

QUESTIONNAIRE FOR PRIVATE DOCTORS

Name: _____

Address: _____

A. Characteristics

1. How old are you? _____
2. When did you complete your medical training? _____
3. Do you have a specialty? Yes _____ No _____
If yes, what is it? _____
4. Do you work for the health service now? Yes _____ No _____
5. In what way? _____
6. Do you work in a hospital? Yes _____ No _____
If yes, which hospital? _____

B. Family Planning Activities

1. Do you currently give advice on family planning? Yes _____ No _____
2. How many cycles of Oral Contraceptives do you prescribe in a month? _____
3. How many babies do you deliver in a month? _____
4. Do you do a pelvic examination before you prescribe Oral Contraceptives?
Yes _____ No _____
5. How much do you charge for an office visit? _____
6. How much do you charge for prescribing Oral Contraceptives? _____
7. How much do you charge to insert an IUD? _____
8. Have you ever done a vasectomy? Yes _____ No _____

9. Have you ever done a tubectomy? Yes _____ No _____
10. Have you ever placed Subdermal Implants? Yes _____ No _____
11. Have you ever done Injectables? Yes _____ No _____
12. If you were given free Oral Contraceptives, would you give free prescriptions to indigent women?
Yes _____ No _____
13. If we were to pay the cost of an IUD for an indigent woman, how much would the cost be? _____
14. Approximately how many women on your current caseload would accept the Oral Contraceptives if they were given free? _____
15. What contraindications do you cite for Oral Contraceptives and the IUD?
Oral Contraceptives _____
IUD _____
16. Would you like to receive training in:
IUD Insertion? Yes _____ No _____ Vasectomy? Yes _____ No _____
Tubectomy? Yes _____ No _____ Subdermal Implants? Yes _____ No _____
Injectables? Yes _____ No _____

C. Potential Participation

1. Would you be willing to help with a Family Planning Program?
Yes _____ No _____
2. In what way would you be willing to help? _____

3. Would you go to a 1-day training course at the nearest Health Corps or Public Health Station? Yes _____ No _____
4. Would your wife? Yes _____ No _____

5. Would you be willing to introduce a family planning worker at a group meeting?

Yes _____ No _____

6. Would you or your wife be willing to:

	<u>Doctor</u>	<u>His Wife</u>
Distribute Leaflets	_____	_____
Distribute Condoms	_____	_____
Take someone to the clinic for family planning	_____	_____

D. Mass Media

Radio

1. Do you have a radio? Yes _____ No _____
2. What is your favorite program? _____
3. Do you listen to educational programs? Yes _____ No _____
 - a) Weekly Program? All the time _____ Occasionally _____ Rarely _____
 - b) Daily Program? All the time _____ Occasionally _____ Rarely _____

Newspapers

1. Do you read a newspaper? Yes _____ No _____
2. Which paper do you read? _____

Magazines

1. Do you read a magazine? Yes _____ No _____
2. Which magazine? _____

Mail

1. Do you have a mail service? Yes _____ No _____
2. About how many letters do you get a month? _____
3. How often is the mail delivered? _____

Film Showings

1. When was the last film shown in your area? _____
2. About how often are films shown? _____

Telephone

1. Where is the nearest telephone? _____

E. Knowledge Questions

1. What is the birth rate of _____? _____
2. What is the death rate of _____? _____
3. What is the population of _____? _____
4. When will the population double? _____
5. Do most religious leaders approve of family planning? Yes _____ No _____
6. Can a male who has been sterilized have the same sexual experiences and enjoyment after the operation? Yes _____ No _____
7. What percentage of women retain an IUD after one year? _____
8. What is the most common side effect of the IUD? _____
9. Which is most effective?

Oral Pill _____	IUD _____
Subdermal Implant _____	Injectibles _____

10. Which has the highest continuous rate of usage?
Oral Pill _____ IUD _____
Subdermal Implant _____ Injectibles _____
11. On what day should women begin taking the pill after the onset of the menstrual period? _____
12. Is the government concerned about rapid population increase? Yes ____ No ____
13. Is the purpose of the Family Planning Program mainly to improve health of mothers or to slow population growth?
Improve health of mothers _____ Slow population growth _____
14. When is the "safe period" in a woman? _____
15. Which is the best method to stop childbirth? _____
16. When most couples come to the clinic, do they want to stop or space childbirth?
Stop _____ Space _____
17. Will the population of the country double even with an intensive family planning program? Yes _____ No _____

F. Attitude Questions

1. Do you believe married couples should be given an opportunity to have children when they want them? Yes _____ No _____ Don't know _____
2. How many children do you think make for an ideal family size? _____
3. Do you think the population growth rate is too fast, too slow, or about right?
Too fast _____ Too slow _____ About right _____
4. Do you believe a Family Planning Program will stop population growth?
Yes _____ No _____

5. What do you think is the major reason people want large families?
- a) To be provided for in old age _____
 - b) Because some children will die and one or two more are needed _____
 - c) Other (specify): _____
6. What do you believe could be done so couples wanted only two or three children?
- _____
7. How many children do you think is ideal for your family? _____
8. Would you sign a pledge stating you plan to have only two or three children?
- Yes _____ No _____