DEPARTMENT OF ECONOMICS
PONDICHERRY UNIVERSITY, MAHE.

UTILISATION OF HEALTH SERVICES IN URBAN KERALA
A SOCIO-ECONOMIC STUDY

HOUSEHOLD QUESTIONNAIRE

Household Number                     Ward No. :

I. Identification Particulars:
1. Name of Head of Household
2. Name of respondent
3. Relationship to the Head
4. Religion
5. Caste

II. Demographic Particulars:

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name</th>
<th>Relation To Head</th>
<th>Sex</th>
<th>Age</th>
<th>Marital Status</th>
<th>Education</th>
<th>Occupation</th>
<th>Total individual monthly income</th>
</tr>
</thead>
</table>

III. Housing and Civic Amenities:

1. Type of house
2. Type of Floor
3. Type of roof
4. No. of rooms available in the house
5. Source of lighting
6. What is the source of drinking water? 1. Private Well. 2. Community Well. 3. Public tap. 4. Private tap. 5. Others
7. How much distance is there for the source of drinking water.
10. If yes what is the type of latrine. 1. Pit. 2. Leach pit. 3. Septic tank.
11. If no which facility your family members use.
   1. Open space. 2. Community latrine provided by the municipality. 3. Seashore.
12. Does your area have a drainage system? 1. Yes. 2. No.
13. If yes what is the type and have you satisfied with this.
14. If not satisfied Why?
   1. Poor maintenance. 2. Bad smell.
   3. Remains choked. 4. Others.
15. Record the modern amenities in the house.
   16.1 Newspaper 1. Yes 2. No
   16.2 T.V 1. Yes 1. No
16. How the solid waste from your house is managed?
   1. Simply throw out 2. Burns. 3. Deposit in bins 4. Throwing in rivers

IV Perception of Diseases and Treatment:

1. According to you what is the general cause of disease.
   a) Germs b) Unhealthy environment c) Poverty d) Change of climate e) Bad quality of water f) Others.
2. Please identify the communicable diseases and chronic diseases from the following diseases. [a for communicable; b for chronic and c for don’t know]
   1. Tuberculosis : a b c 2. Cancer : a b c
   3. Epilepsy : a b c 4. Heart diseases : a b c
3. Do you know that the following diseases can be prevented by immunization methods like vaccination and inoculation (code a know, b Don’t know)
   1. Tuberculosis : a b
   2. Polio : a b
   3. Small pox : a b
   4. Malaria : a b
   5. Typhoid : a b
   6. Cholera : a b
4. Do you seek any medical aid if you suffer from the following diseases and symptoms (code a go for treatment, b do not go for treatment)
   1. Head ache : a b
   2. Body pain : a b
   3. Back pain : a b
   4. Chest pain : a b
   5. Stomach pain : a b
   6. Diarrhoea : a b
   7. Cough : a b
   8. Cold : a b
   9. Tooth ache : a b
5. If you do not go for treatment give reasons:

1. Medical aid is costly. 2. These are minor ailments not serious enough for treatment. 3. Busy with work so no time. 4. Will miss a day’s wage if go for treatment. 5. Knows medicines.

6. At what stage of illness do you go for treatment?

1. Immediately 2. Wait and see the severity of illness. 3. When it starts affecting the day to day work.

7. Do any of your household members have the smoking and drinking habit

1. Yes 2. No

8. If yes details of the person indulged in tobacco consumption and liquor

Name: .......... 
8.1 Smoking alone
8.2 Smoking and drinking

V Communicable Ailments (Disease due to infection)

1. Has any member of your family suffered from any communicable ailments during the last one month (if more than one mention the last which he/she affected)

1. Yes 2. No.

2. If yes mention the details of the disease affected and method of treatment.

<table>
<thead>
<tr>
<th>Name of the person</th>
<th>Name of disease</th>
<th>No. of days suffered</th>
<th>Method of treatment</th>
<th>Agency of treatment</th>
<th>Inpatient/outpatient</th>
<th>If IP No. of days of IP</th>
<th>If no treatment give reasons</th>
<th>Medical Expenditure</th>
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3. Are you dissatisfied with the services rendered by the hospital which the patient utilized for treatment 1. Yes 2. No.

