APPENDIX - C
LOCATION OF THE SURVEY AREA:
COIMBATORE DISTRICT (BLOCKWISE)
### Household Characteristics

1. Household size: ...........................................

2. Social Group. SC/ST/BC/MBC ...........................................

3. Religion: H/M/C/O ...........................................

4. Monthly Income (code) : A...., B....., C..., D.....

5. H.H. Monthly Consumption ...........................................


7. Type of House (code) ...........................................

8. Major source of drinking water (code) ...........................................

9. Type of Drainage (code) ...........................................

10. No. Of family Members Hospitalized during last 5yrs ...........................................

11. Whether aware of need for immunization Yes/ No: ..............

12. Annual amount of insurance Premium : ..............
   a. Life ...........................................
   b. Medical ...........................................
   c. Accident ...........................................

---

**Code**

4. A. 0 – 2500   B. 2501 – 5000   C. 5001-10000   D. 10000 & above

7. Rural: Kutch-1, Semi-Pucca-2, Pucca-3   Urban: Chawl-11, Flat-12, Independent House-13, Other-19


<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>Gen.Ed. Level</th>
<th>Occupation</th>
<th>Code</th>
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**Occupation Code**
3. Self-1, Spouse-2, Married Child-3, Spouse of Married child-4, Unmarried child-5, Grandchild-6, Father/mother/Father-in-law-7, other relatives-8, Non-relatives-9
6. Unmarried-1, Married-2, Widowed-3, Divorced/Separated-4
7. Illiterate-1

**Loss of work**
1. If yes, no. of times hospitalized
2. If yes no. of times hospitalized

**Hospitalized Last 5 yrs**
3. Yes/No

**Occupation Code**
4. Primary/Middle-2, Secondary/High School-3, Higher Education-4

**Gen.Ed. Level Code**
5. ILLiterate-1

**Marital Status Code**
6. Unmarried-1, Married-2, Widowed-3, Divorced/Separated-4

**Sex**
7. Male/Female

**Status**
II.A. Kind of Health Services

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1. Allopathic</td>
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<td>2. Ayurvedtha</td>
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<td>3. Siddha</td>
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<td>4. Homeopathy</td>
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<td>5. Home/No</td>
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</tbody>
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B. Type of Health Care Services Utilized

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<tbody>
<tr>
<td>1. G.H</td>
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<td>2. Private</td>
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<tr>
<td>3. Both</td>
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<tr>
<td>4. Others</td>
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</tbody>
</table>

C. Number of persons utilized Health Care Services: 1 1 1 1 1 1

D. Type of Case

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<tr>
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<th>Yes</th>
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<td>2. Minor Case</td>
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<tr>
<td>3. Major Case</td>
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<td>4. Old Age</td>
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</tbody>
</table>

III.1. Factors Affecting Utilization of Health Care Services

A. Sex

<table>
<thead>
<tr>
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<th>Male</th>
<th>Female</th>
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</thead>
</table>

B. Age

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<td>3.</td>
<td>21-30</td>
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<td>6.</td>
<td>50-60</td>
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<td>7.</td>
<td>60 and Above</td>
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</table>

C. Marital Status-
   Married /Unmarried

xx
2. Socio Economic Factors

A. Mother’s Education
(i) Nil
(ii) Primary/Middle
(iii) Secondary/Higher Secondary
(iv) Higher Education

B. Occupation and Awareness
(i) Blue Collar
(ii) White Collar
(iii) High Class

C. Income
(i) Very Low
(ii) Low
(iii) Middle
(iv) High

D. Number of Times Visited: Deli, Min, Maj, Old

E. Number of Days Stayed: 1, 2, 3, 4

IV. Government Hospital
A. Did you ever utilize the Government Hospital?
   Yes... No...

B. If Yes, What are the reasons?
   1. Free and Cheap
   2. Emergency
   3. Nearby
   4. Neighbour’s advice
   5. Good Care
   6. Doctor Known

