APPENDICES
FAMILY INTERVIEW SCHEDULE

Date:

1. Serial No:
2. Family No:
3. Name of the Respondent:
   (Head/Senior Member of Family)
4. Caste:
5. Religion: Hindu (A)  Muslim (B)

I. DEMOGRAPHIC PARTICULARS OF FAMILY MEMBERS:

Q.1. I would like to know the following about each member of your family; his/her Name, sex, age, marital status, educational status, occupation and income.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of the Persons</th>
<th>Relation to Respondent</th>
<th>Sex</th>
<th>Age</th>
<th>Education</th>
<th>Marital Status</th>
<th>Occupation</th>
<th>Income</th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
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<td>G</td>
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1.1 Nature of family: Joint (A)  Nuclear (B)

1.2 Relationship among the members in the family: Congenial (A)  Non Congenial (B)

1.2.1 If Non – Congenial, group under effect:
   Head of the family and his wife (1)
   Head and his sons (2)
   Brothers (3)
   Son and his wife (4)
   Mother and sons (5)
   Mother –in-law and Daughter-in-law (6)
   Daughter-in-law (7)

1.3 Household land possession (in acres):
   1) Land owned: irrigated (A):  Dry (A):  Total (C):
   2) Land Rented irrigated (B):  Dry (B):  Total (C):


1.5. House owned or rented? Owned (A)  Rented (B):

1.6 Number of living rooms: 1  2  3  4  5  6

1.6.1 Approximate size of rooms:

1.7 Number of persons suffering from chronic illness (Heart disease, Cancer, Paralysis, Asthma, Diabetes & T.B.):

<table>
<thead>
<tr>
<th>Name of Persons</th>
<th>Disease</th>
<th>Duration</th>
<th>Treatment sought</th>
<th>Money Spent</th>
</tr>
</thead>
<tbody>
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</table>

1.8 Kindly give the details of the sources of income of your family:

1) Total Wages earned by the family members  Rs.
2) Total Salaries earned by the family members  Rs.
3) Agricultural income  Rs.
4) House Rent  Rs.
5) Small Business Rs.
6) Others Rs.
7) Total Rs.

1.8.1 What is your family annual income? Rs.

1.9 Particulars of family expenditure per month.
1) On food and eatables Rs.
2) On clothing (Yearly) Rs.
3) On House rent Rs.
4) On education of children Rs.
5) On medical expenditure Rs.
6) On ceremonies Rs.
7) On entertainment Rs.
8) On News Papers Rs.
9) On Electricity Rs.
10) On Gas Rs.
11) On fuel Rs.
12) Total Rs.

1.9.1 What is your annual expenditure requirement? Rs.

1.10 Give priority for the following expenditure items.

<table>
<thead>
<tr>
<th>C.No.</th>
<th>Expenditure Items</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>1.1</td>
<td>Food and eatables</td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Clothing</td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>House Rent</td>
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<tr>
<td>4.1</td>
<td>Education of children</td>
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<tr>
<td>5.1</td>
<td>Ceremonies</td>
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<tr>
<td>6.1</td>
<td>Entertainment</td>
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<tr>
<td>7.1</td>
<td>Medical Expenditure</td>
<td></td>
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<tr>
<td>8.1</td>
<td>News Paper</td>
<td></td>
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<tr>
<td>9.1</td>
<td>Electricity</td>
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<tr>
<td>10.1</td>
<td>Gas</td>
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</tr>
<tr>
<td>11.1</td>
<td>Fuel</td>
<td></td>
</tr>
</tbody>
</table>

II. PERCEPTION OF THE HEALTH NEEDS:

(A) HOUSING:
2.1 Record the location and general conditions of the house and type of residence.
Pucca Structure (A)
Kucha Structure (B)
Semi-Pucca Structure (C)
Hut (D)

2.2 Are windows and ventilators present in rooms of your house?
(1) Yes (2) No (3) Not applicable (if it is a hut)

2.2.1 If yes why are they installed? (1) To get air & light (2) To go smoke out of house. (3) Do not know

2.3 Is there sufficient arrangement of sunlight to come in your house?
(1) Yes (2) No (3) Not applicable (if it is a hut)

