# Interview Schedule

## Section - I

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Relationship</th>
<th>Sex</th>
<th>Age</th>
<th>E.Q</th>
<th>Profession</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name</td>
<td></td>
<td></td>
<td>Male/Female</td>
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<td>2.</td>
<td>Age</td>
<td></td>
<td>&lt; 25</td>
<td>26-50</td>
<td>51-75</td>
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<td>3.</td>
<td>Address</td>
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<td>4.</td>
<td>Religion</td>
<td></td>
<td>Hindu</td>
<td>Muslim/Christian</td>
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<td>5.</td>
<td>Caste</td>
<td></td>
<td>BC/FC</td>
<td>MBC/SC/ST</td>
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<td>6.</td>
<td>Educational Qualification</td>
<td></td>
<td>Degree/Professional/Hr.Se</td>
<td>S.S.L.C/Primary/Uneducate</td>
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<td>7.</td>
<td>Marital status</td>
<td></td>
<td>Married</td>
<td>Unmarried/Widow(e)</td>
<td></td>
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<td>8.</td>
<td>Family Type</td>
<td></td>
<td>Joint</td>
<td>Nuclear</td>
<td></td>
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<td>9.</td>
<td>No. of persons in family</td>
<td></td>
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- Male/Female
- < 25 / 26-50 / 51 -75

- Hindu/Muslim/Christian
- BC/FC/MBC/SC/ST
- Degree/Professional/Hr.Se S.S.L.C/Primary/Uneducate
- Married/Unmarried/Widow(e)
- Joint/Nuclear

- Business/Govt.Job/Private House Wife/Unemployed/Studying
- <3000/3001-6000/6001 & abo

10. Nature of Your Profession?

11. Job Details

12. Monthly Income

13. Are you able to save from your income?

14. Do you spend for medical expenses in a month?
15. How much you get medical allowance from your company? - Yes/No
   If yes, How much?

16. What are your properties? - House/Lands/Vehicles

17. Nature of property - Inherited/Own earning

18. Do you have electricity facilities in your area? - Yes/No/Not adequate.

19. Do you have electricity connection in your house? - Yes/No

20. What type of home do you live in? - Own/Rented

21. What is the source of your drinking water? - 1. Well
   2. Tap [Municipality]
   3. River
   4. Pond
   5. Bore well water

22. Do you know the advertisement media - Yes/No
   What is the media you opt to get the daily news? - 1. Newspaper
   2. Radio
   3. Television

23. Are you interested in advertisement about dental care? - Yes/No
   If yes, media? Why?

24. Is there any schools in your neighbourhood? - Yes/No
   If yes, How far? and What type? - Primary/High School/Hr.Se

25. What type of schools do you choose for your children? - Government/Private/Tamil Medium/English Medium
   Reasons:
   : 1.
   2.
   3.

26. Is there any Primary Health Centre in your place? - Yes/No
   If yes, How far?
27. Have you been to a doctor before? - Yes\No
   If yes, what for? : 1.
   State the reason.  2.
   3.

28. Have you been to a dentist before? - Yes\No
   If yes, what for? : 1.
   2.
   3.

29. Is there any dental clinic near your house? - Yes/No
   If yes, How far? -
   What type of clinic? - Government/Private

30. Have you shown interest in your children's dental care? - Yes/No/Unmarried
   2. Gargling 5. Unmarried
   3. Less Sweets

31. Do you have any transport facility to the dental clinic from your house? - Yes/No
   If yes, what are the mode of transports? - 1. Bus 4. Cycle
   2. Car 5. Auto
   3. Rickshaw

32. What type of dental services do you prefer? - Government/Private/Free Dental Camp.

33. Have you come across any traditional type of dental treatment being practiced in your area? - Yes/No
   If yes, what are they? : 1.
   2.
   3.

34. How do you select the tooth paste toothbrush that you use? - 1. Advertisement
   2. Doctor's Advice
   3. On my own

35. Which company brush do you use? Why?

36. Which company paste [or] powder you use? Why?
37. Which advertisement has attracted you the most? Why?

38. Have you come across any traditional medical treatment in your area? If yes, what are they? Yes/No

39. Do you follow any type of family planning procedures? If yes, what method? Yes/No

40. Is sanitary works run properly in your place? If Yes, In what way? If No, why?


42. What are the facilities and changes you expect to happen in your place? Why?


44. Are you a member in any of the Social Welfare Organisations? If yes, which organisation? Why did you join it? Yes/No
45. Is there any ambition in your life – Yes/No

If Yes, What?

: 1.
  2.
  3.
SECTION - II

ORAL HYGIENE PRACTICES

1. Do you gargle your mouth after every meal? - Yes/No

2. What do you use to clean your teeth? - 1.Stick
                                         2.Brush
                                         3.Finger

3. Do you brush your teeth in the night? - Yes/No

                                     2.Medium
                                     3.Hard

5. When do you change your brush? -
                                 1.When the bristles have worn out
                                 2.Once in 1/2/3 months
                                 3.When needed

                                    2.Horizontally

7. Which of these do you use to clean your teeth? - 1.Tooth Powder
                                                     2.Tooth Paste
                                                     3.Ash
                                                     4.Charcoal
                                                     5.Brick powder
                                                     6.Others

8. Do you use toothpaste/powder which has fluoride in it? - Yes/No/Don’t know

9. Does your municipality provide fluoride mixed drinking water? - Yes/No/Don’t know

10. Do you massage your gums regularly? - Yes/No

11. Do you clean your tongue regularly? - Yes/No

12. Have you undergone scaling previously? - Yes/No

14. Have you lost any of your teeth? - Yes/No
   If yes, what was the reason?
   Which tooth?
   How many?

15. Have you ever had an artificial teeth? - Yes/No
   Which hospital? - Govt/Pvt
   If yes, How many teeth?
SECTION - III

HABITS

1. Do you have the habit of drinking coffee, tea, etc? - Yes/No

If yes, why?

