1	1	14	74	49	4	355	72
9 ~ 10	31	266	16	1	-	-	3	12	7	44	1	249	11
SUB-TOTAL	131	1,198	63	3	1	1	5	57	148	172	9	1,145	150
11 ~ 13	7	339	1	1	-	1	-	4	48	50	5	284	55
14 ~ 15	27	273	12	1	-	-	-	14	13	47	16	237	14
16 ~ 18	31	399	15	3	3	-	-	10	42	85	12	333	42
19 ~ 20	32	244	10	1	-	-	1	20	27	45	22	210	26
SUB-TOTAL	97	1,255	38	6	3	1	1	48	130	227	55	1,064	137
TOTAL	228	2,453	101	9	4	2	6	105	278	399	64	2,209	287

1 - 3 : Bhumlta, 4 - 5 : Dapcha, 6 - 8 : Khopasi, 9 - 10 : Nala, 11 - 13 : Godar, 14 - 15 : Godhaghas, 16 - 18 : Sabaila, 19 - 20 : Tarapatti

Table 72 : Distribution of Nutritional Status of Children

DISTRICT : KAVREPALANCHOK

	NUTRITIONAL STATUS		
	A	B	C
LAST CHILD	110	269	431
LAST BUT ONE CHILD	18	85	163
LAST BUT TWO CHILD	2	7	15
TOTAL	130	361	609

DISTRICT : DHANUSA

	NUTRITIONAL STATUS		
	A	B	C
LAST CHILD	166	275	325
LAST BUT ONE CHILD	13	56	122
LAST BUT TWO CHILD	3	5	5
TOTAL	182	336	452

A : Malnourished
 B : Slightly Undernourished
 C : Well Nourished

Table 73 : Number of Deaths by 5 Year Age Group

AGE	DISTRICT	
	KAVREPALANCHOK	DHANUSA
0	44	43
1~4	12	18
5~9	7	6
10~14	4	4
15~19	2	1
20~24	3	2
25~29	2	-
30~34	1	1
35~39	2	4
40~44	1	3
45~49	3	4
50~54	7	1
55~59	4	1
60~64	9	1
65+	19	27
UNKNOWN	1	1
TOTAL	121	117

Table 74 : Incidence of Diarrhoea, Measles, Worms, Whooping Cough, A. R. I. and Diphtheria among Children under Five

PANCHAYAT CODE	DIARRHOEA		MEASLES		WORMS		WHOOPING COUGH		A. R. I.		DIPHThERIA	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1 ~ 3	174	77	31	217	105	144	98	152	115	135	15	234
4 ~ 5	111	48	28	129	59	99	66	92	61	97	5	152
6 ~ 8	188	75	55	203	98	163	69	192	100	158	11	247
9 ~ 10	147	41	47	140	81	107	54	133	63	124	12	173
SUB-TOTAL	620	241	161	689	343	513	287	569	339	514	43	806
11 ~ 13	141	79	18	197	47	173	26	194	39	180	3	217
14 ~ 15	123	52	22	151	60	92	44	130	135	40	8	157
16 ~ 18	149	113	28	229	56	206	52	208	82	180	4	243
19 ~ 20	114	61	17	156	53	123	39	136	110	65	2	163
SUB-TOTAL	527	305	85	733	236	594	161	668	366	465	17	780
TOTAL	1,147	546	246	1,422	579	1,107	448	1,237	705	979	60	1,586

1-3 : Bhumlutar, 4-5 : Dapcha, 6-8 : Khopasi, 9-10 : Nala, 11-13 : Godar, 14-15 : Godhaghas, 16-18 : Sabaila, 19-20 : Tarapatti

Table 75 : Distribution of Children by Type of Treatment Received for Diarrhoea, Measles, Worms, Whooping Cough, A. R. I. and Diphtheria

DISTRICT : KAVREPALANCHOK

	THE PLACE FOR TREATMENT						
	NOT TREATED AT HOME	H. P. / HOSPITAL	FP CLINIC	DHAMI/ JHANKRI	KAVIRAJ/ VAIDYA	OTHERS	
DIARRHOEA (LAST BUT TWO CHILD)	112	96	158	2	121	39	43
MEASLES (ANY CHILDREN)	72	37	19	-	8	5	7
WORMS (LAST CHILD)	47	35	68	22	17	19	42
WHOOPING COUGH (LAST CHILD)	74	44	78	1	6	18	20
A. R. I. (LAST CHILD)	134	48	63	1	27	16	18
DIPHThERIA (LAST CHILD)	8	7	8	-	3	4	5

DISTRICT : DHANUSA

	THE PLACE FOR TREATMENT						
	NOT TREATED AT HOME	H. P. / HOSPITAL	FP CLINIC	DHAMI/ JHANKRI	KAVIRAJ/ VAIDYA	OTHERS	
DIARRHOEA (LAST BUT TWO CHILD)	72	185	41	8	2	52	127
MEASLES (ANY CHILDREN)	38	30	3	-	-	1	5
WORMS (LAST CHILD)	29	62	16	3	8	22	50
WHOOPING COUGH (LAST CHILD)	34	42	10	-	1	22	34
A. R. I. (LAST CHILD)	96	133	15	2	4	23	63
DIPHThERIA (LAST CHILD)	4	7	1	-	-	-	2

1 HOUSEHOLD INFORMATION

Name of Panchayat: _____ District: _____
 Ward No: _____ Questionnaire No: _____
 Household No: _____ Sample No: _____

Attempt No.	1	2	3	4
Date				
Interviewer				
Result (In code)*				

* Result type	Code
Interview completed	1
No responsible respondent at house	2
Appointment for later date fixed (Note time & date of appointment)	3
Refuse (also specify reason if possible)	4
Other (specify)	5

HOUSEHOLD SCHEDULE:

NAMES OF USUAL RESIDENTS AND VISITORS	RELATIONSHIP	RESIDENCE	SEX	AGE IN COMPLETED YEARS	MARITAL STATUS (USE ONLY TO THOSE AGED 10 YEARS AND ABOVE)	ELIGIBILITY		
PLEASE GIVE ME THE NAME OF THE PERSON WHO USUALLY LIVE IN YOUR HOUSEHOLD ?	WHAT IS THE RELATIONSHIP OF THIS PERSON TO THE HEAD OF THE HOUSEHOLD ?	DOES THIS PERSON USUALLY LIVE HERE (YES/NO) (3)	DID THIS PERSON SLEEP HERE LAST NIGHT? (YES/NO) (4)	IS THIS PERSON MALE OR FEMALE? (MALE FEMALE) (5)	HOW OLD IS THIS PERSON ?	IS THIS PERSON MARRIED ? (YES/ NO) (7)	IS THIS PERSON MARRIED ? UNMARRIED - U MARRIED - M WIDOWED - W DIVORCED - D SEPERATED - S (8)	TICK ALL MARRIED WOMEN ELIGIBLE FOR INTERVIEW. (9)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

* IF CONTINUATION SHEET USED, TICK HERE []

2 SOCIO-ECONOMIC STATUS OF THE HOUSEHOLD:

INTERVIEWER: INFORMATION IN THIS SECTION OF THE QUESTIONNAIRE SHOULD BE COLLECTED FROM ANY KNOWLEDGEABLE ADULT MEMBER OF THE HOUSEHOLD WHO CAN PROVIDE THESE INFORMATION.)

2.1 What is the level of education (i.e. highest grade passed) of the head of the household ? _____

2.2 What is the highest level of education ever received by a member of the family ? _____

2.3 What is the occupation of the head of the household (i.e. The activity he or she spent most of his time ? _____

2.4 Do you or your family have own land ?
 Yes :___: No :___:
 † (Skip to Q. 2.5)

2.4.1 How much ? _____
 (specify the unit)

2.5 What is the main source of drinking water ?
 Tube Well :___: Tap :___:
 Spring :___: Lake :___:
 River :___: Well :___:
 Deep Well :___: Other (specify) _____

2.6 Is there a fixed latrine for the exclusive use of this household?
 Yes :___: No :___:

2.7 Has there been any live birth in this house during the past 12 months ? Yes :___: No :___:
 †

2.7.1 How many ? _____

2.8 Has there been any death in this house during the past 12 months?
 Yes :___: No :___:
 †

2.8.1 How many ? _____

INSTRUCTION: If there are any deaths reported please fill in the following table .