2.3.1 If yes, what are the uses of sunlight? (1) To kill the germs in the air (2) to keep the house free from disease (3) To produce power to the solar lamp (4) To dry the seeds & clothes (5) Do not know.
2.4. Do you keep your cattle and other animals inside the house?
(1) Yes  (2) No  (3) Not applicable
2.4.1 If Yes, Why? 1) To take care of animals. 2) No separate place for cattle shed. 3) Fear of theft. If kept them outside the house.
2.4.2 It is said that many diseases are carried to man through cattle and other animals; Is it correct to say so? If yes; how? 1) No Problem 2) Take Care about hygiene & Sanitation in the cattle shed daily. 3) Yes it is correct, but inevitable. 4)
2.4.3 What do you do with the cattle dung? 1) Use as a fuel. 2) Use to smear the floor & walls of the house. 3) use as a fertilizer (manure)
2.4.4 When do you remove the cattle dung from the place? 1) Daily 2) Alternative day 3) Once in three days.
2.4.5. Where is cattle dung dumped? and How? 1) Pit outside the house 2) Pit outside the village.
(1) Distance from the house:
B. WATER:
2.1 What is the source of water supply?
Private tap in the house (river water) (A)
Public stand point in the street (B)
Public hand Pump (C)
Public Well (D)
2.2 Some times people get sick from drinking bad water: and how do you know when water is bad so that people get sick from it? (A) Bad smell (B) Micro-organisms in the water (C) Slops
2.2.1 Can such water be made safe? 1) By Putting Medicine in to the water 2) Don’t know.
2.2.2 If you use medicine, What are those? 1) Potassium Permanganate 2)Magnesium salt. 3) Aluminum sulphate.
2.3 Have you heard or seen about chemicals being used to put into well or water tank?
1)Yes  2)No
2.3.1 If yes, who should be responsible for putting chemicals into (a) Private and (b)Public Well or water tank?
(A) Private  (B) Public
2.4 Where do you Normally take your bath?
At the front door of the house (A)
At the common bath room in the house (B)
At public hand pump (C)
At out side the house (D)
At Separate bath room in the hopuse (E)
2.5 Where does the waste water from your house go?
To the soak pit behind the house (A)
To the drainage (B)
To the road (C)
To the soak Pit in front of the house (D)
2.6 Is water supply adequate for you?  (1) Yes (2) No
2.7 Does your street have a drainage system? (1) Yes (2) No
2.7.1 If Yes, are you satisfied with the drainage system? (1) Yes (2) No
2.7.2 If No, Why?
No Maintenance  (A)
Bad Smell (B)
2.7.3 In your opinion who should be responsible for keeping the streets and lanes of the village clean?
Why? (A) Gram panchayat (B) Voluntary agencies (C) Volunteers (D) Publics (E) Any other
Any other

C. LATRINES:
2.1 What latrine facility do men and women of your family member use?
Latrine attached to the house (A)
Open space at the road side (B)
Community latrine provided by the gram panchayat (C)
Field defecation (D)
2.2 When you attend to nature call in open space, do you go singly or with someone else?
(1) Single (2) With someone.

2.3 Do you have a latrine in the house? If yes, since when?
2.3.1 If yes, what type is it?
Modern flush out (A)
Basin without flush (B)
Old Pit (C)
Any other (D)
2.3.2 Who of the family member use it regularly?
Head and his wife (A)
Wife and children (B)
Children only (C)
All members (D)
2.4 How about in rain? 1) Use towel 2) Use umbrella 3) use plastic cover
2.4.1 If you have to go at night or in case you are ill then what do you do?
1) Go alone 2) Take someone with me

