INTERVIEW SCHEDULE
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Title of the study:

“A SOCIOLOGICAL STUDY ON HEALTH AMONG TODAS OF NILGIRI DISTRICT OF TAMIL NADU”

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Declaration:

The information collected from you will be used only for academic purpose.
1. General Information:

1.1 Name of the Block
1.2 Name of the Panchayat
1.3 Head of the House hold
1.4 Family type
   a) Nuclear  b) Joint  c) Extended  d) Others
1.5 Marital status: a) Married  b) Unmarried

2. Shelter possessed:

2.1 House  a) Own  b) Rent  c) Govt.  d) NGO’s
2.2 House Type: a) Thatched  b) Tiles  c) Pucca (concrete roof)  d) Others
2.3 Type of Flooring a) Mud  b) Cement  c) Others
2.4 Area (in Sq.ft) a)  b)  c)
2.5 Ventilation a) Doors  b) Windows  c) Others
2.6 Bathroom enclosed a) Attached  b) Separated  c) Not available
2.7 Toilet facility a) Attached  b) Separated  c) Not available
2.8 Cattle shed a) Near  b) far (Closed / Opened)
2.9 Drainage a) Available  b) Not-available
2.10 Lighting a) Electricity  b) Kerosene  c) No source
2.11 Ration Card a) Available  b) Not-available

Land Owned (in acres)

2.12 a) Wet: a) Below 1  b) 1-2  c) 2-3  d) 3-4  e) 4-5  f) 5-6  g) above 6
2.13 b) Dry  a) Below 1  b) 1-2  c) 2-3  d) 3-4  e) 4-5  f) 5-6  g) above 6
2.4 Owned / Leased in / Leased out / Govt. / Reserve forest
3. Family members details:

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of the persons (if willing)</th>
<th>Relationship</th>
<th>Sex</th>
<th>Age</th>
<th>Education</th>
<th>M / Um</th>
<th>Occupation Prime/ Sec.</th>
<th>Income Salary / Wage</th>
</tr>
</thead>
</table>

Legends: M- Married, Um- Unmarried, W-Widow, D- Divorce, S-Separated

4. Labour Involvement:

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of the person</th>
<th>M / F</th>
<th>Name of the work</th>
<th>Place of work</th>
<th>Distance from house (Km)</th>
<th>Mode of Transport</th>
<th>Working Hrs. Per day</th>
<th>Average / Wage</th>
<th>Duration of employment</th>
</tr>
</thead>
</table>

5. Asset possessed:

- Movable
  - 1. Cycle
  - 2. Motor Cycle
  - 3. Bullock Cart
  - 4. Cow / Buffalow
  - 5. Hen / Cock
  - 6. Goat
  - 7. Radio/ Tap-recorder
  - 8. Television

- Immovable
  - 1. Land (Value)
    - a) Wet
    - b) Dry
    - c) RF
9. Tele-phone  Yes / No
10. Mixture –Grinder  Yes / No
11. Refrigerator  Yes / No

6. Education and Employment:

6.1 What is your educational level?
   a) Un-educated  b) 1-5  c) 6-8  d) 9-10  e) 11-12  f) U.G  g) P.G  h) Professional

6.2 Are you working anywhere?  Yes / No

6.3 If yes, a) Private  b) Govt.  c) Work in own land  d) Others land  e) Agri. Labour
   f) Coolie  g) Service  h) Business

7. Food Habits / Eating Habits:

7.1 What is your stable food item?
   a) Rice  b) Sorghum  c) Ragi  d) Wheat  e) Others

7.2 How many time do you have meals in a day?
   a) 1  b) 2  c) 3  d) 4

7.3 Which kind of food do you prefer?
   a) Veg.  b) Non-veg.

7.4 Do you take milk?  Yes / No
   If yes how many times per day  a) once  b) twice  c) thrice  d) above thrice
   If yes how much 100-200 ml / 200-300 ml / 300-500 ml.