Items	Number of deceased :	1	2	3	:
Age at death	:	:	:	:	:
Sex	:	:	:	:	:
Cause of death	:	:	:	:	:

INDIVIDUAL QUESTIONNAIRE

(Only for 15 to 19 aged married women)

Name of Panchayat: _____ District: _____
 Ward No: _____ Respondent's serial No: _____
 Household No: _____ Questionnaire No: _____

Attempt No	1	2	3	4
Date				
Interviewer				
Result (in code)†				

† Result type	Code
Interview completed	1
Respondent not at home	2
Appointment for later date fixed (note time & date of appointment)	3
Refusal (also specify reason if possible)	4
Incomplete interview	5
Other (specify)	6

Form Checked Supervisor present Edited Coded
 Name of _____ at the time of
 Editor: _____ interview / _____
 Date: _____ re-interview By: _____
 Name of Super- Name of Supervisor: Date: _____
 visor: _____ Date: _____
 Date: _____ Date: _____

3 BACKGROUND INFORMATION OF THE RESPONDENT.

3.1 What is your date of birth ? (to write in B.S. Era.)
 _____ Year _____ month, _____ Don't know

3.1.1 How old are you ? _____ (Age in completed years).

3.2 Can you read and write ?
 Yes No

3.2.1 Have you ever attended school ?
 Yes No

3.2.1.1 What was the highest class attended ? _____

3.3 What is your occupation ? _____

3.4 How old is your husband ? _____ (Age in completed years).

3.5 Can he read and write ?
 Yes No

3.5.1 Did he attend school ?
 Yes No

3.5.1.1 What was the highest class attended ? _____

3.6 What is his occupation ? _____

3.7 Which is the nearest Hospital / Health centre / Health post from here ?

Name: _____ Don't know :___;

Distance (in mile) _____

3.8 What do you usually do when someone in this house becomes ill ?

Go for treatment :___; Don't go for treatment :___;

Why ? _____

(skip to Section 4.)

3.9 Where do you take the patient for treatment ?

1. Hospital / Health centre / Health post :___; Skip to 3.10.

2. Doctor / Health Assistant / Nurse :___;

3. Dhani / Jhunkri :___; skip to

4. Kabiraj :___; Section 4.

5. Other (Specify) _____ ;

3.10 Are you satisfied or not from the service you receive from Hospital / Health centre / Health post ?

Yes :___; No :___;

4 FERTILITY HISTORY.

4.1 How old were you when you had your first menstruation ?

_____ Don't know :___;

Completed age. Not yet started :___;

(Stop to take interview).

4.2 In what month and year did you get married ?

_____ year. month. Don't know. :___;

§

4.2.1 How old were you when you got married ?

_____ Completed age.

4.3 Did you start living with your husband immediately after marriage?

Yes :___; No :___;

§

4.3.1 After how many years did you start living together ?

_____ Years. (If they are still not live together, then stop to take interview).

4.4 Have you ever had any live born child ?

Yes :___; No :___;

§

(Skip to Q.No 4.6)

4.4.1 How many of your children were born alive ?

(Total _____, Sons _____, Daughters _____).

4.4.2 How many of these are now alive ?

(Total _____, Sons _____, Daughters _____).

4.5 In the past one year (from 16th Nov. 1985 to 15th Nov. 1986) did you have any live born child ?

Yes No

↓

4.5.1 How many _____

4.5.2 In what month and year were they born ?

1st born, _____ month _____ year.

2nd born, _____ month _____ year.

4.6 Did any of your pregnancy result in non-live birth ?

Yes No

↓

4.6.1 Number of miscarriages _____

4.7 Did you have any still birth ?

Yes No

↓

4.7.1 How many ? _____

4.8 Are you pregnant now ?

Yes No Don't know

↓

4.8.1 For how long have you been pregnant ? _____ months.

4.8.2 Where would you go for delivery ? _____

(Skip to Q No. 4.10)

4.9 When did you have your last menstruation ?

(Year _____ month _____)

4.10 Do you want to have (additional) children ?

Yes No Don't know

↓

4.10.1 How many (additional) children do you want to have?

(Total _____, Sons _____, Daughters _____)

Don't know

4.11 In your opinion what would be an ideal number of children for a couple ?

(Total _____, Sons _____, Daughters _____)

4.12 In your opinion what will be correct spacing between two children ?

5 ANTE-NATAL AND POST-NATAL CARE:

[FILTER: If 'No' in Q. 4.4; 'No' in Q. 4.6; 'No' in 4.7; and 'No' or 'Don't know' in 4.8; then tick in "Never pregnant" box otherwise tick in "ever pregnant" box.]

Ever pregnant Never pregnant
(Skip to next section)

5.1 Did you go for medical check-up due to pregnancy ?

Yes No

(Skip to Q.No 5.1)

5.1.1 Where did you go for check-up ?

Hospital,
Health Post, (ask Q.No 5.1.2)
T.B.A. (ask Q.No 5.2)
Other (specify) _____

5.1.2 What for ?

Routine,
Complication,
Both,

5.1.3 What kind of check-up did you have ?

Weight,
Blood pressure,
Urine test,
Palpation,
Other (specify) _____

5.2 Who advised you to have check-up ?

Health Worker Family Member
Friend Other (specify) _____

5.3 Is the check-up satisfactory ?

Yes No

5.4 Did you take Tetanus Toxoid immunization ?

Yes No

[FILTER: If 'No' in Q. 4.4; and Q. 4.7; then tick in "No delivery" otherwise tick in "at least one delivery" box.]

At least one delivery No delivery
(Skip to section 6)

5.5 Where did you go for last delivery ? _____

[FILTER: If they give answer at 'hospital' in Q.5.5, ask Q.5.7]

5.6 Did anybody assist you in the last delivery ?

Yes No

(skip to Q. ___)

5.6.1 Who assisted you ?

Doctor/ Nurse
T.B.A.
Other (specify) _____

5.7 Did you go to hospital / Health centre / Health post for check-up after delivery ?

Yes : ____ No : ____

5.7.1 Were you satisfied with it ?

Yes : ____ No : ____

6 FAMILY PLANNING

1. Have you heard of Family Planning ?

Yes : ____ No : ____

TABLE NO 1

Q 6.2, Have you heard of _____ (read out all the methods one by one serially).
 Q6.3, Have you or your spouse ever used the method (read out all the methods that are marked by "Yes" only in Q6.2).
 Q6.4, Are you or your spouse currently using any FP method, if "Yes" circle in the appropriate method. (If 'No' tick () the appropriate box.)

METHOD	Q 6.2	Q 6.3	Q 6.4
01 Pill	Yes No	Yes No	Yes
02 Condom	Yes No	Yes No	Yes
03 Loop	Yes No	Yes No	Yes
04 Injectable	Yes No	Yes No	Yes
05 Vasectomy	Yes No	Yes No	Yes
06 Female sterilization	Yes No	Yes No	Yes
07 Traditional			
08 Other (specify)	Yes No	Yes No	Yes
09 Other (specify)			
			Currently using
			no method. ____

FILTER: If they are still using any FP methods then don't have to ask Q.No. 6.5 and 6.6.

[FILTER: Ask the following questions to those who have knowledge of Family Planning Methods, but have never used F.P. methods]

6.5 What is the reason for not using any F.P. methods till now ?

- 6.5.1 Desire for more children. :__:
- 6.5.2 Want to have son. :__:
- 6.5.3 Want to have daughter. :__:
- 6.5.4 Due to health reason. :__:
- 6.5.5 Due to religion. :__:
- 6.5.6 Husband does not like. :__:
- 6.5.7 husband away. :__:
- 6.5.8 Too old. :__:
- 6.5.9 Due to infecundity. :__:
- 6.5.10 Unavailability of F.P. methods. :__:
- 6.5.11 Others (specify) _____

6.6 Do you expect to use any F.P. methods in future ?

Yes :__: No :__:

6.6.1 what method do you want to use ?

- Pill, :__: Depoprovera, :__:
- Condom, :__: Male Sterilization, :__:
- IUD, :__: Female Sterilization, :__:
- Other (specify) _____

6.7 How often does the health worker visit you ?

Once a month :__: Once three months :__:
Once a year :__: Never visited :__:

(Skip to next Section).

6.8 Does he talk about F.P. methods ?

Yes :__: No :__:

6.9 Does he talk about child care ?

Yes :__: No :__:

6.10 Does he talk about ARI ?

Yes :__: No :__:

6.11 Does he talk about Deworming ?

Yes :__: No :__:

6.12 Does he talk about breastfeeding ?

Yes :__: No :__:

6.13 Does he talk about child spacing ?

Yes :__: No :__:

6.14 Does he talk about O.R.T. ?

Yes :__: No :__:

6.15 Does he talk about immunization ?

Yes :__: No :__:

6.16 Does he talk about health education ?

Yes :__: No :__:

6.17 Does he talk about Nutrition ?

Yes :__: No :__:

6.10 Does he talk about Ante-natal and Post-natal care of the mother?

Yes No

6.19 Does he distribute the medicine?

Yes No

6.20 Does he show the pictures when he talk about above subjects?

Yes No

I Q.R.T.