III PERSONAL HYGIENE AND HABITS IN CULTURAL PERSPECTIVE:
(A) PERSONAL HYGIENE:
3.1 Do you wash your mouth and teeth clean? (1) Yes (2) No
3.1.1 If yes, how frequently-Daily (A)
Alternate days (B)
Weekly (C)
3.1.2 Cleaning done with-
Plain water (A)
Dantoon (B)
Branded tooth powder (C)
Tooth paste with brush (D)
Ash with salt (E)
Neem stick (F)
Any other (G)
3.2 Hand washing after latrine:-
With Plain water (A)
With Soil (B)
With Soap (C)
With Ash (D)
3.3 Do you wash your hands before meals in soap? (1) Yes (2) No
3.4 How frequently do you shave?
Regularly (A) Weekly (B) Bi-weekly (C) Fortnightly (D) Monthly (E)  
3.4.1 It is said that the saloon shaving can spread aids to the people: If so, then what do you do?  
1) Go to a saloon along with own blade 2) Proper care is taken 3) Do not go to saloon for shaving 
3.5 If there are lice in the head, how do you try to get rid of them?  
1) Use branded medicine 2) Use home medicine 3) Not applicable 
3.6 Do you cut your nails? (1) Yes (2) No why? ..................................................  
3.6.1 If yes, how frequently:-  
Weekly (A)  Bi-weekly (B)  Fortnightly (C)  Monthly (D)  
3.7 How frequently you take bath during summer, winter, rainy season?  
DURING SUMMER (A)  DURING WINTER (B)  DURING RAINY SEASONS (C) 
(A) Daily One Time (A) Daily One Time (A)  
(B) Daily Two Times (B) Alternate Day (B)  
(C) Daily Three Times (C) Once in Three days (C)  
3.7.1 Do you use any cleaning agent in bathing? (1) Yes (2) No  
3.7.2 If yes what are those? Soap (A) Flour (B) Alkalin Soil (C) Any other (D)  
3.7.3 Do you wash your head during bath? (1) Yes (2) No  
3.7.3.1 Washing done with- Lemon (A) Soap (B) shampoo (C) Alkalin soil (D)  
3.8 How frequently you change your clothes?  
Regularly (A) Once in Two days (B) Weekly (C) Bi-weekly (D) Fortnightly (E)  
3.8.1 Do you wash your clothes yourself? (1) Yes (2) No  
3.8.2 If no, do you get them washed by washerman? Yes (1) No (2)  
3.8.3 If yes (for Q: 3.8.1) washing done with- plain water (A) Soap (B)  
3.8.4 Expenses over washing the clothes per month Rs.  
3.9 Do you wear footwear? Regularly (A) Occasionally (B)  
3.9.1 Do you wear footwear during work in the field? 1) Yes 2) No  
3.9.2 Do you use footwear during defecation? Yes (A) No (B)  
3.9.3 If yes why? (Tick one)  
To prevent soil infestation (A)  
To protect the feet from the larva contact (B)  
To maintains hygiene (C)  
Any other (D)  
B. PERSONAL HABITS:  
(A) FOOD HABITS:  
3.1 How many times in a day do you and others in your family take meals?  
One time (A) Two Times (B) Three Times (C) Four Times (D)  
3.2 What is your staple food? Jowar (A) Wheat (B) Rice (C) Bijra (D) Maizer (E) Dal (F)  
3.3 Is family vegetarian or non-vegetarian? Vegetarian (A) Non-Vegetarian (B)  
3.3.1 If Non-Vegetarian how frequently do you take? Daily (A) Once in week (B)  
Twice in a week (C) Fortnightly (D) Monthly (E) Occasionally (F)  
3.3.2 What is the sources of Non-vegetarian? Egg (A) Mutton (B) Chicken (C) Beef (D) Pork (E)  
3.3.3 Where do you take Non-vegetarian food? At Home (A) At Hotel (B) Daba (C)  
Any other (D)
3.3.4 If at home how do you use? Boild (A) Raw (B) Burnt (C)

3.4 If Vegetarian for Q. 3.3 how frequently do you take?
Daily (A) Alternate Days (B) Weekly (C)

3.4.1 If Vegetarian, what are those? Green Vegetable (A) Sweet Potato (B) Green Gram (C) Potato (D) Brinjal (E) Ladies finger (F) Carrot (G) Dry Seeds (H) Tomato (I) Chillies (J) Onion (K)

3.4.2 Expenses over vegetables per month Rs.

3.5 What do you normally take in your meals?
3.5.1 Daily food in take- Normal (A) Moderate (B) Heavy (C)

3.6 Milk of what animal do you prefer? Mention reasons for.
(A) Cow Reasons.........................
(B) Buffalo ................................
(C) Goat ...................................
(D) Sheep ..................................

3.6.1 Do you boil it before drinking? If Yes, Why?
To get pure milk (A)
To Kill Micro-organisms in the milk (B)
Top prevent contamination of milk (C)

3.6.2 If a fly is found in food or milk, will you consume such a food? (1) Yes (2) No
3.6.3 If no, why? Fly is dangerous (A) Fly is poisonous (B) flies transfer germs (C) fly defecate on human food (D) Any other (E)

3.6.4 If yes, (for Q: 3.6.2) 1) No problem 2) Became waste 3) Became economic loss.

B SMOKING HABIT:
3.1 Do you smoke? Bidi (A) cigarette (B) Bidi + cigarette (C) Ganja (D) Do not smoke (E)
3.1.1 If Yes frequently per day? One time (A) Two times (B) Three times (C) Always (D)
3.1.2 Expenses over smoking per month Rs...................