4. If yes what are the problems faced them in the hospital.
VI. **Chronic Diseases or Ailments**

1. Has any of the household members suffered any chronic illness for the last one month  
   1. Yes.  2. No.

2. If Yes provide the details of the diseases affected and treatment procedures.

<table>
<thead>
<tr>
<th>Name of the person</th>
<th>Name of disease</th>
<th>Inpatient/outpatient</th>
<th>I.P or O.P</th>
<th>I.P No. of days</th>
<th>No of days/years suffered</th>
<th>Agency of treatment</th>
<th>If no treatment given reasons</th>
<th>Medical Expenditure</th>
</tr>
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3. Are you dissatisfied with any thing regarding the health centre which the patient has utilized for treatment  
   1. Yes.  2. No.

4. If yes what are they ?

VII. **Other illness:**

1. Apart from the communicable diseases and chronic diseases, has any of your household members suffered from any other illness including injuries during the last one month  
   1. Yes.  2. No.

2. If yes provide the details of affected illness of the household member (if more than one mention the last).

3. Are your dissatisfied with the health centre which the patient utilized for treatment  
   1. Yes.  2. No.

4. If yes what are the reasons ?

VIII. **Treatment process:**

1. Has your household members ever gone for voluntary health check up.  
   1. Yes  2. No.

2. If no, do you think that it is necessary to have regular health checkup?  
   1. Yes  2. No
3. If yes why did you not go for health checkup?
   1. Yes  2. No.

4. Do you go the same clinic/hospital for all illness of the household members unless they refer to others hospitals.
   1. Yes  2. No.

5. If yes what kind of health centre is it?

6. How far away is the treatment centre from your house?
   1. Yes  2. No.

7. If there any health centre/hospitals nearer than one you go for treatment.
   1. Yes  2. No.

8. Then what is the reason for the choice of this particular hospital?

IX. **Government Health Services:**

1. Do your ever utilize a Govt. hospital during the last 2 years
   1. Yes  2. No.

2. Have you utilized the services of the following five important Dept. of General Hospital
   1. Yes  2. No.

3. Do your have any complaints about the following regarding Govt. health centre/ hospitals which you and your household members have utilized? (Code a for Yes, b for No)
   1. Checkup of patients : a b 2. Doctors behavior : a b
   7. Medical equipment : a b

4. Record the opinion about tests & treatment given during the stay in the hospital?
   1. Good  2. Fair  3. Poor

5. Record the opinion about advice and information provided at the time of discharging from the hospital
   1. Good  2. Fair  3. Poor

6. What is your opinion about the accessibility of doctors if need arises while your stay in hospital.
   1. Good  2. Fair  3. Poor
X. Private Health Services

1. Do you go to a private doctor during the last 2 years? 1. Yes 2. No.

2. If yes, did you go to 1) Private hospital 2) Private clinic 3) Doctors residence.


4. Are you satisfied with the services rendered by the private clinics or hospitals?
   1. Yes 2. No.

5. If not satisfied give the reasons

6. Do you have a family doctor
   1. Yes 2. No.

7. If yes how many time, you have visited him during the last one year.
   1. Never 2. 1 to 2 times 3. 3 to 4 times 4. 4 to 5 times

8. If you don't have a family doctor, do you think that it is necessary to have one?
   1. Yes 2. No.

9. Are any member of the household eligible for medical benefit (mention his/her name)
   1. Yes 2. No.

10. If yes what is the type of benefit enjoyed?
    1. ESI 2. Reimbursement of medical charges. 3. Health Insurance. 4. Others (specify)

