

# Health Insurance

## Questionnaire

### Identification

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**Ward number** वडा नम्बर

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**Household ID** घरको परिचय नम्बर

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**Date of the interview** अन्तर्वार्ताको मिति

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**Name of the interviewer** अन्तर्वार्ता लिने व्यक्तिको नाम

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**Respondent** उत्तरदाता

- ☐ Household head घरमूली
- ☐ Spouse of the Household Head घरमूलीको श्रीमान/श्रीमती
- ☐ Child of the Household head घरमूलीको छोराछोरी
- ☐ Parent of the Household head घरमूलीका आमाबुवा
- ☐ Others अन्य

### Sociodemographic (Predisposing) Factors

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**What is the age of the household head?** तपाईंको घरमूलीको उमेर कति हो?

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**What is your religion?** तपाईंको धर्म के हो?

- ☐ Hindu
- ☐ Buddhist
- ☐ Muslim
- ☐ Kirat
- ☐ Christian
- ☐ Others (specify)

Please specify: \_\_\_\_\_

**What is the gender of the household head?** तपाईंको घरमूलीको लिंग के हो?

- ☐ Male
- ☐ Female
- ☐ Other

- Prefer not to say

**Caste / Ethnicity** जात/जाति

- Hill Brahmin
- Hill Chhetri
- Terai Brahmin / Chhetri
- Other Terai Caste
- Hill Dalit
- Terai Dalit
- Newar
- Hill Janajati
- Terai Janajati
- Muslim
- Others (Specify) अन्य (स्पष्ट गर्नुहोस्)

Please specify: \_\_\_\_\_

**Highest education level of the Household Head** घरमूलीको शिक्षा स्तर

- No formal education and cannot read and write अक्षर चिन्दैनन्
- No formal education but can read or write अक्षर चिन्छन् तर पढ्न लेख्न सक्दैनन्
- Primary education (class 1–8) आधारभूत शिक्षा (कक्षा १–८)
- Secondary education (class 9–10) माध्यमिक शिक्षा (कक्षा ९–१०)
- Higher Secondary education (class 11–12) उच्च माध्यमिक (कक्षा ११–१२)
- Bachelor's स्नातक
- Masters and above स्नातकोत्तर वा सोभन्दा माथि

**Occupation of the Household Head** घरमूलीको पेशा के हो?

- Farmer किसान
- Business / Merchant व्यवसायी/व्यापारी
- Daily wage laborer दैनिक ज्यालादारी
- Government employee सरकारी कर्मचारी
- Private sector employee निजी क्षेत्र कर्मचारी
- Unemployed बेरोजगार
- Others (Specify) अन्य (स्पष्ट गर्नुहोस्)

Please specify: \_\_\_\_\_

**Marital Status of the Household head** घरमूलीको वैवाहिक स्थिति

- Married विवाहित
- Unmarried अविवाहित
- Divorced / Separated सम्बन्ध विच्छेद / छुट्टिएको
- Widowed विधवा

**Family Size (How many people currently live in your household, including yourself?)** तपाईंको घरमा हाल कति सदस्य बसोबास गर्नुहुन्छ?

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**Are any family members over the age of 60? If yes, how many?** के ६० वर्षभन्दा माथिका सदस्य छन्? भएमा कति जना?

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**Are any family members under the age of 5? If yes, how many?** के ५ वर्षभन्दा मुनिका सदस्य छन्? भएमा कति जना?

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## Enabling Factors

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**What is the monthly income of the household (from all family members and income sources)?** परिवारको मासिकको कुल आय (सबै स्रोतबाट)

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**Are you enrolled in National Health Insurance Program?** के तपाईं राष्ट्रिय स्वास्थ्य बीमा कार्यक्रममा दर्ता भएको हुनुहुन्छ?

- ☐ Yes
- ☐ No

**How long have you been insured in National Health Insurance Program?** राष्ट्रिय स्वास्थ्य बीमा कार्यक्रममा बीमित समय?

- ☐ Less than 6 months
- ☐ 6 months to 1 year
- ☐ 1–2 years
- ☐ More than 2 years

**Were you enrolled in National Health Insurance Program in the past?** के तपाईं पहिले राष्ट्रिय स्वास्थ्य बीमा कार्यक्रममा दर्ता हुनुहुन्थ्यो?

- ☐ Yes
- ☐ No

**Why did you discontinue your enrollment in the National Health Insurance Program?** तपाईंले राष्ट्रिय स्वास्थ्य बीमा कार्यक्रमको सदस्यता किन नवीकरण गर्न छोड्नुभयो?