C ALCOHOL CONSUMPTION:
3.1 Do you take drinks? Yes (A) Do not drink (B)
3.1.1 If yes, do you take daily or occasionally? Daily (A) Occasionally (B)
3.1.2 If consumed daily how frequently? One Time (A) Two times (B) Three times (C) More than three times (D)
3.1.3 What other things do you take with it? 1) Meals 2) Nothing
3.1.4 Expenses over drinking per month Rs.................

D HABIT OF SPITTING:
3.1 Do you have the habit of spitting? Yes (A) NO (B)
3.1.1 If Yes, How frequently do you spit? Once in day (A) Twice in a day (B) Thrice in a day (C) Four times in a day (D) More than four times in a day (E) I can not know (F)
3.1.2 If so, why? Habit (A) No reason (B) Any other (C)
3.2 What others feel about it ?
Advised by elders to give up (A)
It is unhygienic (B)
Not good for health (C)
Tongue looses its power of recognising taste (D)
Any other (E)

3.3 Do you have the habit of chewing? (Tick One)
Betelnut (A)
Betelnut + Betel + lime + Tobacco (B)
Sweet Pan (C)
Pan Masala (D)
Gutkha (E)
Tobacco + lime (F)
Do not chew (G)

3.3.1 If Yes, how frequently per day? (Tick one)
Once in a day (A)
Twice in a day (B)
Thrice in a day (C)
Four times in a day (D)
No limit (E)

3.3.2 If so, when? After meals, (A) Before meals (B) After Tea (C) Always (D)

3.3.3 If you do chew pan after meals give reasons.
Keep the mouth fresh (A)
It is digestive (B)
Not injurious to health (C)
Any other (D)

3.3.4 If you do chew gutkha or pan with tobacco, what others feel about it?
Injurious to health (A)
Can cause Cancer (B)
Tongue loses its power of recognising the taste of food consumed (C)
Any other (D)

3.3.5 Expenses over chewing per month Rs. .................

E GAMBLING:
3.1 Do you play gambling? Never (A) Habitual (B) Occasional (C)

3.2 Do you feel that gambling will leave you with no money for spending it to your health needs?
Yes (A) No (B) N.A. (C)

F PHYSICAL EXERCISE:
3.1 Do you have the habit of doing physical exercise? Never (A) No need (B) Regular (C) Irregular (D)

3.1.1 If Yes, expenses over diet for Physical exercises per month Rs. .................

IV BELIEF SYSTEM:
(A) BELIEFS ABOUT HEALTH:
4.1 What according to you, is health? (Tick any Two)
1) Free from any disease/illness/injury in the body.
2) Normal functioning of the body.
3) Ability to perform daily routine work without any difficulty.
4) Hard work, long lives and eats more.
5) Free from worries, sorrows and well adjustment with others.
6) Good muscular body and mental well-being.
7) Right condition of the body.
8) Gods gift and good deeds of the past lives.

4.2 Do you think that you enjoy good health? If so how?
1) Perform daily routine work 2) Teethes are strong and eats more 3) Good sights 4) Right condition of the body 5) Not applicable

4.3 In your opinion what life is good for health? Rural (A) Urban (B)
B BELIEFS ABOUT DISEASE:
4.1 What according to you, is the general cause of disease? (Tick any one)
1) Poverty and Germs + Confined to bed.
2) Excessive heat or cold + Bad and irregular habits.
3) Malfunctioning of the human body + Physical and Mental weakness.
4) Unhealthy environment + Wrong Combination of food.
5) Cannot perform his/her daily expected role + Sins or misdeeds of the past life.

4.2 What according to you, is the external symptoms of diseases such as Jaundice, Fever and Cholera? (Tick any three)
(A) Jaundice
1. Looks sad
2. Yellowish eyes
3. Yellowish urine
4. Loss of appetite
5. Others
(B) Fever
1. Looks pals
2. Red eyes
3. Nose running
4. Loss of appetite
5. Black body
6. High body temperature
7. Head ache & body ache
(C) Cholera
1. Diarrhoea & vomitting
2. Looks pale
3. Excess heat in the body
4. General Weakness
5. Thirst
6. Dry skin
7. Sunken eyes

C PERCEPTION ABOUT TREATMENT AND HELP SEEKING BEHAVIOUR:
(A) PERCEPTION ABOUT TREATMENT:
4.1 Do you go to a doctor or Vaidya for treatment, if you suffer from the following symptoms and diseases?
1) Doctor 2) Vaidya