7.1 Do you know what diarrhoea is?

Yes No

(Skip to Q No 7.4)

7.1.1 What is diarrhoea?

7.2 Do you know what can cause diarrhoea?

Yes No

†

7.2.1 What are these?

7.3 What treatment would you give when your child suffers from diarrhoea?

7.4 Have you ever heard of "Jeevan Jul"?

Yes No

†

(Ask Q.No 7.5)

7.4.1 How did you come to know about it?

7.4.2 How do you prepare it?

7.4.3 In what quantity will you provide the solution to the sick?

7.5 Have you ever heard of medicine water (sugar salt solution) ?

Yes : ___; No : ___;

7.5.1 How did you come to know about it ?

7.5.2 How do you prepare it ?

7.6 Do you provide the child with regular amount of liquid food / water when your child is suffering from diarrhoea ?

Yes : ___; No : ___;

7.6.1 Why ?

7.7 Do you continue breastfeeding if the child suffers from diarrhoea?

Yes : ___; No : ___;

7.7.1 Why ?

B IMMUNIZATION

8.1 Have you ever heard of immunization ?

Yes : ___; No : ___;

(Skip to next Section)

8.2 How did you know about it ?

8.3 What are the disease that can be prevented from immunization ?

Tetanus, ___; Whooping cough, ___;

Polio, ___; Measles, ___;

Diphtheria, ___; T.B. ___;

Other (specify) _____

[INTERVIEWER: If the respondent has the children below 5 year of age, ask following questions, otherwise skip to Section 9.

8.4 Have you immunized your children ?

Yes : ___; No : ___;

(Skip to Q.No 8.5)

8.4.1 What are they and how many times did you immunized ?

[INTERVIEWER: Write the name of childrens orderly from young one.]

Immunization History

Name of child:	D.T.P.	D.P.T.	Polio	Measles
01. _____	___	1.2.3.	1.2.3.	___
02. _____	___	1.2.3.	1.2.3.	___
03. _____	___	1.2.3.	1.2.3.	___

8.4.2 Where did you immunize your children ?

Hospital,

Health post,

Immunization camp,

Other (specify), _____

8.5 Why have not you immunized your child ?

9 BREAST FEEDING

[INTERVIEWER: Tick one of the following boxes by referring Q.No 4.4.

At least one live birth

No live birth

(Continue)

(Skip to next section.)

9.1 Did you breast feed your last child ?

Yes

No

↓ (Skip to question no 9.2.)

9.1.1 For how many month did you breastfeed him/her ?

Months _____

Still continuing

↓

↓

9.1.1.1 Why did you

9.1.1.2 How old is the

discontinue

child ?

breastfeeding ?

(Completed months).

(ask Q. No 9.3)

(ask Q. No 9.3)

9.2 Why did not you breastfeed this child ?

9.3 After delivery is the first milk (Colostrum) usually feed to the child ?

Yes : ___ : No : ___ :

↓

↓

9.3.1 Did you feed the first milk to your child ?

9.3.2 Why ? _____

Yes : ___ : No : ___ :

9.4. What are the advantages of Breastfeeding ?

10 NUTRITION, FOOD AND FEEDING HABIT

10.1 Do you perform a rice feeding ceremony in your family ?

Yes : ___ : No : ___ :

(Skip to Q.No 10.2)

10.1.1 At what age do you usually perform this ceremony ?

1) Boy _____ months, 2) Girl _____ months.

10.1.2 Do you provide any supplementary food (Naram khann) before the rice feeding ceremony ?

Yes : ___ : No : ___ :

10.2 After how many months do you usually start giving solid food ?

_____ months.

10.3 What kind of foods do you usually give as supplementary food?

[Tick mark in appropriate box.]

ITEMS		ITEMS	
Sarbottom pitho,	: ___ :	Milk/ Rice,	: ___ :
Rice Pudding,	: ___ :	Dal/ Bhat,	: ___ :
Legues,	: ___ :	Green Vegetable,	: ___ :
Egg,	: ___ :	Khichadi/ Jaulo/	
Fresh Fruit	: ___ :	Khole,	: ___ :
		Meat/ Fish	: ___ :
Other (Specify)	_____		

10.4 Should a mother continue breast-feeding even after the child starts taking solid food ?

Yes :___; No :___; Don't know :___;

10.4.1 How long should the mother continue breastfeeding after giving solid food ?
_____ months.

10.4.2 Why do you think so ?

10.5 Do you supplement the child with other milk ?

Yes :___; No :___;

10.5.1 What kind of milk ?

Cow :___;
Buffalo :___;
Goat :___;
Tin (commercial) :___;
Other :___;

10.6 Are pregnant mothers provided with special food during the pregnancy period ?

Yes :___; No :___; Don't know :___;

10.6.1 What food do you usually provide ?

1. _____
2. _____
3. _____

10.7 What kind of food is usually not given to pregnant mothers ?

a) Name of food:

b) Reason ?

1. _____
2. _____
3. _____

1. _____
2. _____
3. _____

Don't know :___;

10.8 Are lactating mothers provided with extra food ?

Yes :___; No :___; Don't know :___;

10.8.1 What food items ?

1. _____
2. _____
3. _____

10.9 What kind of foods are usually not given to lactating mothers ?

a) Name of food:

b) Reason ?

1. _____
2. _____
3. _____

1. _____
2. _____
3. _____

Don't know :___;

10.10 Have you heard of "Runche" or "Sukenash" ?

Yes : ___; No : ___; Don't Know : ___;

Note:- INTERVIEWERS; show photograph of malnourished child, and ask local name and repeat the earlier question again ?

10.10.1 Do you know why this "Runche" or "Sukenash" happens ?

Yes : ___; No : ___;

10.10.1.1 Why ?

- 1) _____
2) _____

10.10.1.2 Do you know how to prevent "Runche" and "Sukenash" ?

Yes : ___; No : ___;

10.10.1.2.1 Do you know how to treat "Runche" and "Sukenash" ?

Yes : ___; No : ___;

10.11 Do you know how to prepare weaning food ?

Yes : ___; No : ___;

10.11.1 What is the composition of weaning food;

Table with 2 columns: Name of food, Preparation. Rows 1, 2, 3.

[INTERVIEWER: Ask mothers, who have children.]

10.12 Does your child have any eye vision problem ?

Yes : ___; No : ___;

10.12.1 What problem ?

10.13 Do you think your child's vision in the evening or night is normal ?

Yes : ___; No : ___;

10.13.1 How many children have night vision problem ?

10.14 Measure the nutritional status of the each child (6 months - under 5 years) using arm circumference tape. If there are no children in this age group tick the box; No children : ___;

{Skip to next Section}

Age : (1)Red (2)Yellow (3)Green
Name : Year/month; Sex; malnourished; slightly well
undernourished; Nourished

11 MORBIDITY AND CAUSES OF ILLNESS.

Tick () appropriate box:

The woman:-

has children under five years. Does not have children under five years.

(Terminate Interview).

Name (orderly from young one), age,

1. _____
2. _____
3. _____

11.1 During the last 12 months (from 16th Nov. 1985 to 15th Nov. 1986) did any of your children have diarrhoea ?

Yes : ___; No : ___;

↓

11.1.1 How many of them had diarrhoea ? _____

11.1.2 How many times did they have diarrhoea ?

	1st	2nd	3rd
	___	___	___

11.1.3 Where did you go for the treatment ?

No treatment,	___	___	___
At home,	___	___	___
H.P./ Hospital,	___	___	___
NCH Clinic,	___	___	___
Faith healers,	___	___	___
other(specify) _____			

11.2 During the last 12 months (from 16th Nov. 1985 to 15th Nov. 1986) did any of your children have measles ?

Yes : ___; No : ___;

↓

11.2.1 How many of them had measles ? _____

11.2.2 Where did you go for treatment ?

	1st	2nd	3rd
No treatment,	___	___	___
At home,	___	___	___
H.P./ Hospital,	___	___	___
NCH Clinic,	___	___	___
Faith healers,	___	___	___
other(specify) _____			

11.3 During the last 12 months (from 16th Nov. 1985 to 15th Nov. 1986) did any of your children have worms ?

Yes : ___; No : ___;

↓

11.3.1 How many of them had worms ? _____

11.3.2 How many time did they have worms ?

	1st	2nd	3rd
	___	___	___

11.3.3 Where did you go for treatment ?

No treatment,	___	___	___
At home,	___	___	___
H.P./ Hospital,	___	___	___
NCH Clinic,	___	___	___
Faith healers,	___	___	___
other(specify) _____			

11.4 During the last 12 months (from 16th Nov. 1985 to 15th Nov. 1986)

did any of your children have whooping cough ?

