

FORM 2F: Health Plan Implementation for FAMILY PLANNING

Part 1: HEALTH RISK ASSESSMENT & KEY HEALTH MESSAGES (Indicate Y, if 'yes'; N if 'no')

F.1 Do you have a spouse/ partner now? _____

If Yes, go to F3

If No, go to F2

F.2 Did you have a partner before?

If Yes, go to F3

If No, go to Part 2 and refer to provider for counseling on family planning

F3. How many living children do you have? _____

Go to F4

F4. Do you (or spouse/partner) want to have a/another child? _____?

If Yes, when? _____

Deliver Message F3 and F4; If soon (e.g within the year), deliver 2nd bullet of Message for F3 and F4;

If No, go to F5

F5. Have you/your partner ever used any modern Family Planning method? _____

See F7 for FP choices then go to F6

F6. Are you or your spouse/partner currently using any Family Planning Method? _____

If No, go to Part 2. If Yes, deliver Message F5 and F6, then go to F7

F7. What method are you/your partner currently using? (please check)

Traditional FP method (withdrawal, calendar, herbal, etc.)

Modern FP method, what is the method? (Please check. Deliver Message for F7)

- Cervical mucus
- Symptothermal
- Basal Body Temperature
- Injectable/DMPA
- Bilateral Tubal Ligation (BTL)
- LAM
- Condom
- Pills
- Vasectomy
- Intra-uterine device (IUD)
- SDM/cycle/beads

Deliver the Message for F7 then go to Question F8

F8. Are you (/your) spouse/partner satisfied with the current FP method you are using? _____

Deliver the Message for F8 then go to Part 2

Message for F3 and F4

- Go to your health provider for counseling on family planning if:
 - You do not want to have a child or another child
 - You want to have a child later
- If you want to have a child soon, consult your provider to help you on fertility concerns

Message for F5 and F6

- Space your children 3-5 years apart
- Go to your health provider for counseling on FP.
- Your health provider can advise you on effective Family Planning methods that suit your needs

Message for F7

- Visit your health provider for check-up and re-supply of Family Planning commodities (e.g. pills, condoms)

Message for F8

- Your health provider can help you choose an appropriate method for you (or spouse/partner).

Part 2: GENERAL INFORMATION (to be filled out with the help of the CHT partner)

Name of Respondent (Last name, first name, mother's maiden name)	NHTS HH ID: □□□□□□□□□□-□□□□-□□□□□□
Name of CHT partner (Last name, first name, mother's maiden name)	Date of Visit when Health Plan was developed (mm/dd/yy):

Part 3: HEALTH PLAN (to be filled out with the help of the CHT partner)

Health Goal	Referral Provider/s (name and address)	Date of planned visit (mm/dd/yy)
<input type="checkbox"/> To go to the health facility for FP counseling		
<input type="checkbox"/> To go to the health facility for FP services/follow-up/commodity resupply		
<input type="checkbox"/> To go to the health facility for fertility counseling and referral for fertility work up		
<input type="checkbox"/> Others		

I/we understand the health risks and needs of our family and I/we have decided to develop this health plan.

(Name and signature of respondent)

Part 4: ACTIONS TAKEN (to be filled out by the midwife, nurse or doctor)

Name of health provider (Last name, First name, Mother's maiden name)/Address of health provider:

Services provided: (including FP counseling and chosen method, supplies given)	Date of consultation mm/dd/yy
	Schedule of next check-up (mm/dd/yy):

Instruction of the provider: (If FP method is advised, please specify the method, instruction, and schedule of follow-up and/or re-supply; For BTL/NSV, specify the referral facility, name of health provider, and schedule)