<table>
<thead>
<tr>
<th>Symptoms and Diseases</th>
<th>Go for treatment</th>
<th>Do not go for treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Back pain</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Body pain</td>
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<td>2</td>
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<td>Chest pain</td>
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<td>2</td>
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<tr>
<td>Cough and Cold</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Stomach ache</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Tooth ache</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Dysentery</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

4.2 If you do not go for treatment mention reasons, (Tick one)
1) No money to go for treatment
2) Time do not suit us
3) Loss of the wage of the day, if I go for treatment,
4) These do not call for medical aid.
5) Medical fees is expensive and drugs are not cheap
4.3 At what stage of the illness do you go for treatment? (Tick one)
1) When illness affects daily routine works
2) Wait & see the severity of illness
3) Immediately
4) When illness in capacities the body

B HELP SEEKING BEHAVIOR:
4.1 Do you consult any one apart from medical professionals before going for treatment?
Yes (A) No (B)
4.1.1 If Yes, Whom do you consult? Relatives (A) Neighbours (B) Friends (C) Teacher (D)
4.2 What type of suggestion do you get from them?
1) Advise to go for treatment 2) Advise to go to a doctor
3) Prescribing medicine 4) Advise to take rest
4.2.1 Do you consider their suggestion?
1) No, I don’t follow.
2) Yes, but I do not follow completely.
3) Yes, I do follow their suggestion completely.
4.3 Do you get any help from others if you fall sick? Yes (A) No (B)
4.3.1 If yes, what type of help do you get from them?
1) Medicine 2) Food
3) Suggestion 4) Financial help
4) Providing Assistance in the hospital.
4.3.2 Have sought loan for medical expenses? 1) Yes 2) No
4.3.3 If Yes, How much? Rs. (A) No Expense (B) Less than 100 (C) 100-103 (D)301-500 (E) 501-700 (F) 701-900 (G) 900-1100 (H) 1101- above.
D Beliefs about Food and Nutrition
4.1 Is nutritious diet essential for health? Yes (A) No (B)
4.1.2 If yes, What in your opinion are the most nutritious in the following items (Tick any Three)
1) Milk 2) Butter 3) Ghee 4) Egg 5) Meat 6) Fish
4.2 Please identify the following food items as hot and cold. (Mark ‘H’ for hot & ‘C’ for cold)
1) Jowar 2) Wheat 3) Bijra 4) Maize 5) Raagi 6) Milk
V DISEASE PATTERN
5.1 Are your all family members healthy?
5.1.1 If no, how many of them have had diseases of kind during last one year?
(1) (2) (3)
5.3 Please give the detailed information about your family member’s health problems.
5.3.1 Head- Headache 1 5.3.2 Eyes- Pain in eyes 1
Dandruff 2 White spot 2
Lice 3 Sty 3
Loss of hair 4 Poor vision 4
Others 5 Blindness 5
Night blindness 6
Redness 7
5.3.3 Ear- Pain in ear 1 5.3.4 Throat- Swallowing Problem 1
Ear discharge 2 Pain in throat 2
Deafness 3 Mass in the neck 3
Others 4 Others 4
5.3.5 Nose- Growth in the nose 1
     Bleeding from nose 2
     Common cold 3
     Nose block 4

5.3.6 Teeth-
     Pain in gum 1
     Loss of teeth 2
     Swelling in gum 3
     Black and yellow spot on teeth 4
     Bleeding in gum 5

5.3.7 Respiratory-
     Chronic cough 1
     Common cough 2
     Whooping cough 3
     Chest pain 4
     Breathlessness 5

5.3.8 Skin Diseases-
     Scabies 1
     Eczema 2
     Ring worm 3

5.3.9 Bones-
     Joint pains 1
     Fracture 2
     Sprain 3

5.3.10 Water Borne Diseases-
     Dysentery 1
     Typhoid 2
     Cholera 3
     Jaundice 4
     Skeletal fluorosis 5
     Tooth mottling 6

5.3.11 G.I.D-
     Constipation 1
     Pain in abdomen 2
     Diarrhoea 3
     Gas trouble 4
     Bleeding in Rectum 5
     Jaundice 6
     Burning in Stomach 7
     Vomitting 8
     Worms 9
     Piles 10

5.3.12 Mental Problems-
     Mental retardation 1
     Psychosis 2
     Neurosis 3
     Depression 4
     Hystheria 5

5.3.13 Gynaecological Problems-
     Excessive bleeding
     During M.C 2
     White discharge 3
     Irregular mensus 4
     No M.C. 5
     Prolapse uterus 6