Yes No

↓

11.4.1 How many of them had whooping cough ? _____

11.4.2 How many times did they have whooping cough ?

	1st	2nd	3rd
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11.4.3 Where did you go for treatment ?

No treatment,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.P./ Hospital,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MCH Clinic,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith healers,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other(specify) _____			

11.5 During the last 12 months (from 16th Nov. 1985 to 15th Nov. 1986)

did any of your children have ARI (explain) ?

Yes No

↓

11.5.1 How many of them had ARI ? _____

11.5.2 How many times did they have ARI ?

	1st	2nd	3rd
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11.5.3 Where did you go for treatment ?

No treatment,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.P./ Hospital,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MCH Clinic,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith healers,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other(specify) _____			

11.6 During the last 12 months (from 16th Nov. 1985 to 15th Nov. 1986)

did any of your children have diphtheria (explain) ?

Yes NO

↓

11.6.1 How many of them had diphtheria ? _____

11.6.2 How many times did they have diphtheria ?

	1st	2nd	3rd
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11.6.3 Where did you go for treatment ?

No treatment,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.P./ Hospital,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MCH Clinic,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith healers,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other(specify) _____			

11.7 During the last 12 months (from 16th Nov. 1985 to 15th Nov. 1986) did any of your children have any diseases other than mentioned above ?

Yes No

11.7.1 What sort of disease ? _____

11.7.2 How many of them had ? _____

11.7.3 How many times did they have. 1st 2nd 3rd
 ?

11.7.4 Where did you go for treatment ? 1st 2nd 3rd
 No treatment,
 At home,
 H.P./ Hospital,
 MCH clinic,
 Faith healers,
 other(specify) _____

12 HEALTH POST INFORMATION.

Background Information.

Name :- _____
 Designation :- _____
 Total Number of years served in different Post :- _____
 Duration of stay in this Health Post :- _____
 Qualifications :- _____

Information of Health Post/Centre;

1. How many panchayats does this Health post serve for ?
 No. of panchayats: _____
2. What is the farthest Panchayat served by this health post ?
 Panchayat _____ Distance _____ Km.
3. Does This health post have its own building ?
 Yes No
4. On an average, how many patients visit this health post per day ?
 Average No _____

5. What are the most common diseases in this area among children under five ?

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

6. What is the major cause of death of children under five ?

- 1) Diarrhoea :___;
- 2) Measles :___;
- 3) Tetanus :___;
- 4) A R I :___;
- 5) Other (specify) _____

7. In your opinion, is the drug supply adequate at this health post?

- Yes :___;
- No :___;
- Don't know :___;

8. Is there any drug store in this locality ?

- Yes :___;
- No :___;

9. Are there private practitioners in this locality ?

- Yes :___;
- No :___;

10. Is there a health committee in this locality ?

- Yes :___;
- No :___;

10.1 Is this helpful or not ?

- Yes :___;
- No :___;

11. Do you practice outside the health post ?

- Yes :___;
- No :___;

12. How many posts are sanctioned and filled in at this health post/now ?

Post	Number		
	Sanctioned	Filled in	Vacant
1. _____	---	---	---
2. _____	---	---	---
3. _____	---	---	---
4. _____	---	---	---
5. _____	---	---	---
6. _____	---	---	---
7. _____	---	---	---

13. Do you think the existing manpower is enough ?

- Yes :___;
- No :___;

14. Do you have storage facility in your health post ?

- Yes :___;
- No :___;

15. Do you have necessary equipment in your health post ?

- Yes :___;
- No :___;

16. Is there any problem at your health post ?

- Yes :___;
- No :___;

16.1 What are they ?

- 1) _____
- 2) _____
- 3) _____
- 4) _____

अध्या १. घर लगत प्रशासनी

पंचायत:-
वाई नं:-
घर नं:-

जिल्हा:-
प्रशासनी नं:-
समूह संख्या:-

अन्तर्वाता विन घेऊं पटक	१	२	३	४
मिनि				
अन्तर्वाता विनेके नाम				
परिष्ठाप (संकेतमा)				

परिष्ठापको संकेत

परिष्ठाप	संकेत
अन्तर्वाता घुस भएके	१
बयस्क उत्तरदाता घरमा नभएके	२
पछि अन्तर्वाता विनको लागि समय तिरके	३
अन्तर्वाता विन नचाहेको	४
अन्य (बुनाउने)	५

घरमा प्राय जसो बस्ने ठाँवा बागबुझहरूको नाम	नामा (सम्बन्ध)	बसोबास विवती		विन	उमेर	वैवाहिक विधि (१२ वर्ष भन्दा माथि बसलाई मात्र घोस्ने)			अन्तर्वाता गरिनु पर्ने सबै भविष्यकारको लागि टिक लगाउनु होम (✓) (१२-४९ वर्ष विवमा) पर छठी सुतेके	
		विन सके जसो यहाँ नै बस्नु हुन्छ? हुन्छ/ हुँदैन	विन हिजो छठी घरमा सुत्नु भएको विचो? रिपो। विपद			विन पुराना कि भोहा	विनको उमेर कति भयो?	विनको के विवाह भएको छ? (घाँसैन) (१० वर्ष भन्दा पहिलेको लागि नसोजे)		
१	२	३	४	५	६	७	८	९		
०१										०१
०२										०२
०३										०३
०४										०४
०५										०५
०६										०६
०७										०७
०८										०८
०९										०९
१०										१०

घर बासको लागि कठि-पुस्तक डोट प्रयोग गरेको घर घस बाकममा चिको लगाउनु होम

खण्ड २ . परिवारको सामाजिक तथा आर्थिक विवरण

- २.१ घर मुठीले प्रति पढ्नु भएको छ?.....
 २.२ यो घरमा सब भन्दा धेरै पढ्नेले कति क्लास सम्म पढ्नु भएको छ?.....
 २.३ घर मुठीले काम गर्नु हुन्छ? (विभिन्न काम गर्ने भए कुन चाहिँ काम बढी समय गर्नु हुन्छ उल्लेख गर्नुहोस्).....
 २.४ तपाईंहरूको आफ्नै जग्गा छ?

छ

छैन

(२.४ सोध्ने)

२.४.१ जग्गा कति छ?.....

२.५ पिउने पानी कहाँबाट ल्याउनुहुन्छ?

- कुना
 खोला
 कुनै ठाउँ
 पोखरी

- रुमवेस
 कुम्हारा
 इनार
 अन्य.....

२.६ तपाईंको आफ्नै चर्पी छ?

छ

छैन

२.७ एकै १ वर्षमा (०४२ साल मंसिर १ गते देखी ०४३ साल कार्तिक मसान्त सम्म) यस घरमा कुनै बच्चा (जिवीत) जन्मेको थियो?

थियो थिएन
 ↓
 २.७.१ कति जना?.....

२.८ एकै १ वर्षमा (०४२ साल मंसिर १ गते देखी ०४३ साल कार्तिक मसान्त सम्म) यस घरमा कुनै व्यक्ति मरेको थियो?

थियो थिएन
 ↓
 २.८.१ कति जना?.....

नोट:- यदि कतैको मृत्यु भएको भए, तलको तालिका भर्ने:-

विवरण	मृतकको क्रमांक		
	१	२	३
मृतकको उमेर			
मृतकको लिंग			
मृत्युको कारण			

व्यक्तिगत प्रश्नावली
(१५ वर्षीय ४९ वर्ष सम्मको विवाह पदकको महिलाहरूको लागि मात्र)

परिचयात्मक विवरण

बाई नं:-
जिल्ला:-
समूह संख्या:-
उक्त महिलाको क्रमांक:-

घाउँ पन्नासत:-
घर संख्या:-

अन्तर्जाता तिन गएको पटक	१	२	३	४
मिति				
परिणाम				

परिणाम संकेत:-
१. अन्तर्जाता पुग भएको
२. उक्त व्यक्ति घरमा नभएको
३. अन्तर्जाता फिछ दिने

४ अन्तर्जाता दिन नपायेको
५ आधा साँच सकिएको
६ अन्य (खुलाएर लेख्ने)

अन्तर्जाता घरभन्दा बाँच गरेको इन्डिटरको नाम: मिति: मुगरभाइजको नाम: मिति:	पुनः अन्तर्जाता गरेको वा अन्तर्जाता गरेको थुँडा भाँडो उपरभूत भएको नाम:- मिति:-	केन्द्रमा सम्पादन नाम: मिति:-	खेड गरेको नाम: मिति:-
---	---	----------------------------------	--------------------------

खण्ड ३. उत्तरदाताको पुष्टीपत्र

३.१ तपाईंको जन्म कहिले भएको हो? (निकम सम्बतमा लेख्ने)

सान..... महिना..... बाह्र ठेग

३.१.१ तपाईं कति वर्षको हुनु भयो?
(पुछ गरेको वर्ष लेख्ने)

३.२ तपाईं लेख पढ गर्न सक्नु हुन्छ?