: 1. Liking
   2. Relieves Tiredness
   3. Others
   4. No Habit

2. Which of the following habits do you have? 1. Betel nut chewing
   2. Alcohol
   3. Smoking. - Yes/No

If yes, why?

: 1. Liking
   2. Relieves Tiredness
   3. Others
   4. No Habit

How many times? : Once/Twice/Thrice/
More than 3 times/No Habit

3. Do you have the habit of taking coffee/tea/food, before brushing your teeth? - Yes/No

If yes, since how long?

4. What are the vegetables that you take often? - 1.
   2.
   3.

Why?

5. Are you a Vegetarian or Non-Vegetarian? - Veg./Non-Veg.

6. Which is the non-vegetarian food, you take often?

: 1. Egg
   2. Chicken
   3. Meet
   4. Fish
   5. Others
   6. Beef

7. Duration of taking Non-Vegetarian - Daily/Occasionally/
Weekly once or twice
8. What type of food you take the most?
   - 1. Rice
   - 2. Wheat
   - 3. Others

   Why?

9. Do you take curd, milk along with your food?
   - Yes/No

   If no, why?

10. Do you have the habit of eating refreshment in between meals?
    - Yes/No

    Which habit you are having?
    - 1. Chocolate
    - 2. Other Sweets
    - 3. Refreshments
    - 4. No Habit

11. Do you eat fruits?
    - Yes/No

    If yes, what fruits?

    If no, why?
SECTION - IV

AWARENESS AND VIEWS

1. Do you think that it is necessary to maintain proper oral hygiene? - Yes/No
   If yes, Why?

2. Do you know about the dental diseases? - Yes/No

3. Do you know the cause for carious teeth, pyorrhea or other dental diseases? - Yes/No
   If yes, what are the causes?

4. Is Dental disease a killing disease? - Yes/No
   If yes, Why?

5. Do you know which is the Vitamin that helps in maintaining strong teeth? - Yes/No
   If yes, Which one?

6. What are the sources of the vitamin - 1. 2. 3.

7. Do you know which food will improve the dental health care - Yes/No
   If Yes, What are they?

8. Do you think that, taking care of dental health will help in maintaining one’s general health? - Yes/No
9. Do you think that a good set of teeth help in good facial appearance?  

- Yes/No

10. Do you think that teeth help in maintaining the general health of the body?  

- Yes/No

If yes, How?  

: 1. Grinding  
  2. Good Health  
  3. Appearance  
  4. Others  
  5. No Need

11. Do you know the reasons for the occurrence of Oral Cancer?  

- Yes/No

If yes, what are the reasons?  

: 1. Cigarette  
  2. Tobacco  
  3. Appearance  
  4. Others  
  5. No Habit

12. Whether we teach Dental Care and their importance to Students in Schools?  

- Yes/No

If Yes, From Which Class  

- L.K.G-U.K.G/I-III/IV-V/VI & above/Not Accept

13. Do you have any idea about immunization that is given to children?  

- Yes/No

If yes, what for?  

- ......  

If yes, In what way?  

: 1. Overall Wellbeing  
  2. Less Health Problem  
  3. Improved Appearance  
  4. Disease Prevention  
  5. Helps in Eating  
  6. Others  
  7. Nil

14. Do you think that a compact family can lead a healthy living?  

- Yes/No

If yes, How?  

1.  
2.  
3.

15. Do you think that the population growth has an impact on dental health?  

- Yes/No

If yes, How?  

1.  
2.  
3.
16. Does family background influences the care of dental health? - Yes/No
   If Yes, In what way? -

17. In which field you want your Children, to become. - Son Field
   - Daughter Field

18. Do you think that, getting a higher income will help leading a healthy life? - Yes/No
   If yes, How much do you require? -

19. Do you think that the cost of brush/powder/paste are high? - Yes/No
   If No, why? -

20. Do you approve the Govt. taking over the manufacturing of Brush/Paste? - Yes/No
   If yes, Why: 1. 2. 3.

21. Do you think that surveying the dental diseases among people will help to improve the dental health? - Yes/No

22. Which is the easy way to educate people about the oral health awareness? - 1. 2. 3.

23. Is there any difference between Dentists and Medical practitioners? - Yes/No
   If yes, in what way? - 1. 2. 3.
24. Do you see service mentality among the dentists? - Yes/No

25. Why did you choose this clinic for your dental treatment? - 1. 2. 3. 4.

26. Do you know anything about free dental camps? - Yes/No
   If yes, where was it organized? When? By whom?

27. Have you attended a free dental camp? - Yes/No
   If no, why?

28. In your opinion is the number of dental clinics more now than what it was five years back? - Yes/No
   If yes, is it enough to cater to our need? - Yes/No

29. What is to be followed for healthful and peaceful living - 1. 2. 3.

30. What are the draw backs in our society? - 1. 2. 3.
   In what way we can rectify it?

31. Is there any relationship between general health and the modern culture? - Yes/No
   State reasons. - 1. 2. 3.