5.4 VITAL EVENTS:
5.4.1 Any death accrued during the last five years
5.4.2 If yes, please give the number of death.

<table>
<thead>
<tr>
<th>Particular of Disease</th>
<th>First death</th>
<th>Second death</th>
<th>Third death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>Sex</td>
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<td>Month and year</td>
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<tr>
<td>Cause</td>
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</tbody>
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5.5 What other diseases are common in your village? (Tick any three)

1) Body pain
2) Back pain
3) Joint pain
4) Cough and cold
5) Fever
6) Leprosy
7) Polio
8) Paralysis
9) T.B.
10) Influenza
11) Malaria
12) Stomach ache
13) Jaundice
14) Typhoid
15) Mumps
16) Vomiting
17) Asthma
18) Heart disease
19) Fluorosis
20) Scabies
5.6 What in your opinion, are the causes of common diseases in your village? (Tick Three)
1) Poor economic condition.
2) Unhygienic condition in the house.
3) Bad sanitary condition in the village.
4) Bad water supply and germs in the air.
5) Excessive fluoride in the water.
6) Too much family worries and tensions.
7) Malnutrition and irregular food habits.
8) Changing climatic conditions.
9) Lack of education and personal hygiene.

VI AWARENESS ABOUT HEALTH AND DIETARY PRACTICES, NUTRITION PROGRAMME AND HEALTH SERVICES:

A) AWARENESS ABOUT HEALTH PRACTICES:
6.1 What do you do in case of somebody in your family falls sick? (Tick One)
1) Go to a nearest hospital.
2) Go to the private doctor in the near by town.
3) Consult midwife or trained dai.
4) Use home medicine
5) Consult local doctor
6) Take old medicine prescribed by a doctor in the earlier instance.
7) Go to a exorcist or sorcerer
b) What do you do in case of snake-bite, scorpion-bite and dog-bite? (Tick one)
1) Go to the Government hospital. 2) Use home medicine
3) Go to the private doctor. 4) Consult traditional healer
5) Consult Ayurvedic Practitioner.
6.2.1 If you use home medicines, what are those?
6.2.2 Please give the details about the preparation of medicine. In case if snake-bite, scorpion-bite and dog-bite.
6.3 What do you do in case of jaundice? (Tick One)
1) Go to the Govt-Hospital 2) Go to the Private doctor 3) Use Home Medicine
4) Consult ayurvedic practitioner 5) Consult traditional healer 6) Others.

B DIETARY PRACTICES DURING ILLNESS
6.1 What do you take in your meals during the illness? (Tick One)
1) Bread and milk
2) Rice and milk
3) Liquid rice with salt
4) Fruits juice
5) Milk and biscuit
6) Take according to doctor’s advise
7) Others

C NUTRITION PROGRAMME:
6.1 Is there a nutrition programme for children in your village? 1) Yes 2) No 3) Don’t know
6.1.1 If Yes, do any of your children receive these nutrients? 1) Yes 2) No
6.1.2 If Yes, which organisation is conducting this nutrition programme? 1) Government 2) Voluntary organisation 3) Don’t know
6.1.3 What do your children receive? 1) Milk 2) Egg and Milk 3) Solid food
4) Flour (Ladu) 5) Pulses and cereals.
6.1.4 How frequently your children get these nutrients?
1) Daily  2) Alternate days  3) Weekly  4) Bi-weekly
6.2 Are you satisfied with this program? 1) Yes  2) No
6.2.1 If not satisfied give reasons:
1) Quality of the food is not good
2) The food is served very late
3) Inadequate quantity
4) Children do not like the food
6.2.2 If Yes satisfied give reasons:
1) Quality of the food is good
2) The food is served at right time
3) Adequate quantity
5) Children like the food
6.3 If no, (for Q No 6.1.1), why don't your children get nutrients?
1) Meant for poor 2) No Need 3) Children does not like the food 4) Not good for our children 5) Others.