सक्छ सक्दैन

३.२.१ तपाईंले कहिल्यै स्कूलमा पढ्नु भएको थियो?

थियो थिएन

३.२.१.१ तपाईंले कति कक्षा पास गर्नु भएको छ?.....

३.३ तपाईं के काम गरि बिचिस बनाउनु हुन्छ?

३.४ तपाईंको श्रीमानको उमेर कति भयो?

३.५ के बाँदा लेख पढ गर्न सक्नु हुन्छ?

सक्नु हुन्छ सक्नु हुन

३.५.१ के बाँदाले स्कूलमा पढ्नु भएको थियो?

थियो थिएन

३.५.१.१ बाँदाले कति कक्षा पास गर्नु भएको छ?.....

३.६ तपाईंको श्रीमान के बरग गर्नु हुन्छ?.....

३.७ यहाँबाट सबभन्दा नजिकको स्वास्थ्य केन्द्र कुन हो र यहाँबाट त्यो कति टाढा पर्दछ?

नाम..... दुरि (माइलमा)..... याहा छैन

३.८ घरमा केही बिपत्ती हुँदा तपाईं प्रायः के गर्नु हुन्छ?

उपचार गर्ने केही पनि गर्न

३.८.१ किन?.....

कारण य मा जाने

३.९ बिपत्तीलाई औपची गठजन कतै सँजानु हुन्छ?

१) स्वास्थ्य केन्द्र । अस्पताल ३.९.० मा जाने

२) डाक्टर । अरु स्वास्थ्य कार्यकर्ता । नाई

३) घासी । साईनी कारण य मा जाने

४) कसियज । बैष

५) अरु (उल्लेख गर्ने)

३.१० स्वास्थ्य केन्द्रबाट पाएको सेवाबाट के तपाईं सन्तुष्ट हुनुहुन्छ?

छ छैन

खण्ड ४. प्रजनन

४.१ पहिलो पटक महिनाधारी हुँदा तपाईं कति वर्षको हुनुहुन्थ्यो?

वर्ष..... याहा छैन र्गुनै भएको

(अन्तरालता टुयाउने)

४.२ तपाईंको विवाह कुन साल र महिनामा भएको हो?

साल..... महिना..... याहा छैन.....

४.२.१ कति वर्षको हुँदा तपाईंको विवाह भएको थियो?

वर्ष.....

४.३ विवाह भएको लगत्तै पछि तपाईं आफ्नो श्रीमान सँगै बस्नु भएको कि बस्नु भएन?

बसे बसिन

४.३.१ विवाह भएको कति वर्ष पछि सँगै बस्नु भएको हो?

वर्ष/महिना.....

(हाल सम्म पनि सँगै नबसेको भए अन्तरालता टुयाउने)

४.४ तपाईंने (बिबीत) बच्चा जन्माउनु भएको छ?

छ छैन

प्र.१. ४.६ सोझै

४.४.१ तपाइने हाल सम्म कति जना (बिबित) छोरा छोरी जन्माउनु भएको छ जसमा..... छोरा..... छोरी.....

४.४.२ तपाईंको हाल कति जना छोरा छोरीहरु छन्?

जसमा..... छोरा..... छोरी.....

४.५ गर्भको एक वर्ष भित्रमा (०४२ साल भन्दा १ गते देखि ०४३ साल कार्तिक महान्त सम्ममा तपाईंले कुनै पिढीत बच्चा जन्माउनु भएको छ?

छ छैन

४.५.१ कति जना.....
४.५.२ कुन साल र महिनामा जन्मेको थियो?
१ साल ----- महिना-----
२ साल ----- महिना-----

४.६ तपाईंको कुनै गर्भहरू खेर गएको थियो?

थियो थिएन

४.६.१ कति वटा गर्भहरू खेर गएको थियो?

४.७ तपाईंको कुनै बच्चा मरेको जन्मेको पछि थियो?

थियो थिएन

४.७.१ कति जना?.....

४.८ तपाईं हाल गर्भवती हुनु हुन्छ?

छ छैन थाहा छैन

४.८.१ तपाईंको गर्भ रहेको कति महिना भयो?.....
४.८.२ तपाईंले यो बच्चा जन्माउन कहाँ जाने विचार गर्नु भएको छ?.....
प्र. न. ४.१० हेर्ने

४.९ तपाईंको परिश्रुको महिलाजारी कहिले भएको थियो?

सान महिला

४.१० तपाईंलाई (भरु) सन्तानको इच्छा छ?

छ छैन थाहा छैन

४.१०.१ तपाईंलाई (भरु) कति जना सन्तानको इच्छा छ?
जम्मा..... छोरा..... छोरी.....
जे भए पनि हुन्छ

४.११ तपाईंको विचारमा एउटा दम्पतीको कति जना छोरा छोरी भए नैस होला?
जम्मा..... छोरा..... छोरी.....

४.१२ तपाईंको विचारमा कति कति वर्षको फरकमा बच्चा जन्माउनु बेस होला?.....

छपड ५ गर्भवती तथा सुत्केरी महिलाहरूको हेरचाह

प्रश्नकर्ता: यदि प्रश्न नं. ४.४, ४.६, ४.९, ४.१० मा छैन भने ४.८ मा "ठिन" वा "बाह्रछिन" भने बाकसमा चिन्हो लगाएकी भए तलको "कहिले" "गर्भवती नभएको" बाकसमा चिन्हो लगाउने नभन्ने "कुनै बेला गर्भवती भएको" भने बाकसमा चिन्हो लगाउने।

कुनै बेला गर्भवती भएको कहिल्यै गर्भवती नभएको
(छपड ६ सोच्ने)

५.१ गर्भवती हुँदा तपाईं गर्भ सम्बन्धी जीव पराउन जानु भएको थियो
थियो थिएन प्र.नं. ५.४ सोध्नुस्

५.१.१ कहाँ जानु भएको थियो?

अस्पताल ----- प्र.नं. ५.१.२ सोच्ने
स्वास्थ्य चौकी ----- प्र.नं. ५.१.२ सोच्ने
सुटेरी ----- प्र.नं. ५.२ सोच्ने
अन्य (उल्लेख गर्ने).....

५.१.२ के समस्या भएर जीव पराउनु भएको थियो?

गर्भ सम्बन्धी साधारण जीव
गर्भ सम्बन्धी समस्या भएर
माथिका दुई कारणले

५.१.३ के के जीव गरेको थियो?

१ तौल लिएको
२ रक्त चाप
३ पिसाब
४ छाती तथा पेटमा
बाला लगाएकी
५ अन्य (सुझाउने)

५.२ तपाईंलाई गर्भ सम्बन्धि स्वास्थ्य जीवबाटने सल्लाह कसले दिएको थियो?

स्वास्थ्य कार्यकर्ता घरको परिवार
साथी अन्य (उल्लेख गर्ने).....

५.३ स्वास्थ्य जीवबाट तपाईं संतोष हुनु भयो?

भए भएन

५.४ के तपाईंले घण्टेघरको सुई लिनु भएको थियो?

थिए थिएन

प्रश्नकर्ता: यदि प्रश्न नं. ४.४ र ४.९ मा "थिएन" भने जवाफ बाएकी भए "सुत्केरी नभएको" भने "बाकसमा" चिन्हो (✓) दिने अन्यथा "कीनमा एक पटक सुत्केरी भएकी" भने बाकसमा चिन्हो (✓) लगाउने।

कीनमा एकपटक
सुत्केरी भएकी सुत्केरी नभएकी
छपड ६ सोध्नुस्

५.५ सबभन्दा पहिल्लो बच्चा तपाईंले कहाँ जन्माउनु भयो?.....

प्रश्नकर्ता: प्र.नं. ५.५ मा अस्पताल भने जवाफ बाएमा प्र.नं. ५.७ सोच्ने।

५.६ सबभन्दा पहिल्लो पटक सुत्केरी हुँदा तपाईंलाई कसले मदत गरेको थियो?

थियो थिएन

५.६.१ कसले मदत गरेको थियो?

डाक्टर / गर्भ
सुटेरी
अन्य (सुझाउने).....

५.७ के तपाईले सुकेटी भए पाछि स्वात्स्य औंन पठजन अस्थताव। स्वात्स्य केन्द्र। स्वात्स्य पौडीया जानु भएको थियो।

भए गइत

५.७.१ स्वात्स्य जोषबाट तपाईं सन्तुष्ट हुनु भयो?