- ☐ Could not afford the renewal premium
- ☐ Did not benefit from the services or found them inadequate
- ☐ Faced difficulties accessing or using health services
- ☐ Poor quality of care at empaneled facilities
- ☐ Did not understand how to use the insurance
- ☐ Perceived no need
- ☐ Administrative or technical issues during renewal

- ☐ Prefer to pay directly when needed
- ☐ Heard negative experiences from others
- ☐ Others (Specify)

Please specify others: \_\_\_\_\_

**Are you enrolled in any other types of Health Insurance Program?** के तपाईं अन्य कुनै प्रकारको स्वास्थ्य बीमा कार्यक्रममा दर्ता हुनुहुन्छ?

- ☐ Yes
- ☐ No

If yes, please specify: \_\_\_\_\_

**If you are not enrolled in National Health Insurance Program, why not?** यदि तपाईं हाल राष्ट्रिय स्वास्थ्य बीमा कार्यक्रममा दर्ता हुनुहुन्न भने, किन?

- ☐ Premium costs are unaffordable
- ☐ Unexpected co-payments / hidden costs
- ☐ Not aware about NHIP
- ☐ Don't understand coverage / benefits
- ☐ Don't trust public facilities
- ☐ Insurance won't cover needed treatments
- ☐ Previous bad experience
- ☐ Healthy people don't need insurance
- ☐ Others (Specify)

Please specify others: \_\_\_\_\_

**What is the nearest health facility to your residence?** तपाईंको बासस्थानबाट सबैभन्दा नजिकको स्वास्थ्य संस्था कुन हो?

- ☐ Private health clinic
- ☐ Health Post
- ☐ Private Hospital
- ☐ Government Hospital
- ☐ Others (Specify)

Please specify: \_\_\_\_\_

**What is the time taken to reach the nearest health facility? (in minutes)** सबैभन्दा नजिकको स्वास्थ्य संस्थामा पुग्न कति समय लाग्छ?

\_\_\_\_\_

**What is the time taken to reach the empaneled health facility? (in minutes)** राष्ट्रिय स्वास्थ्य (बीमा अन्तर्गत) स्वास्थ्य संस्थामा पुग्न कति समय लाग्छ? (मिनेटमा)

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## **National Health Insurance Literacy**

**Do you know how much you have to pay to enroll in National Health Insurance Program?** राष्ट्रिय स्वास्थ्य बीमा कार्यक्रममा दर्ता गर्न कति शुल्क तिर्नुपर्छ भनेर तपाईंलाई थाहा छ?

- ☐ Yes
- ☐ No

**Do you know how much cost is covered by the National Health Insurance Program?** राष्ट्रिय स्वास्थ्य बीमा कार्यक्रमले कति खर्च छोप्छ भन्ने जानकारी छ?

- ☐ Yes
- ☐ No

**Do you know how often you have to renew your enrollment?** बीमा नवीकरण कति समयपछि गर्नु पर्छ भन्ने जानकारी छ?

- ☐ Yes
- ☐ No

**Do you know what services are available within the insurance plan?** बीमा योजनाभित्र कुन-कुन सेवा उपलब्ध छन् भन्ने जानकारी छ?

- ☐ Yes
- ☐ No

## Need Factors

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**How is the health of your family?** तपाईंको परिवारको स्वास्थ्य अवस्था कस्तो छ?

- ☐ Very Poor
- ☐ Poor
- ☐ Medium
- ☐ Good
- ☐ Very Good

**Do any members have chronic illness in the family?** के परिवारमा कसैलाई दीर्घकालीन रोग छ?

- ☐ Yes
- ☐ No

If yes, how many people have chronic illness? \_\_\_\_\_

**What type of illness do they have?** कस्तो प्रकारको रोग छ?

- ☐ Hypertension
- ☐ Diabetes
- ☐ Respiratory
- ☐ Kidney disease
- ☐ Cancer
- ☐ Arthritis
- ☐ Musculo-skeletal
- ☐ Heart Disease
- ☐ Mental Health
- ☐ Others (Specify)

Please specify: \_\_\_\_\_

**Do any members in the family have disability?** के परिवारका कुनै सदस्य अपाङ्गता भएका छन्?

- ☐ Yes
- ☐ No

If yes, please specify: \_\_\_\_\_

## **Health Care Service Utilization and Cost of Treatment**

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**Did any members in the family have acute illness in the past month?** के पछिल्लो एक महिनामा परिवारमा कसैलाई अकस्मात् रोग लागेको थियो?

