APPENDIX
FORM - A

SUPPLEMENTARY NUTRITION

INTERVIEW SCHEDULE FOR MOTHERS

1. Area ______________________ Rural/Urban _______________
   A. W. No. ____________________________________________
   Location ____________________________________________
   Name of the A. W. W. _________________________________
   Name of the mother ___________________________________
   Name of the child/children _____________________________
   Literate/illiterate _____________________________________
   Occupation/income per mother __________________________

2. How long has the child/children been attending the
   anganwadi centre ______________________________________

3. Why the children are being given the supplementary
   nutrition ______________________________________________

4. Do you think some diseases can be prevented by taking
   supplementary nutrition __________________________________

5. Do you think children improve their health status by
   taking the supplementary nutrition _________________________

6. Do the children like the nutrition served to them ________
   ______________________________________________________

7. If not, what is the possible cause _______________________
   ______________________________________________________

8. Do the children/mothers receive the nutrition every day
   ______________________________________________________
9. If not, what do you think is the measure cause


10. Do you think supplementary nutrition helps in improving the health status of mother and child


11. Living condition (To be observed by the investigator)

1. Pacca house

11. Kacha house

111. Pacca road

1v. Kacha road

v. Aerated/Non-aerated

vi. Joint family/Nuclear family

v11. Clean utensils/dirty utensils

viii. Clean house/untidy house
FORM - B

SUPPLEMENTARY NUTRITION (MOTHER AND CHILD)

INTERVIEW SCHEDULE FOR ANGENWADI WORKERS

1. Area_________________________ Rural/Urban________________
   A. W. No.______________________________________________
   Location______________________________________________
   Name of the A. W. W.____________________________________
   Trained/untrained with qualification________________________
   Total No. of children_____________________________________
   No. of children 2 - 6 years_______________________________
   No. of pregnant/laitating mothers__________________________

2. How long have the children been attending the anganwadi centre____________________________________

3. Which type of supplementary foods are given__________________________________________________________

4. i) Why the children are being given the supplementary nutrition__________________________________________

   ii) Why the mother are being given the supplementary nutrition_____________________________________________

   Do you face any problem in serving supplementary nutrition______________________________________________

5. If yes, it is because of______________________________________
   1. Non-availability of supplementary nutrition;
   11. Storage problem;
   111. Non-availability of utensils;
iv. Non-availability of kerosin oil;

v. Any other (specify)

6. What are the diseases that can be prevented by feeding supplementary nutrition

1. Night blindness;

11. Scarvey;

111. Rickets;

iv. Aneamia;

v. Marasmiss;

vi. Kwashiorkor;

vii. Malnutrition;

viii. Any other.

7.1) What motivates mothers to send their children for supplementary nutrition

11) What motivates mothers to take supplementary nutrition

8. Do you receive nutrient supplements

1) Every month

11) Fort nightly

111) Half yearly

9. Do you think supplementary nutrition helps the mothers/children in improving their health status
10. At what age breast feeding should be stopped

11. At what age semisolids/solids should be introduced

INTERVIEW SCHEDULE FOR ANGANWADI HELPER

1. Do you prepare supplementary nutrition daily alternately

2. Do you prepare it on
   1) Stoves;
   11) Heater;
   111) Chola;

3. Do you cook the same quantity every day

4. Do you feed children and mothers at the same time

5. Do you feed same quantity to mothers & children in the centre

6. Do you have enough utensils for serving the nutrition

7. At what time do you serve the supplementary nutrition

8. Do you face any problem in serving the nutrition to mothers and children
IMMUNIZATION PROGRAMME

INTERVIEW SCHEDULE FOR MOTHERS

1. Area
   Anganwadi No.
   Location
   House No.
   Name of the mother
   Name of the child/children
   Age of the child/children

2. Have you Immunized your child Yes/No.

3. If yes, totally/partly

4. If not, what prevented you from having your child Immunized?
   1) Not aware of its important
   11) No faith
   111) Heard child fall sick
   1v) Not available
   v) Any other (specify)

5. Why have you immunized your child.
   1) To prevent sickness
   1i) Any other (specify)
   1ii) Don't know
6. What are the diseases that can be prevented through immunization.

i) Polio myelite.

ii) T. B.

iii) Dipatheria

iv) Pertusis

v) Tetnus toxide

vi) Any other

vii) Don't know

7. Why do children get these diseases?

i) Fatalistic reason

ii) Infection

iii) Don't know

iv) Any other (specify)

8. What is the worst possible outcome of not having a child immunized.

i) Death

ii) Prolonged illness

iii) Any other (specify)

iv) Don't know

9. At what age did you immunize your child?

i) 1 year

ii) 2 years

iii) 3 years

iv) 5 years

v) 6 years
10. At what date you immunize your child?