भए भएन

खण्ड ६. परिवार नियोजन

६.१ के तपाईले परिवार नियोजन बारे सुनु भएको छ?

सुनेको छु सुनेको छैन

तारिका १

साधन	६.२ के तपाईले..... (प्रत्येक साधनको नाम लिएर एक एक गरि सोध्नु) बारे सुनु भएको छ। "छु" भन्ने उत्तर आएमा "छु" मा गोत्तो लगाउने र "छैन" भन्ने जक्क आएमा "छैन" मा गोत्तो लगाउने	६.३ के तपाईं वा तपाईंको जहानले..... प्रयोग गर्नुभएको थियो? (प्र.नं. ६.२ मा सुनेको छु मा गोत्तो घेरे को प्रत्येक साधनबारे एक एक गरी सोध्नु)	६.४ के तपाईं वा तपाईंको जहानले हाल कुनै साधन प्रयोग गरिरहनु भएको छ? छ भने कुन साधन हो सो साधनको "छु" भन्नेमा गोत्तो घेरी दिने यदि हाल कुनै साधन नअपनाएको भए हाल कुनै साधन प्रयोग नगरेको बाक्समा चिन्हो लगाउने।
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०.१ खाने चक्की	छु	छैन	भिए	भिएन	छु
०.२ कण्डोम	छु	छैन	भिए	भिएन	छु
०.३ लुप	छु	छैन	भिए	भिएन	छु
०.४ सुई	छु	छैन	भिए	भिएन	छु
०.५ पुरुष बन्ध्या करण	छु	छैन	भिए	भिएन	छु
भासेक्टोमी	छु	छैन	भिए	भिएन	छु
०.६ प. बन्ध्या (ल्याओस्केमी)	छु	छैन	भिए	भिएन	छु
०.७ गाउँ घरमा पाइने	छु	छैन	भिए	भिएन	छु
०.८ अन्य.....	छु	छैन	भिए	भिएन	छु
उल्लेख गर्ने					छु <input type="checkbox"/> हाल कुनै साधन प्रयोग नगरेको

प्रश्नकर्ता: हालसम्म कुनै साधन प्रयोग गरिराहेको भए वा प्र.नं. ६.२ को कुनै पनि उत्तरको "छु" मा गोत्तो नलगाएको भए प्र.नं. ६.७ मा जाने।

प्रश्नकर्ता:- परिवार नियोजनको कुनै साधनबारे ज्ञान भएकाले तर कसिले पनि प्रयोग नगरेक्य महिलाहरूलाई निम्न प्रश्नहरू सोध्नु।

६.५ हाल सम्म परिवार नियोजनको कुनै पनि साधन प्रयोग नगर्नाको कारण के होला?

- ६.५.१ अरु सन्तानको इच्छा भएकोले
- ६.५.२ छोराको इच्छा भएकोले
- ६.५.३ छोरीको इच्छा भएकोले
- ६.५.४ स्वास्थ्यको कारणले
- ६.५.५ धर्मको कारणले
- ६.५.६ श्रीमानले मन नपराउने
- ६.५.७ श्रीमान्त यहाँ नभएकोले
- ६.५.८ बुढी भै सकेकोले
- ६.५.९ बच्चा नै नहुने
- ६.५.१० प.वि. साधन प्राप्त नहुने
- ६.५.११ अन्य (उल्लेख गर्ने).....

६.६ के तपाईं वा तपाईंको श्रीमानले भविष्यमा परिवार नियोजनको कुनै साधन अपनाउने विचार गर्नु भएको छ?

छ छैन

६.६.१ कुन साधन अपनाउने विचार गर्नु भएको छ?

सानो चक्कि <input type="checkbox"/>	सुई <input type="checkbox"/>
कन्डोम <input type="checkbox"/>	पु. मन्ध्याकरण <input type="checkbox"/>
लुप <input type="checkbox"/>	म. मन्ध्याकरण <input type="checkbox"/>

अन्य (उल्लेख गर्ने).....

६.७ कति दिनको फरकमा स्वास्थ्य कार्यकर्ता तपाईंकोहाँ जाउछ?

महिनामा एकपटक तिन महिना एक पटक

सातैमा एक पटक कहिले पनि नआउने

सफ्ट ७ मा जाने

- ६.८ के उसले परिवार नियोजन बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.९ के उसले बच्चाको स्वास्थ्य बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.१० के उसले स्वास्थ्य प्रस्ताव सम्बन्धी रोग बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.११ के उसले बुकाको औषधी बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.१२ के उसले बच्चालाई आम्बाको दुध खाउने बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.१३ के उसले गर्भलाई पर सार्ने बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.१४ के उसले दिवा पछाला बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.१५ के उसले खोप सम्बन्धी कुरा गर्छ?
- गर्छ गर्दैन
- ६.१६ के उसले स्वास्थ्य शिक्षा बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.१७ के उसले पोषण बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.१८ के उसले गर्भवती तथा सुत्केरी आमाहरूको स्वास्थ्य बारे कुरा गर्छ?
- गर्छ गर्दैन
- ६.१९ के उसले कुनै औषधि पनि बोल्छ?
- भाइ बाइँन
- ६.२० औषधिको विषयमा कुरा गर्दा कुनै चित्रहरू पनि देखाउँछ?
- देखाउछ देखाउँदैन

खण्ड 3 पुनर्जीवन उपचार

3.1 तपाईंलाई विद्या । पछाला बारे थाहा छ?

थाहा छ

थाहा छैन

प्र.नं. 3.1 सोध्ने

3.1.1 विद्या । पछाला लाग्ना के हुन्छ?

.....
.....

3.2 विद्या पछाला के पररणले लाग्छ तपाईंलाई थाहा छ?

थाहा छ

थाहा छैन

3.2.1 के कारणले लाग्छ?

.....

3.3 बच्चालाई विद्या पछाला लागेकोमा के उपचार गरिन्छ?

.....
.....

3.4 के तपाईंले जीवन बजबारे सुनु भएको छ?

छ

छैन

प्र.नं. 3.4 सोध्ने

3.4.1 तपाईंले यो कसरी थाहा पाउनु भयो?

3.4.2 जीवनजल कसरी बनाउनु पर्छ?

3.4.3 विद्या । पछाला लागेको विद्यमीलाई जीवनजल कति कति खाउनु पर्छ?

.....
.....
.....

3.5 तपाईंले जीवजी पानी (नून । चिनी । पानी) बारे सुनु भएको छ?

छ

छैन

3.5.1 तपाईंले यो कसरी थाहा पाउनु भयो?

3.5.2 नून । चिनी । पानी, कसरी बनाउनु पर्छ?

.....
.....

3.6 बच्चालाई विद्या । पछाला लागेको बेलामा पानी । शोल खाना साविक भै खाउनु हुन्छ कि हुँदैन?

हुन्छ

हुँदैन

3.6.1 किन खाउनु हुन्छ?

.....

3.7 बच्चालाई विद्या । पछाला लागेको बेलामा आमाको दूध खाउनु हुन्छ कि हुँदैन?

हुन्छ

हुँदैन

3.7.1 किन खाउनु हुन्छ?

.....

खण्ड ८. छोप

८.१ तपाईंले छोप बारे सुनु भएको छ

छ छैन

(खण्ड ९ सोध्ने)

८.२ तपाईंले यो कसरी थाहा पाउनु भयो?

८.३ छोपबाट रोकथाम गर्न सकिने रोगहरू कुन कुन हुन्?

टिडानस तहरे सोकी

पोसियो दादुटा

भ्याक्टेरियम क्षयरोग

अन्य (सुनाउने).....

प्रश्नकर्ता: ५ वर्ष मुनीको केटाकेटीहरू भएक्य महिलाहरूलाई तलक प्रश्नहरूकोछ्ने। अन्यथा खण्ड ९ जाने

८.४ तपाईंले आफ्नो केटाकेटीहरूलाई छोपउनु भएकोछ?

छ छैन

(८.५ सोध्ने)

८.५ कुन कुन छोप कति कति पटक दिन भएकी छ?

छोपको विवरण (नाम लेख्दा सबभन्दा पहिल्लो (सम्बन्ध) बच्चाबोध लेख्ने)

नाम	बच्चाको उमेर	दि थि थि	दि पी थि	पोसीयो	बदुरा
१			१ २ ३	१ २ ३	
२			१ २ ३	१ २ ३	
३			१ २ ३	१ २ ३	

८.६ तपाईंले छोप कहाँबाट दिन लगाउनु भयो?

अस्पताल खोप टोनी

हेल्पपोस्ट अरु सुनाउने.....