7.5 Do you eat alone / together with your family?  a) alone  b) together

7.6 Who cooks food in the house?
   a) Wife  b) Husband and Myself  c) Children and Myself  d) cook

7.8 Do you include raw vegetables in your diet?  Yes / No

7.9 Is your food suited to the prevailing weather conditions?  Yes / No

7.10 Do you cook special food for special occasion?  Yes / No
7.11 What are the special items that you make?
   i)    ii)    iii)

7.12 You give importance to
   i) Taste    ii) Nourishment    iii) Both

8. Drinking Water:

<table>
<thead>
<tr>
<th>Source of water</th>
<th>Distance</th>
<th>Amount of water (Pots /Lits)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8.1 Are you aware of water borne diseases?  Yes / No
   If yes specify,

8.2 How long do you keep the fetched water for use in rainy season?
   a) One day  b) Two days  c) Three days  d) More than three days

8.3 How long do you keep the fetched water for use in summer season?
   a) One day  b) Two days  c) Three days  d) More than three days

8.4 Do you boil the water and use it for drinking?  Yes / No
9. Consumption of food chart for one week:

<table>
<thead>
<tr>
<th></th>
<th>Food List Ingredients – amount (g / head)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cereals</td>
</tr>
<tr>
<td>Breakfast Persons</td>
<td></td>
</tr>
<tr>
<td>Lunch Persons</td>
<td></td>
</tr>
<tr>
<td>Supper Persons</td>
<td></td>
</tr>
</tbody>
</table>

Mode of cooking food:

9.1 From
   a) Boiled   b) Fried   c) Steamed   d) Gravy   e) Others

9.2 Non- Veg
   a) Mutton   b) Chicken   c) Pork   d) Egg   e) Others

9.3 Supplementary food items collected from the forest?
   a) Roots   b) Tuber   c) Fruits   d) Honey   e) Others

10. Personal Hygiene:

<table>
<thead>
<tr>
<th>Activities</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning teeth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washing clothes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washing vessels</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Marriage and Health:

11.1 When did you marry? or at what age did you marry?
   a) Below 15   b) 15-20   c) 20-25   d) 25 – 30   e) Above 30

11.2 What kind of marriage you had?
   a) with in relation   b) out of relatives   c) inter-caste   d) love marriage
11.3 What type of marriage do you follow?
   a) Monogamy    b) Polygamy    c) Others specify

11.4 Do you find any inbreeding in your family? Give details.

11.5 How did your marriage take place
   a) Arranged by parents    b) Personal choice    c) Others specify.

11.6 Marriage details:

<table>
<thead>
<tr>
<th>Members</th>
<th>Age at marriage</th>
<th>Age at first conception</th>
<th>Age at first delivery</th>
</tr>
</thead>
</table>

12. Mother and child health:

12.1 Do you take extra care during pregnancy period? Yes / No

12.2 If yes, what is the dietary habits adopted during your pregnancy period?

<table>
<thead>
<tr>
<th>Months</th>
<th>Cereals</th>
<th>Pulses</th>
<th>Fruits</th>
<th>Greens</th>
<th>Vegetables</th>
<th>Meat</th>
<th>Oil</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-10</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12.3 Do you go for regular check up during pregnancy? Yes / No

12.4 Have you consumed medicine and nutrition medicine during your gestation?

<table>
<thead>
<tr>
<th>Months</th>
<th>Tonics / Kashayams</th>
<th>Tables / Naturopathy</th>
<th>Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12.5 Was there any complication during your gestation period?
   a) Abortion    b) Blood deficiency (anaemia)    c) Physical weakness    d) Malposition    e) Others

12.6 Have you met the doctor for your complication? Yes / No
12.7 What were the remedies you followed?

12.8 Where did you delivery take place?

12.9 How was your deliveries for you?
   a) Home  b) Hospital (Govt. / Private)  c) Others

12.10 What is the main reason you did not go to a health facility for delivery?
   a) Not necessary  b) Not customary  c) Cost too much  d) Too Far / No transport
   e) Poor quality service  f) No time to go  g) Family did not allow
   h) Better care at home  i) Lack of knowledge

12.11 Who conducted deliveries for you?
   a) Doctor  b) Neighbours  c) Local Dhais  d) Others

12.12 How was your delivery conducted?
   a) Normal  b) Cesarean  c) Others

12.13 Was there any defect in your children after delivery? Yes / No

12.14 If yes give details,

12.15 Was your health affected after delivery? Yes / No

12.16 If yes give details,

12.17 Do you know the importance of breast feeding? Yes / No

12.18 If yes how long did you breast feed your children?
   a) Below 6 months  b) 6-12 months  c) Above 12 months

12.19 Why did you stop breast feeding (if less than one and half years)
   a) Lack of physical strength
   b) Lack of breast milk
   c) Believing in control the physique
   d) Having other facilities to replace mother’s milk
   e) Breast pain
   f) Others: specify
12.20 Was any other milk given to the children?
   a) Cow’s milk       b) Buffalo’s milk
   c) Tinned milk      d) Any other.

