Annexure

Interview Schedule for the Casual Workers in the Formal Garment Export Units in Delhi

Sample Sl. No. …

I. Personal Profile

1. Name
2. Address
3. Sex  
   M…. (0)  
   F…. (1)  
   Other…. (2)
4. Age  
   10 to 15… (1)  
   15 to 20…. (2)  
   20 to 25…. (3)  
   25 to 30…. (4)  
   30 to 35…. (5)  
   35 and above…. (6)
5. Marital status  
   Never married…. (0)  
   Married…. (1)  
   Widowed………. (2)  
   Divorced/Separated…. (3)
6. Religion  
   (if willing to answer)
7. Caste  
   (if willing to answer)
8. Education  
   Literate…. (0)  
   Illiterate…. (1)
9. If literate  
   Primary…. (0)  
   Secondary…. (1)  
   Higher Secondary…. (2)  
   Above Higher secondary…. (3)
   Informal…. (4)
10. Technical Education required for the Job:  
   Yes…. (0)  
   No…. (1)
11. If yes, Give details
12. Living Arrangements  
   Own House…. (0)  
   Rented House…. (1)
13. Staying arrangement  
   With family in rented house  
   Yes…. (0)  
   No…. (1)
   With friends in rented house  
   Yes…. (0)  
   No…. (1)
   Alone in rented house  
   Yes…. (0)  
   No…. (1)
14. Facilities available at house  
   Separate bedrooms  
   Yes…. (0)  
   No…. (1)
   Separate kitchen  
   Yes…. (0)  
   No…. (1)
   Attached toilet/bathroom  
   Yes…. (0)  
   No…. (1)
   Water connection  
   Yes…. (0)  
   No…. (1)
   Electricity  
   Yes…. (0)  
   No…. (1)
15. Number of people staying in house/room (please tick)
   One
   Up to 2
   Up to 3
   Up to 4
   Five and above

II. Preliminary Employment Information

1. Name of the company:

2. Nature of Job: Regular ........ (0) Contract ....... (1)

3. How long have you been working here?
   <3 months ............ (0)
   3 to 6 months ....... (1)
   6 to 9 months ....... (2)
   9 months to 1 year .... (3)
   1 to 2 years ........... (4)
   2 to 3 years .......... (5)
   > 3 years ............. (6)

4. How did you get the present job?
   Through Employment exchange .... (0)
   Responded to the advertisement through media .... (1)
   Through someone already working .... (2)
   Directly approached .... (3)
   Any other (please specify)

5. Did you get an appointment letter after your selection?
   Yes .... (0) No .... (1)

6. If yes, what is the duration of contract mentioned in the letter?
   For three months .... (0)
   Period of six months .... (1)
   Period for one year .... (2)
   More than one year .... (3)
   Permanent job .... (4)
   Don't know .... (DK)
   Any other (specify)

7. With whom is your contract?
   Directly with the employer .... (0)
   With a contractor .... (1)
   Self-employed .... (2)
8. What is the average number of working days in a month? .............. days
9. How many months in a year you get work? ................. months
10. Will you get this job once your contract is over? [Applicable to contract and scheduled workers only] Yes.... (0)  No.... (1)
11. Which section are you working in?
   Unskilled Skilled Category
   Helper.... (0),  Peon.... (1)

   Semiskilled Category
   Button Holders/operator.... (2)  Button Stitcher... (3)
   Over Lockers.... (4)  Pattern Tracers.... (5)
   Ironing.... (6)  Packers.... (7)

   Skilled Category
   Tailors.... (8)  Checkers.... (9)  Washer man.... (10)
   Driver.... (11)

   Highly Skilled Category
   Master Cutter.... (12)  Master Tailor.... (13)
   Designer............ (14)  Final Checker.... (15)
   Store-in-charge/ Supervisor....................... (16)
   Any other (specify)

III. Wages

1. On what basis are you paid?
   Piece Rate.... (0)  Per Shift/time based.... (1)  Any Other (specify)
   If Piece rate
   2. What is the rate per piece for your work? .............. (Rs.)
   If time/shift based
   3. What is the rate of wage per hour/shift? .......... (Rs.)
   4. Can you roughly say how much do you get out of this work?

<table>
<thead>
<tr>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
</tr>
</thead>
</table>

   5. Is this your principal income?  Yes........ (0)  No...... (1)

   6. Can you roughly say your annual family income from all sources? ................. (Rs.)
7. Do you get the following benefits/incentives?

