Interview Schedule

Care of Aged among Muslim Community-A Case Study of Kolkata

Date…………………… Code No: ……………..

Personal Information Profile

1. Name …………………..

2. Contact No…………………..

3. Address ………………..

4. Ward No…………………..

5. Telephone No. Mobile/Landline……………………………….

6. Former place of residence

    Urban
    Rural

7. Economic Status

    Lower
    Middle
    Higher
8. Mother Tongue: Hindi, Urdu, Bangla

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<th>S L No.</th>
<th>Sex M/F</th>
<th>Age</th>
<th>Marital Status</th>
<th>Education</th>
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### Economical Status Profile

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<th>Sl No</th>
<th>No of Respondents</th>
<th>Service</th>
<th>Business</th>
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i) At present are you owner of your house?

- Yes
- No

ii) Do you have any personal bank account?

- Yes
- No

Do you think that the amount is sufficient to satisfy basic needs?

- Yes
- No

iii) How many of your earning children give you monthly expenditure?

iv) Do you feel upset if your sons hesitate or feel irritated to give you monthly on time?

- Yes
- No
v) Do you feel bad if your sons give the entire money necessary for family expensess to your daughter-in-law?

Yes                                    No

vi) Do you think that sons are less interested to satisfy your economic needs after their marriage?

Yes                                    No

vii) Level of the nature of the source of income at this age?

Post Office (M.I.S.)

Fixed Deposit (F.D.)

Mutual Funds and Shares

LIC

viii) Do you feel sorry on depending others for money?

Yes                                    No

ix) Do you think that you have serious economic problems?

Yes                                    No
Religious Profile

i) Do you perform Namaz every day?

Yes  No

ii) Are you habituated to perform Namaz from a young age?

Yes  No

iii) Do you believe in recitation of Quran Regularly?

Yes  No

iv) Level of Satisfaction from Religious Activity?

Reading of Quran
Namaz
Fasting
Others
v) **Frequency of worship?**

   Occasion based

   Monthly

   Weekly

   Regularly/Daily

vi) **Did you perform Hajj?**

   Yes

   No

vii) **Importance of Hajj in your life?**

   Increases spiritual knowledge

   Increases social network & interaction

   Change the thoughts of a person

viii) **Nature of social gathering during festival like id-ul-fitre & id-uz-zoha**

   Family members

   Neighbours

   Relatives

   Friends
ix) In what ways the practice of religious helps in your day to day activity?

Keeps you Cheerful

Keeps you cool and satisfied

Keeps you engage

Gives you solace or Comfort

Importance of Family

i) How family spends time with you

Face to face interaction

Mediated interaction

Takes you for marketing

Takes you to relatives house

ii) How many family members have you lost?

Spouse

Sons

Daughter

Grand children
iii) Do you think his/her absence affected you a lot?

Yes                                                                 No

iv) How much worried measured by level?

Family may get this integrated
Your living spouse may lack caring
Property Division
Grand children future
Other

**Daily food Habits**

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**Respect and Care Profile**

i) Are family members caring about your health?

Timely food is served

Preferred menu served

Regular & timely doctor’s checkup
Timely medicine served

ii) **Do the family members respect you?**

- Do they take your permission before taking decision regarding house matters
- Do they buy property in your name?
- Taking permission on before going out of the house

iii) **What kind of chronic related problem you face?**

- Blood Pressure
- High Blood Pressure
- Arthritis
- Diabetes
- Asthma
- Heart Problem
- Liver Problems
- Paralysis
- Other

iv) **Did you suffer major disease in your life?**

- Malaria
- Tumor
- Heart Attack
- Thyroid
- Kidney
v) **Do you think that you are still able for work?**

   Yes  No

vi) **Level of ignorance you feel in this age?**

   - Family consider you as burden
   - Grand children do not respect
   - Family consider you as worthless
   - Others

vii) **Level of your sad moments?**

   - Family tussles and quarrels
   - Break down of joint family
   - Loss of spouse
   - Others
vii) Are you feeling isolated?

Yes
No

viii) **Level of feeling socially isolation….**

Change of neighborhood

Change of Hometown

Physical disability

ix) **Do you feel mental stress in this age?**

Yes
No

x) **What are the main factors of mental stress?**

Economical Depend

Physical disability

Worthlessness

Loneliness
Living Standard Profile

i) Personal attitudes towards common people?
   - Introvert
   - Submissive
   - Moody
   - Extrovert

ii) How much time you spend with others per day?
    Hours..................

iii) How much time you spend with watching movie film & listening music per day?
     Hours..................

iv) How much time you spend in reading book/magazine/Quran per day?
    Hours..................
v) **How much time you spend in your physical activity (jogging, walking, yoga) per day?**

Hours…………………

vi) **Level of engagement in daily household course?**

Cooking

Cleaning House

Ironing clothes

Marketing Household items

Taking care of grand children

vii) **Level of entertainment in your life?**

Watching Movie/TV

Chatting/Gossiping

Shopping

Gardening

Telling stories to grand children
i) Frequency of your tour & travel?

Never

Yearly

Half-yearly

Quarterly

ii) The nature of tour makes you happy?

Tour to religious place

Tour to relative place

Tour to one’s native place

Tour to tourist spot

iii) Do you to go for world tour in long holiday?

Yes
No

iv) Level of care at the time of tour?

Timely food served

Desired menu served

Timely menu served

Physical assistant for moving around
v) During tour whose company gives you most satisfaction?

Friends
Daughter
Spouse
Son
Daughter-in-law

i) How many rooms do you have at your house?

2
3
4
5

ii) With whom do you share your bedroom?

Souse
Son
Daughter
Grandchildren
Others
iii) Do you feel institutional care (old age home) is common in your community?

   Yes
   No

iv) Do you think old age home should be in your community?

   Yes
   No

v) Are you aware of old age home?

   Yes                    No

vi) Level of reason behind people going to old age home?

   Mental relief
   Family relief
   No one to take your responsibility
   Others
Measures of Depression

Over the last two or three weeks, how often have you

Nearly been bothered by any of the following problems

Not at all Several days Than every

Half the day
day

1. Little interest or pleasure in doing things

2. Feeling down, depressed or hopeless

3. Trouble falling or staying asleep or Sleeping too much

4. Feeling tired or having little energy

5. Poor appetite or overeating

6. Feeling bad about yourself or that you are
7. a failure or have let yourself or your family done

8. Trouble concentrating on things such as □ □ □ □ □ □
   Reading newspaper or watching television

9. Moving or speaking so slowly that other □ □ □ □ □ □
   people could have noticed, or the opposite
   being so restless that you have been moving
   a lot more than usual

10. Thoughts that you would be better off dead, □ □ □ □ □ □
    Or of hurting yourself in some way

11. If checked off an problems, how difficult have
    These problems made it for you to do your work,
    Take care of things at home or get along with other people?

    Not difficult at all

    Somewhat difficult

    Very difficult
Extremely difficult