८.५ तपाईंले आफ्नो केटाकेटीहरूलाई किन नलोगाउनु भएको हो?

खण्ड ९. आमाको दुध खाउने

प्रश्नकर्ता: प्र.नं. ५.४ हेटी उपयुक्त कोठामा चिन्ह (✓) लगाउनु होस।

पिवील बच्चा जन्मेको पिविल बच्चा जन्मेको
(प्र.नं. ९.१ देखि सोध्ने) (खण्ड १० सोध्ने)

९.१ के तपाईंले सबै भन्दा सान्छो १ सान्छी बच्चांलाई आफ्नो दुध खाउनु भयो?

रूपा स्वाइन

९.१.१ तपाइले उक्त बच्चांलाई जन्मा कति महिना आफ्नो दुध खाउनु भयो?

महिना १ हास सम्म स्वाइरहेको

९.१.१.१ तपाइले दुध १ ९.१.१.२ तपाईंको उक्त बच्चा खाउन छुटाउनुको कारण। कति महिनाको भयो? के हो?

महिना

प्र.नं. ९.३

प्र.नं. ९.३ सोध्ने

९.२ तपाईंले उक्त बच्चांलाई किन आफ्नो दुध नखाउनु भएको?

९.३ बच्चा पाए पछि बाह्रमा आउने बास्तो विधिमाको दुध बच्चांलाई खाउनु पर्छ कि फलनु पर्छ?

खाउनु पर्छ फलनु पर्छ

९.३.१ आफ्नो बच्चांलाई खाउनु भयो कि भएन?
रूपा
स्वाइन

९.३.२ किन फलनु पर्छ?

९.४ आमाको दुध खाउनाले के के फाइदाहरू हुन्छन्?.....

खण्ड १०. पोषण, जाया र खुवाइने प्रसन

१०.१ के तपाईको परिवारमा बच्चाको पासरी गर्ने चलन छ?

छ छैन
प्र.नं. १०.२ सोध्ने

१०.१.१ बच्चा कति महिना पूर्णपछि पासरी गर्नु हुन्छ?
१) छोरा..... महिना.....
२) छोरी..... महिना.....
१०.१.२ पासरी गर्नु भन्दा पहिले यति बच्चालाई कुनै गरप खाया खाउनु हुन्छ कि हुन?
हुन्छ हुँदैन

१०.२ बच्चा कति महिना पूर्णपछि खेस खान (दात भात तरकारी आदी) खाउनु सुरु गर्नु हुन्छ..... महिना

१०.३ साधारणतया बच्चालाई खाउने खानाहरू के के हुन्?
(सम्बन्धीत कोछभा चिन्हो लगाउने)

खानेकुराहरू	खानेकुराहरू
सबैतम पीछे <input type="checkbox"/>	दुध भात <input type="checkbox"/>
खीर <input type="checkbox"/>	दात भात <input type="checkbox"/>
गेडागुडी <input type="checkbox"/>	हरियो सागपत <input type="checkbox"/>
फुल <input type="checkbox"/>	खीचनी, आउलो, खान <input type="checkbox"/>
फलफुल <input type="checkbox"/>	भाउल मासु <input type="checkbox"/>
अन्य खुवाउने.....	

१०.४ तपाईको विचारमा बच्चाको मामान्य खाना खाने भाले पछि पनि बच्चालाई आमाको दुध खाइ राख्नु पर्छ?

पर्छ पर्दैन थारा छैन

१०.४.१ कहिलेसम्म आमाको दुध खाइराख्नु पर्छ?महिना	१०.४.२ आमाको दुध खाइराख्नु पर्दैन किन?
--	--

१०.५ तपाईने बच्चालाई (आमाको दुधको साथ साथै) के अरु कुनै दुध पनि खाउनु हुन्छ?

खाउछु खाउदैन

१०.५.१ के को दुध खाउनु हुन्छ?

१ पाईको दुध

२ भैंसको दुध

३ बाढीको दुध

४ बट्टाको दुध

५ अरु कुनै

१०.६ गर्भवत्याको आमालाई घरमा सधैँ याक्ने खान बाहेक अरु पच खाया खाउनु पर्छ?

पर्छ पर्दैन थारा छैन

साधारणतया के के खाना दिनु पर्छ?

१.....

२.....

३.....

१०.७ चर्चनीय आपले खान नहुने कुराहरू (खाना) के के हुन्?

खाने कुराको नाम खरम

१.....

२.....

३..... बाहा छैन

१०.८ बच्चालाई दुध खाउने गरेकी आमाहरूलाई परमा सर्वै पार्ने खाना बाहेक अरु पप खाना दिनु पर्छ?

पछ पछिन बाहा छैन

१०.८.१ के के खाना दिनु पर्छ?

.....

.....

.....

१०.९ बच्चालाई दुध खाउने आपले खान नहुने खानाहरू के के हुन्?

नाम खान नहुने खरम

१.....

२.....

३..... बाहा छैन

१०.१० के तपाइले "रुन्ने" अथवा "सुकैनात" भने सुन्नु भएको छ?

सुनेकी छु

सुनेकी छैन

प्र.नं. १०.११ सोध्ने

प्रश्नकर्ता: कुनोपण भएको बच्चाको तस्वीर महिलालाई देखाएर स्थानीय भाषाभाषा के भन्नु छीन्छोस त्यस पछि फेरी माथिको प्रश्न दोहोराएर सोध्नुहोस्।

१०.१०.१ बच्चालाई "रुन्ने" अथवा "सुकैनात" किन लाग्छ?
के तपाईंलाई बाहा छ?

बाहा छ बाहा छैन

१०.१०.१.१ किन लाग्छ?

.....

.....

१०.१०.१.२ बच्चालाई "रुन्ने" अथवा "सुकैनात" लाग्नबाट बचाउन के गर्नु पर्छ के तपाईंलाई बाहा छ?

छ छैन

१०.१०.१.२.१ बच्चालाई "सुकैनात" अथवा "रुन्ने" लागेमा के औषधि गर्नु हुन्छ?

.....

.....

१०.११ के तपाईंले बच्चाको साथि विटो बाउलो वा बच्चाको पचाउन सक्ने अरु कुनै खाना बनाउन जान्नु भएको छ?

छ छैन

१०.११.१ त्यो खाना बनाउन के के कुराहरू मिलाउनु पर्छ?

के कुरा

१.....

२.....

३.....

प्रश्नकृती:- बच्चा भएको महिलाहरूलाई माथ सोध्ने ननु भने सङ्क ११ मा जाने

१०.१२ के तपाईंको बच्चालाई आँखा सम्बन्धी केही समस्या वा रोग छ?

छ छैन

१०.१२.१ के समस्या छ?
.....
.....

१०.१३ के तपाईंको बच्चालाई स्तनधो भएको छ? (राती देख्न नसकिने)

भएको छ भएको छैन

१०.१३.१ कति जनालाई?
.....

१०.१४ जस उत्तरदाताको ६ महिना देखि पाँच वर्ष भित्रका साथै बच्चाहरूको पसुपको नाप तिनु होस् र तसको तालिकामा भर्नु होस् यदी ती उत्तरका एउटा पनि बच्चा छैन भने "बच्चा छैन" भन्ने बाकसमा (✓) चिन्हो लगाउनु होस् र सङ्क ११ मा जानु होस्।

बच्चा छैन

.. सङ्क ११ मा जाने

बच्चाको नाम	उमेर		लिंग	रातो कुपोषित	पहेँलो केहीमात्र कुपोषित	हरियो राम्रो
	वर्ष	महिना				

खण्ड ११. रोगको अवस्था र बिरामी हुने कारणहरू

प्रश्नकर्ता-उत्तरपुक्त बाकसमा (✓) चिन्हो लगाउनु होस्

महिलाको पाँच वर्ष मुनीका छोरा छोरी छन् महिलाको पाँच वर्ष मुनीका छोरा छोरी छन्

बच्चाको नाम	उमेर	उत्तरदातालाई धन्यवाद दिई अन्तर्वार्ता यही टुप्याउने।
१.....		
२.....		

११.१ गएको १ वर्ष भित्र (०४२ साल मंसिर १ गते देखि ०४३ साल कार्तिक मसान्त सम्म) के तपाईंका कुनै केटा केटीलाई दिरा पसाला लागेको थियो?

थियो थिएन

११.१.१ कति जनालाई दिरा पसाला लागेको थियो?..... जना

११.१.२ कस कसलाई कति कति पटक दिरा पसाला लागेको थियो?

बच्चाहरूको थि. नं.