D AWARENESS ABOUT HEALTH SERVICES:
A) CURATIVE:
6.1 Did you ever utilize a government hospital for the last one year? 1) Yes 2) No
6.1.1 If yes, how many times did you consult the doctor?
1) One time 2) Two times 3) Three times 4) More than three times.
6.1.2 What help did you receive from doctor?
1) Check up 2) Test 3) Medicine 4) Advise 5) Others
6.2 Have you faith in modern medicine & govt. hospital? 1) Yes 2) No
6.2.1 If no faith in modern medicine and govt. hospital, Where do you normally go?
1) Private practitioner 2) Traditional healer 3) Ayurvedic practitioner
6.4 Give reasons for not attending govt. hospital? (Tick One)
1) Lack of faith in govt. hospital and doctors.
2) Lack of adequate services and sympathy in nursing staff.
3) Timing do not suit us
4) Partiality in treatment.
5) No proper guidance to the patients.
6) Charge money for every services.
7) Medicines are not supplied.
8) Much time taking.
9) Hospital is not in working condition.
10) No doctors in the hospital.
6.5 Give reasons for attending an ayurvedic practitioner for treatment? (Tick One)
1) Easily approachable.
2) Quite informal.
3) Ayurvedic medicine is better.
4) Medicine is cheap.
5) Faith in a ayurvedic practitioner.
6) Others.
6.6 Do you go to a traditional healer? 1) Yes 2) No
6.6.1 If Yes, give reasons
1) Faith in traditional healer
2) Disease has a religious cause
3) Attend has a last resort.
4) Others.
6.7 If you did not attend any health agency, what do you do?
   1) Waiting for natural cure
   2) Use home medicine.
   3) Use old medicine prescribed by a doctor many years ago.
   4) Visit to a exorcist or sorcerer
   5) Consult a religious agent
   6) Worship god or goddess causing the disease
   7) Others
6.8 If yes, (for Q: 6.2) give reasons for attending the govt. hospital for treatment.
   (Tick One)
   1) Treatment is good 2) Free medicine is supplied 3) Proper guidance to the patients
   4) Faith in govt. hospital and doctor 5) Adequate service and sympathy in nursing staff.
E IMPACT OF HEALTH DISORDER ON ECONOMIC AND SOCIAL CONDITIONS OF THE FAMILY.
6.1 What is the impact of health disorder on economic condition of your family?
   (Tick One)
   1) Can cause poverty and unemployment
   2) Economically, it is difficult to meet the needs of the family members if any,
      productive adult members falls sick or suffers from some serious illness.
   3) Loss of poverty and pushes into debt
   4) Loss of productivity and income
   5) No problem next elder member of the family will take care of
6.2 What is the Social impact of health disorder on your family? (Tick One)
   1) Can cause worries and sorrows. 2) Can cause low social status
   3) Human Values like sympathy, sacrifice and we- feeling will get social importance.
   4) Marriage of daughters will be postponed 5) Relatives and friends forget their
      personal grudge and get together 6) Children may drop their education 7) any other
VII MATERNAL AND CHILD HEALTH:
A) MATERNAL HEALTH:
7.1 Please give the following details for the children born in your family during the
last five years. (If more than one child was born give information about the last born
child).
A) PRE-NATAL CARE:
7.1.1 Before the child was born, did the expectant mother consult any doctor? 1) Yes
   2) No
7.1.2 If Yes, where?
   1) Govt. hospital
   2) Private nursing home
   3) Private clinic
   4) Private dispensary.
7.1.3 In what month of pregnancy did she consult the doctor? (1) 2-4 (2) 5-7 (3) 8-9
7.2 How many times did she consult the doctor?
   1) One time  2) Two times  3) Three times  4) More than four times
7.3 What help did she received ? 1) Checkup  2) Test  3) Advise  4) Medicine
7.4 If no, (for Q: 7.2.1) do you think that it is necessary for an expectant mother to
   consult doctor?
   1) Yes  2) No.
7.5 What special food given to expectant mother? (Tick any Two)
1) Fruits  2) Egg  3) Milk  4) Vitamins  5) Green vegetables
6) Fish  7) Meat  8) Dry seeds

**B. CHILD BIRTH:**
7.1 Where did the delivery take place? (Tick One)
1) At home  2) Govt. hospital  3) Private nursing home  4) private clinic
7.2 If at home, in the event of delivery case who conducts the delivery? (Tick One)
1) Doctor  2) Nurse  3) Mid-wife
7.3 What was the reason for delivery at home? (Tick One)
1) Lack of money to go to hospital.
2) Family custom to have delivery at home.
3) No time to go hospital
4) No one to look after children at home.
5) Others.
7.4 If delivery was not at home, what was the reason for the choice of the delivery place?
1) Free  2) Less expensive  3) Qualified doctor  4) Good service and care
5) Near at village and Doctor is known to us  6) Other
7.5 If delivery was not at home, what was the approximate cost of delivery? Rs. ...
1) 0-1000/-  2) 1001-2000/-  3) above 2000/-