12.21 What were the nutritious food fed to your child after six months? Specify,

12.22 What type of medical care did you follow before and after child birth?
   a) Naturopathy       b) Local remedies    c) Allopathic

12.23 After delivery when did you take special food?
   Days / Months: Specify

12.24 What type of special food have you taken after delivery?
   Controlled diet / Ordinary food / Non-Veg. / Nutritious supplements

12.25 For how long you had special food? (in month or day)

12.26 Did your child ever receive any vaccinations to prevent him/her from getting diseases?
   a) Yes        b) No        c) Don’t know

12.27 If yes, please tell me if (name) has received any of the following vaccinations,
   a) BCG       b) DPT       c) Polio     d) Against Measles

13. General Health

13.1 Details about family health:

<table>
<thead>
<tr>
<th>Incidents</th>
<th>Sex</th>
<th>Age</th>
<th>Occupation</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
13.2 Who is your doctor?
   Male / Female

13.3 Will you discuss your health problems with a male physician? (for male)
   Yes / No

13.4 What type of treatment do you follow?
   a) Naturopathy
   b) Allopathy
   c) Witch-doctor (Magico-religious)
   d) Consult nurse / Health worker

13.5 If naturopathy how?
   a) Own b) Village c) Neighbour d) Other's specify

13.6 If allopathy how?
   a) Local b) Town c) Through NGO's
      i) Govt. i) Village centers
      ii) Private -do- ii) Main centers
      iii) Medical shops iii) Others
      iv) Others

13.7 Which is the nearest health service unit?
   a) PHC b) G.H c) Witch-Doctor d) Others

13.8 What is the distance of the hospital from your village? (in Kms)
   a) 1-5 b) 6-10 c) 11-15 d) 16-20 e) 21-25 f) 26-30 g) 31-35 g) Above 35

13.9 Did any village health nurse (VHN) visit your village? Yes / No
   If yes number of visit per month.
   a) Once b) Twice c) Thrice d) More than 3 times.

13.10 Who is visiting you for health and treatment?
   a) Doctor b) Field Health Workers c) Nurses
   d) Dhais c) Others specify
13.11 From which institution do they come to treat you?
   a) Govt.    b) NGO's    c) Others

13.12 What is your mode of transport to health?
   a) Bus    b) Two-Wheelers    c) Three-Wheelers
   d) Walking    e) Bus and Walking    f) Others specify

13.13 Time taken to reach hospital? (Traveling time in Hours)

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Reasons</th>
<th>Year</th>
<th>Duration</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Contagious</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Non-contagious</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13.14 What are the major and minor diseases in your family?
   Father: 
   Mother: 
   Children: 

13.15 Do the doctors/nurses treat you for all diseases in your village itself? Yes/No
   If no, how do they manage?

13.16 Was there any terminal illness in the family? give details.

13.17 Was there any surgery in the family? give details.

13.18 How do you treat poisonous reptile bites?
   a) Herbal plants    b) Magico-Religious    c) Allopathy
   e) Others specify

13.19 Have you met with accidents?
   a) At the farms    b) In forest    c) At the working place
   d) Fighting with others    e) Others
13.20 Do you have hereditary diseases? Yes / No
If yes, give details;

13.21 What are the medicinal plants available in your area?

<table>
<thead>
<tr>
<th>Plants</th>
<th>Used For</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13.22 Who introduced modern medicine in your family?

a) Parents  b) Neighbours  c) Government  d) NGO's

13.23 What type of treatment would you like to have?

a) Naturopathy  b) Witch – Doctors  c) Siddha
D) Allopathy  e) Others specify

13.24 Why do you follow naturopathy?

a) Traditional belief  b) Maximum curing capacity
  c) Least access to allopathy hospital  d) Low cost  e) No side effect

13.25 Why do you follow magico-religious treatment?

a) Traditional community belief  b) Religious bond
  c) Do not like allopathy  d) Not easy access to allopathic hospital
  e) No other way