- ☐ Yes
- ☐ No

**If yes, what problem did they have?** यदि हो भने, कुन समस्या भएको थियो?

- ☐ Headache
- ☐ Fever
- ☐ Stomach ache
- ☐ Musculoskeletal problem
- ☐ Gastric
- ☐ Others (Specify)

Please specify: \_\_\_\_\_

**If yes, did they seek healthcare services?** यदि हो भने, के उनीहरूले स्वास्थ्य सेवा लिए?

- ☐ Yes
- ☐ No

**If no, why not?** यदि होइन भने किन?

- ☐ Could not afford to seek care
- ☐ Did not think it was necessary
- ☐ Used home remedies
- ☐ No health facilities nearby
- ☐ Too busy with work to seek care
- ☐ Did not know where to go
- ☐ Others (Specify)

Specify if others: \_\_\_\_\_

**If yes, where did they seek help?** यदि सेवा लिए भने, कहाँ सेवा लिए?

- ☐ Private Clinic
- ☐ Health Post
- ☐ Private Hospital
- ☐ Public Hospital
- ☐ Traditional healers

**Was the health facility empaneled in health insurance?** के उक्त स्वास्थ्य संस्था बीमा अन्तर्गत थियो?

- ☐ Yes
- ☐ No

**If not, why did you not go to empaneled health facility?** यदि होइन भने, संस्था बीमा अन्तर्गत संस्थामा किन जानु भएन?

- ☐ Empaneled site was too far
- ☐ Past negative experiences
- ☐ Limited coverage of health insurance
- ☐ Empaneled site provides poor quality of care
- ☐ Did not know which facilities were empaneled
- ☐ Others (Specify)

Please specify: \_\_\_\_\_

**Did any members of the family visit out-patient department (OPD) in the past six months?** पछिल्लो ६

महिनाभित्र परिवारका सदस्यहरूले बाहिर रोगी विभाग (ओपीडी) सेवा लिएका थिए?

- ☐ Yes
- ☐ No

If yes, how many times? \_\_\_\_\_

**Were any members admitted in the hospital in the past six months?** पछिल्लो ६ महिनाभित्र परिवारका सदस्य अस्पताल

भर्ना भएका थिए?

- ☐ Yes
- ☐ No

If yes, how many times? \_\_\_\_\_

**Did any member go to the emergency department in the past six months?** पछिल्लो ६ महिनाभित्र परिवारका सदस्य

आकस्मिक सेवा (Emergency) मा गएका थिए?

- ☐ Yes
- ☐ No

If yes, how many times? \_\_\_\_\_

**Did any member of the family undergo diagnostic testing in the past six months? (e.g., blood test, X-**

**ray, CT scan, MRI, etc.)** पछिल्लो ६ महिनाभित्र परिवारका सदस्यले कुनै जाँच (रक्त परीक्षण, एक्स-रे, सिटी स्क्यान, एमआरआई आदि) गराएका

थिए?

- ☐ Yes
- ☐ No

If yes, how many times? \_\_\_\_\_

**Did any members take preventive health services in the past six months? (e.g., vaccinations,**

**screenings, ANC/PNC, prophylactic treatment)** पछिल्लो ६ महिनाभित्र परिवारका सदस्यले कुनै रोकथामात्मक स्वास्थ्य सेवा (खोप,

परीक्षण, गर्भावस्था/प्रसवपछिको जाँच, सुरक्षात्मक उपचार आदि) लिएका थिए?

- ☐ Yes
- ☐ No

If yes, how many times? \_\_\_\_\_

## Household Expenditure

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**What amount did your family spend on food in the past 7 days? (Rice, lentils, vegetables, meat, milk and dairy, groceries, etc.)** गत ७ दिनमा परिवारले खानेकुरा (चामल, दाल, तरकारी, मासु, दूध र दुग्धजन्य, किराना आदि) मा कति खर्च गरेको थियो?

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**What amount did your family spend on non-food items in the past 30 days? (Rent, transportation, tax, entertainment, clothes, etc.)** गत ३० दिनमा परिवारले खानेकुरा बाहेक अन्य (भाडा, यातायात, कर, मनोरञ्जन, लुगा आदि) मा कति खर्च गरेको थियो?

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**What amount did your family spend on healthcare expenditure in the past 30 days? (Including OPD, IPD, emergency, preventive, diagnostic, medication, transportation and any other costs)** गत ३० दिनमा परिवारले स्वास्थ्य खर्च (ओपीडी, आईपीडी, इमर्जेन्सी, निवारक, निदान, औषधि, यातायात र अन्य खर्च) मा कति खर्च गरेको थियो?

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**What amount did your family spend on durable goods in the past 1 year? (electronics, furnitures, vehicles, etc.)** गत १ वर्षमा परिवारले टिकाऊ सामान (इलेक्ट्रोनिक्स, फर्निचर, वाहन आदि) मा कति खर्च गरेको थियो?

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**Were there any other expenditures in the past 30 days? If yes, how much?** गत ३० दिनमा अन्य कुनै खर्च भएको छ? यदि हो, कति?

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