**C. POST-NATAL CARE:**
7.1 After the child birth did the mother visit any doctor? 1) Yes  2) No
7.1.1 If Yes, what was purpose of the visit?
1) Check up  2) Vaccinating to the child  3) Sickness of the Mother  4) Sickness of child.
7.1.2 How long did she consult doctor after delivery?
1) 4 Weeks  2) 4-8 weeks  3) 8 to 12 weeks  4) More than 12 weeks.
7.2 If no, (for Q: 7.1) do you think it is necessary for nursing mother to visit a doctor?
1) Yes  2) No  3) Don't know
7.3 What special foods should be given to women after delivery? (Tick any two)
1) Sweet ladu (dry coconut, date, dry grapes, sugar, ghee etc)
2) Meat  3) Egg  4) Fruits  5) Green Vegetables  6) Fish
7) Milk  8) Dry seeds

**B. CHILD HEALTH:**
7.1 State up to what age does the mother suckle the child?
1) Up to 6 months  2) Up to 12 months  3) Up to 24 months  4) Up to 36 months
5) More than 36 months.
7.2 When is solid food normally given for the first time to the child? And why?
1) At the age of 6 months
2) At the age of 9 months
3) At the age of 10 months
4) At the age of 11 months
5) At the age of 12 months
6) More than 12 months
7.3 Please give the information about the children in your family.

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name of Children</th>
<th>Age</th>
<th>Sex</th>
<th>Health Condition</th>
<th>Immunization Status</th>
</tr>
</thead>
</table>

C PREVENTIVE
A) IMMUNIZATION:
7.1 Do you know that children should be immunized against some diseases? 1) Yes 2) No 3) Don't know
7.2 Has the child been given the following vaccinations? 1) Yes 2) No
7.2.1 If yes, give the detailed information about vaccinations given to your last born child.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Type of Vaccinations</th>
<th>Age of the Child</th>
<th>Place where Given</th>
<th>By whom Administered</th>
<th>Money spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B.C.G</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>1</td>
<td>Polio three dozes</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>D.P.T</td>
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<td></td>
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<tr>
<td>4</td>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>Vitamin A</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

7.3 Have you and others in your family been vaccinated? 1) Yes 2) No
7.4 Do You Know why vaccination is given?
1) Don't know
2) As a preventive measure against dreadful diseases.
3) Necessary to build up immunity.
4) Others

D) PROMOTIVE:
7.1 Do you know about any government programme for the promotion of health? 1) Yes 2) No 3) Do not know
7.2 Do you know about family planning programme? 1) Yes 2) No
7.2.1 If Yes, do you agree or disagree with the statement that one should not have many children?
1) Agree 2) Disagree
7.2.2 If agree, give reasons in support of your agreement with the statement?
1) It is difficult to maintain a big family.
2) Cause over population.
3) Cause mother's health.
4) Can cause poverty and unemployment.
5) Can provide children with better education.
6) There will be problem of shelter and accommodation.
7) Others.
7.2.3 If you disagree give reasons in support of your disagreement with the statement.
1) God decides to have the number of children.
2) With many children one can get their support.
3) No problem.
4) God will provide to the children with all they need.
5) Others.
7.3 What should be the number of children to make an ideal family.
1) 1-2 2) 3 and above
7.4 Do you know any method of birth control? If yes, what are those?
1) Safe period 2) Natural 3) IUD
4) Condoms 5) Oral Pills 6) Injection
7.4.1 If yes, do you use them? 1) Yes 2) No
7.4.2 If no, give reasons for not using birth control methods. (Tick one)
1) Lack of privacy 2) Lack of safety 3) No money 4) Natural control
5) Others
7.5 What should be the minimum gap between two children for better health of both mother and child? (Tick one)
1) 1-2 year 2) 3 year 3) 4 and above
7.5 Did anybody ever come to you to advise you for. (Tick one)
1) Case finding 2) Preventive 3) Promotive
VIII COMMUNITY RESPONSES TO THE PRESENT HEALTH PROBLEMS:
8.1 What is your reaction about the present health problems of your village? (Tick one)
1) Lack of adequate and safe drinking water supply.
2) Lack of purification in the existing drinking water supply
3) Lack of proper functioning of the local PHC.
4) Lack of good roads and drainage in the village streets.
5) Bring prohibition on arrack shop in the village.
6) Lack of hygiene in the local tea shop.
7) Lack of sanitation in the community latrine.