13.26 Why do you adopt allopathy?

a) Quick Relief  b) Easy access and easily available from Govt. / NGOs
  c) Useful to cure chronic diseases and contagious diseases

13.27 Do you have frequent medical check up? Yes / No

a) Weekly  b) Monthly  c) Once in a year  d) Others
13.28 If yes, how?  
a) At hospital 
b) By health workers at village 
c) Others specify:

13.29 If no, why?  
a) Not aware  
b) No health workers visit the area  
c) Do not give much importance  
d) Does not suit to our culture  
e) Expensive  
f) Unaccessible  
g) Others

14. Environment and health:

14.1 Is there any water stagnation near your house? Yes / No

14.2 Do you have mosquitoes in your settlement? Yes / No
14.3 How do you avoid mosquito bite?
   a) M. Net   
b) Repellent (chemical)   
c) Herb   
d) Any other

14.4 Are there any seasonal diseases in your family? Yes / No
   If yes specify,

<table>
<thead>
<tr>
<th>Season</th>
<th>Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer</td>
<td></td>
</tr>
<tr>
<td>Winter</td>
<td></td>
</tr>
<tr>
<td>Rainy</td>
<td></td>
</tr>
</tbody>
</table>

14.5 Do you have leach problems? Yes / No
   If yes, how do you manage?

14.6 Have you got any disease by leaches? Yes / No

14.7 Do you wear footwear? Yes / No

14.8 Type of fuel you use for cooking: a) Kerosene   
b) Gas   
c) Firewood

14.9 If yes, do you posses chimney (smoke outlet) properly? Yes / No

14.10 From where do you get firewood for your cooking and other purposes?
   a) Forest   
b) Farms   
c) Others

14.11 Do you know that felling of trees has a some negative impacts on the environment? Yes / No
14.12 Has deforestation affected your way of life? Yes / No
If yes, give details:
14.13 If yes what types of preventive measures do you undertake?

15. Reproductive health:
15.1 Do you have response in your family maintenance? Yes / No
15.2 If yes, specify nature of work?
   a) Child caring    b) House keeping
   c) Agricultural    d) Others
15.3 Did you take rest in the post-natal period? Yes / No
15.4 If yes, who will take care of your domestic works?
   a) Husband   b) Child   c) Relatives
   d) In-laws   e) Mother
15.5 How long will you take rest?
   a) 3 months   b) 6 months   c) Above one year
15.6 Your opinion about child birth?
   a) God’s gift   b) Parents (Our)   c) Fate   d) Don’t know
15.7 Have you ever used anything or tried in any way to delay or avoid getting pregnant? Yes / No
15.8 Are you or your husband currently doing something or using any method to delay or avoid getting pregnant? Yes / No
15.9 Do you / your husband know about family planning method? Yes / No
15.10 If yes, which method are you using?
   a) Pill   b) Condom / Nirodh   c) IUD / Loop
   d) Female sterilization   e) Male sterilization   f) Rhythm / safe period
   g) Withdrawal   h) Others specify,
15.11 Where did you / your husband get sterilized?
   a) Govt. Hos.   b) Pvt. Hos.   c) NGO’s / Trust Hos./Clinic
15.12 Do you know the brand name of the pills / condoms you are using now?
   Yes / No

15.13 Have you been able to get the supply of pills / condoms when ever you need them?
15.14 Do you know about contraceptive?
   Yes / No

15.15 Who used the contraception? a) Husband b) Wife

15.16 Have you discussed with your husband regarding contraceptive usage?
   Yes / No

15.17 Have your husband ever forced you to use contraceptives?
   Yes / No

15.18 Have you ever asked your husband to use contraceptive?
   Yes / No

15.19 Have your ideas been accepted by your husband?
   Yes / No

15.20 Do you have access to plan your family?
   Yes / No

15.21 Does your authority in the family been disturbed by your family members?
   Yes / No

15.22 Do you have right to decide about your conception and child preference?
   Yes / No

15.23 Is there any agitation towards your health autonomy from your family members side?
   Yes / No

15.24 If yes specify,
   a) Husband
   b) In-laws
   c) Nephew
   d) Others

15.25 Have you ever had a stillbirth?
   Yes / No

15.26 How many stillbirths have you had?
   No.

15.27 Have you ever had an abortion?
   Yes / No

15.28 If yes how many, No.
16. Note:
AREA MAPS