APPENDIX E: Health Care Seeking Behavior Interview Schedule

I. General Information

Family Composition

<table>
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<tr>
<th>Sr. No.</th>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Relationship</th>
<th>Educational Occupation</th>
<th>Qualifications</th>
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</thead>
</table>

Type of Family
- Nuclear (1)
- Joint (2)

II. Illnesses

1. Which according to you are "minor" illnesses?

2. Which according to you are "major" illnesses?

3. (a) Have you had any health problem(s) since childhood?
   - Yes/No
   - (1) (2)

   (b) What was the problem(s)?

   (c) How long did the problem(s) last?

   (d) What were the symptoms?

4. Do you think you are well or unwell?
   - Well/Unwell
   - (1) (2)

   Why?
5. (a) Do you perform regular household duties when you are unwell?  
   Yes/No  
   (1) (2)  

   (b) Why?  

6. (a) If you have problems such as aches/pains in the joints, lower back, menstruation problems etc., what do you do?  

<table>
<thead>
<tr>
<th>Visit a</th>
<th>System of Medicine</th>
<th>Home Remedy</th>
<th>Ignore the illness</th>
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<tr>
<td>Govt.</td>
<td>Pvt.</td>
<td>Allo-</td>
<td>Homeo-</td>
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6. (b) If the illness persists for more than 2-3 days, what do you do?  

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7. If an illness e.g., fever, malaria, etc., persists for more than 2-3 days, what do you generally do?

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<th>Home Remedy</th>
<th>Ignore the illness</th>
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(1) (2) (3) (4) (5) (6) (7) (8)

- Self
- Husband
- Children
- Son
- Daughter
- In laws/Parents/Others

8. (a) Have you been ill in the last six months?
   Yes/No
   (1) (2)
   If yes, please give the following details:

   (b) What were the symptoms?

   (c) Type of treatment taken?

   (d) Duration of the illness?

   (e) Was the treatment completed?
   Yes/No
   (1) (2)
   If no, then please give the reasons.

9. (a) When do you decide that you must stop working and lie down to rest?

   (b) Why?

10. (a) At present do you have any complaints about your health?
    Yes/No
    (1) (2)

    (b) Please specify the complaint.

    (c) What are you doing about it?

11. Whom do you perceive as a healthy person?

12. When is a woman considered 'ill' or 'sick'?
13. (a) Should a woman be healthy?
   Yes/No
   (1) (2)
   (b) Why?

14. (a) Do you believe that when an illness/sickness persists for
   more than 2-3 days, necessary action should be taken?
   Yes/No
   (1) (2)
   (b) Why?
   (c) What action should be taken?

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Self
Husband
Children
Son
Daughter
In-laws/Parents/Others

15. (a) Do you believe that a woman should perform her household
duties even if she is not well?
   Yes/No
   (1) (2)
   (b) Why?

16. Whose health is more important? Please indicate in order of
   priority.

   Self (1)
   Husband (2)
   Son (3)
   Daughter (4)
   In-laws (5)
   Parents (6)
   Others (7)
17. (a) Do you feel that the family members should know about the women's health problems (Children, husband, in-laws, parents)?
   Yes/No
   (1) (2)

   (b) Why?

18. If you had limited money to spend on whose health would you spend it? Indicate the order of preference.
   Self (1)
   Husband (2)
   Son (3)
   Daughter (4)
   In-laws (5)
   Parents (6)
   Others (7)