	१	२	३
११.१.३ दिरा पसालाको औषधि कहाँ गराउनु भयो?			
औषधि नै नगराएको	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
घरेमा	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
हे.पो/अस्पताल	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
प.नि. विज्ञानिक	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
छापी/माकी	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
अन्य (खुलाउनु होस)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

११.२ गएको १ वर्ष भित्र (०४२ साल मंसिर १ गतेदेखि ०४३ साल कार्तिक मसान्त सम्म) के तपाईंका कुनै केटा केटीहरूलाई दादुरा आएको थियो?

थियो थिएन

११.२.१ कति जनालाई दादुरा आएको थियो?..... जना

११.२.२ दादुराको औषधि कहाँ गराउनु भयो?

	१	२	३
औषधि नै नगराएको	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
घरेमा	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
हे.पो/अस्पताल	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
प.नि. विज्ञानिक	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
छापी । माकी	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
अन्य खुलाउने	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

११.३. गएको १ वर्ष भित्र (०४२ साल मीथर १ गतेदेखि ०४३ साल कार्तिक मसान्त सम्म) के तपाईंका कुनै केटा/केटीलाई जुका पुरा परेको थियो?

थियो थिएन

११.३.१ कति जनालाई जुका परेको थियो?..... जना	१	२	३
११.३.२ कस कसलाई कति बरत पटक जुका परेको थियो?			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
११.३.३	१	२	३
जुकाको औषधि कहाँ गराउनु भयो	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
औषधि नै नपराएको	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
घरेमा	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
हे.पो/अस्पताल	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
प.नि. क्लिनिक	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
धामी । झाकी	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
अन्य (खुलाउनु)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

११.४. गएको १ वर्ष भित्र (०४२ साल मीथर १ गतेदेखि ०४३ साल कार्तिक मसान्त सम्म) के तपाईंका कुनै केटा/केटीलाई सहर छोडी लागेको थियो?

थियो थिएन

११.४.१ कति जनालाई सहर छोडी लागेको थियो?..... जना।	१	२	३
११.४.२ कस कसलाई कति बरत पटक सहर छोडी आएको थियो?			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
११.४.३ सहर छोडी औषधि कहाँ गराउनु भयो?	१	२	३
औषधि नै नपराएको	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
घरेमा	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
हे.पो/अस्पताल	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
प.नि. क्लिनिक	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
धामी । झाकी	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
अन्य (खुलाउनु)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

११.५. गएको १ वर्ष भित्र (०४२ साल मीथर १ गते देखि ०४३ साल कार्तिक मसान्त सम्म) के तपाईंका कुनै केटा/केटीलाई स्वास प्रस्वास सम्बन्धी रोग (जस्तै: नाक बन्द हुने वा सिमान। पानी बग्ने, थोटी हुल्के, प्यार प्यार गर्ने, खन हुल्के वा खानबाट पानी आउने, छोकी लाग्ने, सास फेरेको परैबाट सुनीने, छिटो छिटो सास फेर्ने, गान्छे पोरा हलिनने र कोला हात्रे) लागेको थियो?

थियो थिएन

११.५.१ कति जनालाई स्वास प्रस्वास सम्बन्धी रोग लागेको थियो?..... जना	१	२	३
११.५.२ कस कसलाई कति बरत पटक स्वास प्रस्वास सम्बन्धी रोग लागेको थियो?			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
११.५.३ स्वास प्रस्वास सम्बन्धी रोगको औषधि कहाँ गराउनु भयो?	१	२	३
औषधि नै नपराएको	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
घरेमा	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
हे.पो/अस्पताल	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
प.नि. क्लिनिक	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
धामी । झाकी	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
अन्य (खुलाउनु)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

११.६. एक वर्ष (०४२ साल) के लिए १ गते (०४३ साल) के लिए (कार्यक मसालत) के लिए कौन कौन से रोगों के लिए रोग लगे हैं?

पिछे भिन्न

११.६.१ कौन कौन से रोग लगे हैं?..... जना	१	२	३
११.६.२ कौन कौन से रोग लगे हैं?..... जना	१	२	३
११.६.३ रोग लगे हैं?..... जना	१	२	३
औषधि नै नगराएके	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
घरेमा	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
हे.पो/अस्पताल	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
प.सि.निलनिक	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
धापी । झाकी	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
अन्य सुसाउने	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

११.७. एक वर्ष (०४२ साल) के लिए १ गते (०४३ साल) के लिए (कार्यक मसालत) के लिए कौन कौन से रोगों के लिए रोग लगे हैं?..... जना

पिछे भिन्न जस (दाता) के लिए धन्यवाद दिद अन्तरवार्ता यही टुपाने।

११.७.१ कौन कौन से रोग लगे हैं?..... जना	१	२	३
११.७.२ कौन कौन से रोग लगे हैं?..... जना	१	२	३
११.७.३ रोग लगे हैं?..... जना	१	२	३
औषधि नै नगराएके	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
घरेमा	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
हे.पो/अस्पताल	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
प.सि.निलनिक	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
धापी । झाकी	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
अन्य सुसाउने	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

जस (दाता) के लिए धन्यवाद दिद अन्तरवार्ता यही टुपाने।

स्वास्थ्य चौकी समन्वय प्रश्नपत्र ।

पृष्ठभूमि का पालन ।

हे.पो. दस्तावेजों का नाम :-

पद :-

विभिन्न पदों पर किए गए काम गिनी आवधि :-
(वर्षों में)

किस हे.पो. पर काम गिनी आवधि :-
(वर्षों) (महिला)

वैदिक योग्यता :-

स्वास्थ्य चौकी समन्वय प्रश्नपत्र ।

१. किस स्वास्थ्य चौकीबाट कति संवायकताई सेवा पुर्याउने गरियो ?

२. यो स्वास्थ्य चौकीठे सेवा पु-याउने समयमा टाढाको पंचायत कुन हो र यो कति टाढा परेको ?

संवायकता नाम :- दुरी :-
(कि.मि)

३. यस स्वास्थ्य चौकीको आफ्नै भवन छ ?

हो होन

४. यस स्वास्थ्य चौकीमा सधैं एक दिनमा कति जना विरामीहरू आउँछन् ?
..... जना ।

५. यस भेडमा ५ वर्ष मुनिका बच्चाहरूलाई प्रायकतौ ठान्ने रोगहरू के के छन् ?

१.
२.
३.
४.
५.

६. यस भेडमा मुस्कतया कुन रोगबाट ५ वर्ष मुनिका बच्चाहरू मर्ने गर्दछन् ?

- | | |
|--|---|
| १ दिउसा पछाछा <input type="checkbox"/> | २ दादुरा <input type="checkbox"/> |
| ३ धनुषढेवा <input type="checkbox"/> | ४ स्वास प्रत्यास <input type="checkbox"/> |
| (टिटानस) | (ए.जा.बार्ड) |

५ जन्म :-
(जल्दोस गर्नु)

७. तपासको विराममा यस स्वास्थ्य चौकीको निमित्त पठाएको औषधीहरू पर्याप्त हुन्छ ?

हुन्छ हुँदैन

८. यस भेडमा कुन औषधी फल छ ?

हो होन

९. यस भेडमा कुनो विद्विस्तारको कोरी कत ?

हो होन

१०. यस भेडमा स्वास्थ्य कमिटि छ ?

हो होन

↓

१०.१ कसले मृत गर्छ ? गर्छ <input type="checkbox"/> गर्दैन <input type="checkbox"/>

११. के तपासले स्वास्थ्य चौकी बाहेक बाहिर पनि प्राक्टिस गर्नु हुन्छ ?

गर्छ गर्दैन

१२. कस स्वास्थ्य चौकीको निमित्त के कति दलबन्दीहरू छन् र त्यस मध्ये कति पूर्ति भएका छन् ?

पद	दलबन्दी विवरण	पूर्ति भएका	शाली
१. हे.अ। मि.अ.हे.व.	---	---	---
२. अ.हे.व.	---	---	---
३. अ.न.मी.	---	---	---
४. प्रा.स्वा.का.	---	---	---
५.	---	---	---
६.	---	---	---
७.	---	---	---
८.	---	---	---

१३. के हाठ पूर्ति भएका जनशक्ति पर्याप्त छ ?

ह केन

१४. के यस स्वास्थ्य चौकीमा भएकाको निमित्त ठाउँ छ ?

ह केन

१५. के यस स्वास्थ्य चौकीमा आवश्यक पर्ने औजारहरू छन् ?

छन् केन

१६. के यस स्वास्थ्य चौकी सम्बन्धमा केही समस्याहरू छन् ?

छन् केन

उपरोक्तताकाई ध्यानमा राखि
अन्तिसात दिनुपर्ने ।

१६.१ तिन के के छन् ?

१.

२.

३.

४.

५.

JICA