C. If No, What are the reasons?
   1. Treatment not Good
   2. Doctor/Nurse behaviour
   3. Nursing Care
   4. Bribe/Corrupt
   5. Favouritism
   6. Not Clean
   7. Crowd/Time
   8. Time Availability

D. Opinion about the Government Hospital
   1. Bad
   2. Fair
   3. Good
   4. Very Good

E. Knowledge of Departments in G.H.
   1. Cardiology
   2. Thoracic

xxi
V. Private Hospital
A. Did you ever utilize the Private Hospital?
Yes ...........  No ............
B. If Yes, reasons
1. Treatment Good .................. 2. Near at Home .............
3. Less Crowd/Time .................. 4. Clean and Tidy ..............
5. Known to us ..................... 6. Round the Clock Services ...........
7. Emergency ......................

VI. Natal Care
A. Where did the delivery take place?
1. G.H ................
2. Private .............
3. Others .............
B. Cost of Delivery: - Rs .............

VII. Post-natal Care
A. Did you consult Post-natal Care?
Yes ...........  No ............
B. Place for Post-natal Care
G.H .............  Pvt .............  Others .............
C. Reason for using G.H.
1. Free and Cheap ............. 4. Neighbour's advice .............
2. Emergency .................. 5. Good Care ..................
3. Nearby ..................... 6. Doctor Known .............

VIII. Immunization
A. Knowledge of Immunization
Yes ...........  No .............
B. Type of immunized
Partial ...... 1 ......, Full ...... 2 ......, No ...... 0 ......
IX. Adoption of Family Planning
   A. Knowledge of adoption of Family Planning
      Yes........ No........
   B. If No, reasons
      1. Lack of knowledge ...............  
      2. Poverty ................................
      3. Too far ................................
      4. Belief and Custom ....................
      5. No need .............................
   C. If Yes, Method of Adoption
      1. Tubectomy ............................
      2. Vasectomy ............................
      3. Loop (IUD) ...........................
      4. Condom ..............................
      5. Withdrawal ...........................
      6. Foam Tablets ........................
      7. Oral Contraceptive .................
      8. Rhythm ..............................
      9. No ....................................
   D. Source of information about FP Method
      1. Friends & Colleagues ..............
      2. T.V./Radio/Cinema ................... 
      3. Newspaper ...........................
      4. Neighbours .........................
      5. Relatives ...........................
      6. Doctor's Advice .....................

X. Knowledge of Insurance
   Type of Insurance and Amount
   Yes No
   1. Life .................................  
   2. Mediclaim ...........................
   3. Accident ............................

XI. Willingness to pay for Government health Services
   Yes........ No........
XII. At What stage did you go for treatment?
A. Immediately ..................................
B. Wait and see the Severity .....................
C. When it starts affecting day to-day work ....
D. When it incapacitates me .....................
E. Other(s) .............................................

XIII. Perception of Disease and Treatment
What according to you the general cause of disease?
1. Germs....................................................
2. Unhealthy Environment .........................
3. Poverty ..................................................
4. Malfunctioning of human system ............... 
5. Bad and irregular habits .........................
6. God's Punishment ....................................
7. Fate ....................................................
8. Others ..................................................

XIV. Medical Expenditure
1. Medical expenditure item
   (a) Medicine ........................................
   (b) Test .............................................
   (c) Consultations ...................................
   (d) Transportations .................................
2. Priority to Medical Expenditure
   (a) Food ............................................
   (b) Clothing ........................................
   (c) Housing .........................................
   (d) Education ......................................
   (e) Medicare ........................................
   (f) Festival and Ceremonies ......................
   (g) Others ...........................................
3. Amount of Medical Expenditure
   (a) 0-500 ...........................................
XV. If Traditional Health Care Services are use, and give reasons

1. Belief, superstition and religion
2. Cost
3. Accessibility
4. Lack of awareness
5. Prohibition

Date: __________________________ Signature of the surveyor