11. Are all members of the household eligible for the benefit
    1. Yes 2. No.

12. Give priority for the following expenditure (if any item is not relevant put o)

<table>
<thead>
<tr>
<th>Expenditure Items</th>
<th>Priority</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td></td>
<td>Recreation</td>
<td></td>
</tr>
<tr>
<td>Dress Items</td>
<td></td>
<td>Education of children</td>
<td></td>
</tr>
<tr>
<td>Water Current Telephone</td>
<td></td>
<td>Rent</td>
<td></td>
</tr>
<tr>
<td>Medical aid</td>
<td></td>
<td>Maintenance of roof</td>
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</tbody>
</table>

13. What was your approximate medical expenditure during the last one year?
XI. Maternal And Child Health Services

Name of the Women: ________________________  House No.

(For women who gave birth to a child within the last three years i.e since April 1998. If there is more than one woman consider the last one).

1. When you were pregnant did you go to antenatal check up?
   1. Yes  2. No.

2. If yes, where did you go?
   1. Govt. hospital  2. PHC/CHC.  3. Private Doctor/ Private hospital
   4. Govt. Dispensary.  5. Others (Specify).

3. How many times did you go for antenatal check up?

4. How many months Pregnant were you when first had antenatal check up? ............months

5. (If no for question No.11) Why did you not go for antenatal check up?
   1. Lack of knowledge of services.  2. Did not feel necessary  3. Financial cost.  4. Distantly located.  5. Poor quality of service.

6. Was your weight taken when you were pregnant ?
   1. Yes  2. No.  3. Do not remember

7. Was your blood pressure measured when you were pregnant
   1. Yes  2. No.  3. Do not remember

8. How many IFA Tablets did you receive during pregnancy.
   1. ............Number.  2. No. IFA tablets.  3. Do not remember

9. Were you given an injection in the arm during pregnancy to prevent Tetanus
   1. Yes  2. No.  3. Do not remember

10. If yes, how many times did you take Tetanus injection
    1. .......number  2. Do not remember

11. At what month of pregnancy did you have abdominal check up for the first time
    1. .........:month.  2. No check up

12. How many times did you have abdominal check up?
    1. No. of times..........  2. Do not remember.
13. During your pregnancy did you suffer any of the following health problem.

14. If yes what is the health problem
15. For the health problem did you consult a doctor or health worker
   1. Yes     2. No

16. If yes, whom did you consult?
   1. Govt. Hospital. 2. PHC/CHC doctor. 3. Private Doctor. 4.Private Nurse. 5. ANM. 6. DAI. 7. Others (Specify)

17. Where did the delivery take place?
   1. Govt. Hospital. 2. PHC/CHC. 3. Private Hospital. 4. Home. 5. Voluntary Hospital. 6. Others (Specify)

18. What was the reason for the choice of delivery place
   1. Free or less expensive
   2. Good medical care
   3. Doctor is known
   4. Medical reimbursement
   5. Others

19. If home delivery who conducted the delivery

20. Was the baby weighed immediately (if live birth only) and what was the weight of the baby.
   1. ............gms. 2. Do not remember

21. During delivery do you experience any of the following health problem?

22. During the first week after delivery did you experience any of the following health problems.

23. If yes did you consult a doctor or health worker for your problems?
   1. Yes 2. No
24. If yes whom did you consult?

25. Have you given all the vaccination to be given to a child below 3 years of age.
   1. Yes 2. No. 3. Don’t know

26. If yes what are the important immunization vaccination given (code a given b not given)
   1. BCG total polio: a b
   2. D.P.T 3 doses : a b
   3. Polio 3 doses : a b
   4. Measles: a b

27. If all doses of immunization is not given, what are the reasons for that?
   1. Child was too young. 2. Not aware of all doses. 3. Fear of side effects. 4. Child not well. 5. Ignorance.

28. From where the last immunization was given
   1. Govt. source. 2. Private source.