<table>
<thead>
<tr>
<th>No</th>
<th>Particular</th>
<th>Yes (0)</th>
<th>No (1)</th>
<th>If yes, how much</th>
<th>No idea</th>
</tr>
</thead>
<tbody>
<tr>
<td>i</td>
<td>Bonus</td>
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<td></td>
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<tr>
<td>ii</td>
<td>Provident Fund</td>
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<tr>
<td>iii</td>
<td>ESI</td>
<td></td>
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<tr>
<td>iv</td>
<td>Gratuity</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>v</td>
<td>Shift allowance</td>
<td></td>
<td></td>
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<tr>
<td>vi</td>
<td>Overtime wages</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>vii</td>
<td>Performance allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>viii</td>
<td>Compensation for permanent disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ix</td>
<td>Compensation for temporary disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>Lay off compensation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xi</td>
<td>Retrenchment compensation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xii</td>
<td>Annual leave</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xiii</td>
<td>Maternity leave</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xiv</td>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. What is the usual mode of payment of your wages?
   Daily.... (0)   Weekly.... (1)   Monthly.... (2)  Irregularly.... (3)

9. Are these system being maintained strictly (Can avoid this q, if the answer of q. no. 3 is irregularly)
   Regularly.... (0)   Not so regularly.... (1)   Highly irregular.... (2)

10. What was your daily/weekly/monthly wages at the time of joining the company?................. (Rs.)

9. Do you bargain over the wages you receive?
   Yes.... (0)   No.... (1)

10. If ‘no’, why?
   No time.... (0)   No knowledge of wages..... (1)   Wages are fixed.... (2)   Fear of losing Job.... (3)
       Others (specify)

11. Can you say your total monthly earning from all sources last month?

12. Can you say your approximate monthly expenditure last month for the following items?
    Food....................(Rs.)
    (Including cereals, pulses and products, milk and milk products, edible oil, egg, fish and meat, vegetables, fruits, sugar, salt, spices and beverage)
Non-Food..................(Rs.)
(Including fuel, electricity, clothing, footwear, education, medical and articles like pan and tobacco)

Rent..........................(Rs.)

Miscellaneous..................(Rs.)

IV Working Conditions

1. Normal Working hours in a day:......................hrs
2. Overtime, if any:.............................hrs
3. Total days of work in a week
   < Three days........ (0)
   Four days............. (1)
   Five Days............. (2)
   Six Days.............. (3)
   All day week...... (4)
4. Targets to be achieved (if any)....................pieces a day
5. Work timings

<table>
<thead>
<tr>
<th>No.</th>
<th>Particulars</th>
<th>Timings/Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Arrival</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Reporting</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Tea break</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Lunch break</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Check out</td>
<td></td>
</tr>
</tbody>
</table>

6. In your work, do you usually work during the daytime, during evening, during night time or do you work on a rotating shift?
   Daytime........ (0)
   Evening...... (1)
   Night time.... (2)
   Rotating.......(3)

7 Physical conditions at workplace

<table>
<thead>
<tr>
<th></th>
<th>Yes........ (0)</th>
<th>No....... (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate working space</td>
<td></td>
<td></td>
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<tr>
<td>High temperature</td>
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<tr>
<td>Exhaust fans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective gears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First aid</td>
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<td></td>
</tr>
</tbody>
</table>

8. How long does it usually take you round-trip to get to and from work?..........Hours
9. How much of the following things do you have to do as part of the duties of your job?

<table>
<thead>
<tr>
<th>No</th>
<th>Particulars</th>
<th>A lot (0)</th>
<th>Sometimes (1)</th>
<th>Not at all (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Walk</td>
<td></td>
<td></td>
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<tr>
<td>b.</td>
<td>Sit for a long period</td>
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<tr>
<td>c.</td>
<td>Stoop, crouch or kneel</td>
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<tr>
<td>d.</td>
<td>Lift or carry weights</td>
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<tr>
<td>e.</td>
<td>Repeats the hand motion at least 30 times per hour</td>
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<tr>
<td>f.</td>
<td>Bend over or twist around</td>
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<tr>
<td>g.</td>
<td>Use hand tools</td>
<td></td>
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<tr>
<td>h.</td>
<td>Concentrate for long periods</td>
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<tr>
<td>i.</td>
<td>Any other</td>
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</tbody>
</table>

10. Are you provided with any of the following safety measures at your work place?
   a) Mask Yes......(0) No......(1)
   b) Apron Yes......(0) No......(1)
   c) Gloves Yes......(0) No......(1)
   d) Any other (specify)

11. Had there been any episode of accidents in your section?
   Yes.... (0) No..... (1)

12. If yes how did it happen?

13. What are the risks of accidents in your unit?

14. Do your employer take care of the medical expenses Yes..... (0) No..... (1)

15. Do you have the following facilities at your work site?

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Yes...(0)/ No....(1)/ Don't Know....(DK)</th>
<th>Present Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canteen</td>
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<tr>
<td>Hospital Facilities</td>
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<tr>
<td>Grievance Redress Body</td>
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<tr>
<td>Crèches</td>
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<tr>
<td>Drinking Water</td>
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<tr>
<td>Toilets</td>
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<tr>
<td>Rest rooms</td>
<td></td>
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<tr>
<td>Transportation</td>
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<tr>
<td>Others (Specify)</td>
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</tbody>
</table>

V Social Determinants of Workplace Health

1. Do you strongly agree, agree somewhat, disagree somewhat or strongly disagree to the following characteristics associated with your job?

