Appendix 1: Questionnaire

Instructions:
Circle or tick the statement within each section that you feel is the best choice.

Section A: Demographic Analysis

1. Age
   □ 0-4 years
   □ 5-9 years
   □ 10-14 years
   □ 15-19 years
   □ 20-24 years
   □ 25-29 years
   □ 30-34 years
   □ 35-39 years
   □ 40-44 years
   □ 45-49 years
   □ 50-54 years
   □ 55-59 years
   □ 60-64 years
   □ 65 years and above

2. Marital Status
   □ Married
   □ Widow
   □ Separated/Divorced

3. Education
   □ Illiterate
   □ Primary
   □ Secondary
   □ Higher secondary
   □ Above higher secondary

Any special notes: Add here
4. Occupation
   □ Student
   □ PETTY SHOPS
   □ DOMESTIC MAIDS
   □ COOKS
   □ Others (Please Specify ____________________)

5. Total working hours
   □ 0-5 hours
   □ 5-8 hours
   □ 8-12 hours
   □ 12-15 hours
   □ More than 15 hours

6. Monthly income
   □ 0-1000 INR
   □ 1001-2000 INR
   □ 2001-3000 INR
   □ 30001-5000 INR
   □ More than 5000 INR

7. Time Taken to Travel
   □ Less than 10 mins
   □ 10-15 mins
   □ 15-20 mins
   □ 20-30 mins
   □ More than 30 mins

8. Means of commute
   □ Walking
   □ Cycle
   □ Bus
   □ Metro
   □ Others (Please specify ________________)

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Section B: 9. Environmental and Housing Conditions

9.1 Surroundings garbage CLEAN/UNHYGENIC:

9.2 Drainage system: Water logging – Y/N?

9.3 Windows & ventilators: absent / present (if yes – how many?)

9.4 Source of lighting (day/night):

10 No. of rooms:
- □ 1
- □ 2
- □ 3
- □ More than 3

11 Water source:

12 Drinking water:

Section C: Women’s Health:

13 Age of menarche
- □ 8-9 years
- □ 10-11 years
- □ 12-13 years
- □ 14-15 years
- □ 16 years and above

14 Age at 1st marriage
- □ Less than 10 years
- □ 11-14 years
- □ 15-17 years
- □ 18-21 years
- □ More than 21 years
15 No. of children
   □ 1
   □ 2
   □ 3
   □ 4
   □ 5 and above

16 Place of delivery:
   □ Home
   □ Hospital
   □ Health centre
   □ Other, please specify........

17 Prenatal and Postnatal care received, from whom?
   □ At home
   □ At hospital
   □ Others (Please specify)

18 Symptoms of reproductive health problems (if any)-
   □ Yes (__________________)
   □ No

19 Did you visit any doctor or consult any persons?
   □ Yes
   □ No

20 Do you use any contraceptives?
   □ Yes
   □ No

21 If yes, what method do you use?
   □ Termination
   □ Vasectomy
   □ Spacing
   □ Loop
   □ Copper-T
   □ EMW
22 If no, Reasons for non-adoption of Birth Control Measures:
   □ Demand factors
   □ Want son
   □ Health factors
   □ Supply factors
   □ Household factors
   □ Lack of knowledge

23 Home visit made by a health or family planning workers-
   □ Yes
   □ No

24 Did you suffer from any long term illness? If yes, what?
   □ Yes (_____________)
   □ No

25 Did you suffer from any short term illness? If yes, what?
   □ Yes (_____________)
   □ No

26 Do you visit public hospitals? If yes, why? If no, why?
   □ Yes (______________)
   □ No (______________)

Section D: Behavioral Aspect

27 Did you have any prior information about menstruation, childbirth?
   □ Yes
   □ No

28 What is the source of information about menstruation, AIDS?
   □ Mother
   □ Media
   □ Book
   □ School
   □ Peer groups (Friends, Relatives, Sister, Sister-in-law)
   □ Others, please specify........
29 What is your 1st reaction at the onset of menstruation, news of first pregnancy?
   □ Shock
   □ Pleasure
   □ Surprise
   □ No reaction
   □ Feared
   □ Felt ashamed
   □ Others, please specify........

30 Any specific rituals performed after attending menarche, pregnancy?
   □ Yes (_________________)
   □ No

31 Did you go to your workplace during illness, pregnancy?
   □ Yes
   □ No
Section E: Perceptions of risk and response to AIDS

32 Do you know what is AIDS?
☐ Yes
☐ No

33 What do you do to prevent AIDS?
☐ Use Condom
☐ Make sure that used needles are not used at hospitals
☐ Avoid contact with multiple partners
☐ Don’t do anything
☐ Others ________________

34 What is your attitude towards AIDS victims?

35 What are ‘safe’ behaviors?
☐ Use of condoms
☐ Single partner

36 What are ‘risk’ behaviors?
☐ Unprotected sex
☐ Injecting with unsterilized needles infected with HIV
☐ Recipients of blood transfusions
Section F: Perceptions of health (holistic)

37 Did you use any ‘alternative medical treatment’ during the previous 5 years?
- Yes
- No

38 What was the reason?
- Previous medicine was not effective
- Alternative medicine was cheap
- It was recommended by my family and friends
- Others ________________

39 If yes, what?______________________
- Homeopathy
- Herbalism
- Faith healing
- Ayurveda
- Naturopathy
- Osteopathy
- Acupuncture
- Chiropractic
- Hypnotherapy
- Reflexology
- Aromatherapy

Special notes:
Section G: Child Health

40 Number of Children living (or ever born):
   □ 1
   □ 2
   □ 3
   □ 4
   □ 5 and above

41 Children immunized (aged 12-23 months):--------0
   □ DPT
   □ POLIO
   □ BCG
   □ Measles

42 Child (aged 1 yr-2 yrs) and Infant (3-5 yrs) died, in the past 1 year (if any) –
   □ Yes
   □ No

43 Child (aged 1 yr-2 yrs) and Infant (3-5 yrs) suffering from disease, in the past 1 year (if any)
   □ Yes
   □ No

44 Was he/she breast-fed? If yes, for how many months/ years?
   □ Yes (_________________ months)
   □ No

45 Did she/ he suffer from any long-term illness? If yes, then what?
   □ Yes (_______________)
   □ No

46 Did she/ he suffer from any short-term illness? If yes, then what?
   □ Yes (_______________)
   □ No

47 Where did you take the child for treatment?
   □ Public Hospital
☐ Private Hospital  
☐ Nursing Home  
☐ At home  

48. Any relation with Mother's health/disease  
☐ Yes  
☐ No  

49. Was the disease infectious or non-infectious or hereditary in nature?  
☐ Infectious  
☐ Non-Infectious  
☐ Hereditary  

50. Who takes care of the child when you (the mother) is/ are away from home?  
☐ Father  
☐ Sibling  
☐ Grandparents  
☐ Neighbors  
☐ Others (_____________)

Any other comments

_________________________________________________________  
_________________________________________________________  
_________________________________________________________  

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