<table>
<thead>
<tr>
<th>No</th>
<th>Characteristics</th>
<th>Agree Strongly (0)</th>
<th>Agree somewhat (1)</th>
<th>Disagree Strongly (2)</th>
<th>Disagree somewhat (3)</th>
<th>Don't Know (DK)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Job involves constant monitoring by a supervisor</td>
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<td>b.</td>
<td>Very little freedom to decide how I do my</td>
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<tr>
<td>Work</td>
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<td>---------------------------------------------------------------------</td>
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<tr>
<td>c. Time to get the work done is not enough</td>
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<tr>
<td>d. Job does not allow to take lot of decisions of my own</td>
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<tr>
<td>e. Job requires fast work with out breaks</td>
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<tr>
<td>f. There is compulsory overtime</td>
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<tr>
<td>g. Compensatory work for leave</td>
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<tr>
<td>h. Multi tasking at the worksite</td>
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<tr>
<td>i. I do not learn new things</td>
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<tr>
<td>j. My job is hierarchical</td>
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<tr>
<td>k. I have no role in setting the target to be achieved in the work</td>
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<tr>
<td>l. My work demands to compromise my health conditions</td>
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<td>m. There are hidden changes of work practices</td>
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</tbody>
</table>

### VI Job Security

1. In the past three years (or from the date of working) did you ever lose a job?
   - Yes, Lost a job.......(0)
   - No, Did not...........(1)

2. If yes, what was the duration between losing and finding a job?
   - ...............days/months/years

3. Do you think that your present job is secure?
   - Yes............ (0)
   - No............. (1)
   - Don't know...... (2)

4. How times have you changed the jobs of the present nature (garment) so far? ............ Times.

5. Did you leave a job specifically because you expected to be laid off?
   - Yes............ (0)
   - No............. (1)

### VII Collective Bargaining

1. Are your unit/firm unionised? Yes..... (0) No...... (1) Don't know.... (DK)

2. If yes, are you a member? Yes..... (0) No...... (1)

3. Are you being assisted by them through any of these ways?
   - a) Loans schemes Yes... (0) No.... (1)
   - b) Lobbying for Better working conditions Yes... (0) No.... (1)
   - c) Resisting anti worker management practices Yes... (0) No.... (1)
   - d) Bargaining for higher wages Yes... (0) No.... (1)
b) Housing schemes Yes... (0) No.... (1)
d) Health care insurance/other schemes Yes... (0) No.... (1)
e) Educational support for children Yes... (0) No.... (1)
f) Grievances redress Yes... (0) No.... (1)

(g) Any Other

4. How many of such incidents happened in your company/firm

5. If not, unionised, do you or your colleagues bargaining over wages/better working conditions etc?

6. If no, Why? (Please give reasons)

VI. Food Accessibility

1. Place of purchase of food grain/oil etc.

   PDS shops.... (0) Open market.... (1)
   Co-operative shops..... (2)
   Any Other

(If purchasing from PDS)

2. What all items are you purchasing from PDS?

3. Is your family income sufficient to meet the food requirements of your family?

   Yes..... (0) No..... (1)

4. If ‘No’ what are the other alternatives [specify]

5. Can you say how often did you take the following food items last week? [please tick]

<table>
<thead>
<tr>
<th>Items</th>
<th>Daily 2 items</th>
<th>Once in a Day</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice</td>
<td></td>
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<tr>
<td>Starch food</td>
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<tr>
<td>Other than rice</td>
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<tr>
<td>Vegetables</td>
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<tr>
<td>Pulses</td>
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<tr>
<td>Fruits</td>
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<tr>
<td>Milk</td>
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<tr>
<td>Meat</td>
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<tr>
<td>Fish</td>
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<tr>
<td>Egg</td>
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<tr>
<td>Others</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

6. How many times did you and your family members take meals yesterday?

<table>
<thead>
<tr>
<th>Person</th>
<th>Once</th>
<th>Twice</th>
<th>Three times</th>
<th>Didn’t Take</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
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<tr>
<td>Parents</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siblings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Can you roughly say the total family expenditure on food last Month?

   Food/Non-Food
VIII. DISEASE PATTERN AND HEALTH SEEKING

1. Have you suffered/been suffering from any of the following illness (as told by a doctor/medical practitioner)
   a. High blood pressure or hypertension
   b. Heart disease
   c. Diabetes (any type)
   d. Cancer (any form)
   e. Asthma
   f. Migraine or severe headache
   g. Chronic lung disease
   h. Ulcer
   i. Backache
   j. Arthritis
   k. Severe visual impairment/blindness
   l. Hearing impairment/loss of hearing
   m. Anaemia
   Any other (specify)

2. Have you suffered/been suffering from any of the illness (reported morbidity)
   a. Have/had pain in back or spine
   b. Have/had stiffness, swelling or aching in any joint or muscle
   c. Have/had trouble breathing or shortness of breath
   d. Getting tired in a short time
   e. Have/had problems with feet that cause pain or limit movement

3. Have you sought treatment?

4. If ‘No’, why, please give reason
   Not taking seriously ...................... (0)
   Loss of wages ............................. (1)
   No hospitals/Clinics at the vicinity .... (2)
   Fear of loss of job ........................ (3)
   Lack of money ............................. (4)
   Others (Specify)

5. If yes, where did you seek treatment?
   Public health centres/Government hospitals ....... (0)
Private clinics/hospitals ........................................ (1)
Residence of the Govt. Doctor ................................ (2)
Charity Hospitals ............................................. (3)
Self-medication ............................................. (4)
Local doctors (Bengali doctors!!) ....................... (5)
Others (Specify)

6. System of treatment taking (Sought)
   Allopathic .............................................. (0)
   Ayurvedic .............................................. (1)
   Siddha ................................................... (2)
   Yunani ................................................... (3)
   Traditional ............................................ (4)
   Any Other (specify)

7. Reasons for taking the particular system of treatment
   Less expensive .......................................... (0)
   Near the place of residence .......................... (1)
   Fast recovery .......................................... (2)
   Others (specify)

8. Were you hospitalised? Yes... (0) No... (1)

9. If yes, for how many days?

10. Number of working days and amount of Wages lost due to medication/hospitalisation last month:
    No of working days: .............. days
    Wages: ......................... Rs.

11. Monthly health care expenditure

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalisation</td>
<td></td>
</tr>
<tr>
<td>Outpatient treatment</td>
<td></td>
</tr>
<tr>
<td>Over the counter buying</td>
<td></td>
</tr>
<tr>
<td>Transport</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
</tr>
</tbody>
</table>

12. What were your financial sources of health care expenditure

13. Present situation
   Recovered ..................... (0)
   Recovering ..................... (1)
   Deteriorating ................... (2)
   No significant Change .......... (3)

14. How often do you consult the doctor?
Once in a week .......................... (0)
Once in a fortnight .............. (1)
Once in a month ................... (2)
Once in Three Months .......... (3)
Rarely ................................. (4)
Never ................................. (5)

15. How much did you spend for your treatment last month?
16. Have you had any accident at your work place  Yes... (0) No.... (1)
17. If 'yes', did you get any assistance from your employer for the treatment?
18. What are the major health problems you face at your work place?

IX. Psychologically Stressful Conditions
1. Do you strongly agree, somewhat agree, some what disagree or strongly disagree to
   the following attributes associated with your work?

<table>
<thead>
<tr>
<th>No</th>
<th>Characteristics</th>
<th>Agree Strongly (0)</th>
<th>Agree somewhat (1)</th>
<th>Disagree Strongly (2)</th>
<th>Disagree somewhat (3)</th>
<th>Don't Know (DK)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>I am anxious about the security of my job</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>I am stressed of the intensity of the work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>I am worried of achieving targets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>I am anxious about the deteriorating health conditions</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>e</td>
<td>I loss temper very often</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>I feel helpless very often</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Any other</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

X. Behavioural Pattern (Risk Factors)
1. How many hours do you sleep a day?
   a) Working Days ......................... hrs.
   b) Holidays ................................. hrs.
2. Are there any changes/irregularities very often, often, rarely or never occurring in
   your following personal characteristics?

<table>
<thead>
<tr>
<th>No</th>
<th>Characteristics</th>
<th>Very often (0)</th>
<th>Often (1)</th>
<th>Rarely (2)</th>
<th>Never (3)</th>
<th>Don’t Know (DK)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Irregular mode of food intake</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Irregular mode of sleep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Not attentive of diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Avoid social ceremonies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Do you have any of the following habits?
<table>
<thead>
<tr>
<th>Habits</th>
<th>Regularly/daily</th>
<th>Often</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chewing Tobacco</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snuff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumption of</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>