11. How many doses are required for complete immunization.
   i) B.C.G. 1, 2, 3/ Do not know.
   ii) Polio 1, 2, 3/ Booster/ Do not know.
   iii) D. P. T. 1, 2, 3/ Booster/ Do not know.
   iv) Any other (specify)

12. Did you face any problem in immunizing your child? Yes/No.
   i) Non-availability of vaccines
   ii) Non-availability of vaccinator
   iii) Too far
   iv) No free time
   v) Any other (specify)

14. Did you face any problem after you have immunized your child.
   i) No problem
   ii) Fever
   iii) Use of unsterilized equipment
   iv) Impolite behavior of staff
   v) Any other (specify)

15. Did some one visited for follow-up programme? Yes/No.
16. If yes,
   1) Who was He/She? ___________________
   11) What help did she/he provide to your child? ___________________

17. From where did you acquire the information about the immunization.
   Anganwadi Centre;
   Neighbours;
   Relatives;
   Local hospital;
   Radio/T.V.
FORM - D

IMMUNIZATION PROGRAMME

INTERVIEW SCHEDULE FOR ANGANWADI WORKERS

1. Area ______________________________________
   Anganwadi No. ______________________________
   Location ____________________________________
   House No. __________________________________
   Name of the mother __________________________
   Name of the child/children ____________________
   Age of the child/children _____________________

2. How many children are in your centre that have been immunized.
   1) Totally immunized __________________________
   11) Partly immunized __________________________
   111) Nor immunized at all ______________________

3. Do you face problems in getting the children immunized because of:
   1) Mothers attitude __________________________
   11) Doctors not taking interest ________________
   111) Non-availability of vaccines ______________
       Centre too far from Health centre __________
       Any other (specify) _______________________
       Follow-up programme ______________________
4. Have you identified certain cases of some diseases after immunization like:

1) Poliomyelites
11) T. B.
111) Diptheria (death)
11iv) Tetanus (death)
v) Any other

5. If identified what do you think were the possible reasons:

1) Partly immunized
11) Not immunized at all
111) Ineffective vaccine
11iv) Time interval between doses exceeded.

6. Why the children are being immunized:

1) To prevent sickness
11) Any other
111) Do not know

7. What are the diseases that can be prevented through immunization:

1) Poliomyelites
11) T. B.
111) Diptheria
11iv) Pertussis
v) Tetanus toxide
v1) Any other
v11) Do not know
8. What prevents the mothers to get their children immunized?

1) Lack of motivation

2) Fatalistic reasons

3) No free time

4) Too far from the centre


6) Any other (specify)

9. How may children in your centre have been given required doses for complete immunization?

10. At what age did you suggest mothers to immunize their children?

11. Do you maintain records regarding immunization:

1) Records of vaccination by age/doses

2) Cases of death

3) Date of vaccination I, II, III doses

4) Any other (specify)
**INTERVIEW SCHEDULE FOR DOCTORS**

1. **Area**
   - Anganwadi No.
   - Location of the Dispensary
   - Name of the Doctor

2. **How many health centres are in your block in which immunization facilities are available:**
   - No. of centres
   - Facilities available
   - Facilities not available

3. **If yes, do you have adequate cold storage arrangements:**
   - Available
   - Not available
   - Electricity supply
   - Working refrigerator
   - Vaccinator

4. **If electricity fails can you maintain the temperature or do you use the vaccine still:**

5. **In absence of immunization facilities where the children are being immunized:**
   - In other health centres
   - Vaccinator comes to the village
   - Any other (specify)
6. Are the vaccination sessions arranged:
   - Daily
   - Fortnightly
   - Monthly

7. How many doses are required for complete vaccination?
   - B. C. G.
   - D. P. T.
   - Poliomyelites
   - Any other

8. Did you face any problem at the time of immunization of the children? Yes/No.

9. If yes, what were these problems?
   - Non availability of vaccine
   - Too much crowd
   - Any other (specify)

10. Do you have adequate staff for follow-up Yes/No.

11. Do you feel other people and agencies help you in getting the people motivated towards immunization programme?
    - Political Leaders
    - Community Leaders
    - School Teachers
    - Religious Leaders
    - Any other (specify)
12. What are the reasons for the poor response from the public?
   
   Lack of information
   
   Lack of motivation
   
   Lack of health education
   
   Any other

13. What are the minimum records required to be maintained for this programme?
   
   Records of vaccination by age/dose
   
   Records of cases and deaths
   
   Vaccines received & utilised
   
   Any other (specify)
INTERVIEW SCHEDULE FOR PREGNANT & LACTATING MOTHERS

PRENATAL (PREGNANT MOTHER)

1. Name
   Age
   Literacy Level
   Literate, illiterate, can read and write
   Husbands Name
   Occupation
   No. of children

2. Did you receive the tetanus injection

3. How many doses are required during the pregnancy
   1) 1, 2, 3
   ii) Don't know

4. From where did you acquire the information about the immunization:
   1) Anganwadi Centre
   ii) Neighbours
   iii) Relatives
   iv) Local Hospital
   v) Radio/T.V.
5. Did you face any problem in getting yourself immunized:
   i) Too far______________
   ii) No time______________
   iii) Not fine______________
   iv) No faith______________
   v) Not available______________
   vi) Not known______________

6. What is the worst possible outcome of not getting yourself immunized. _______________________________________

7. Did someone suggest you to take iron folic acid tablets________________________________________

8. If yes, where from you got them.
   i) Health Centre___________
   ii) Any other centre_________
   iii) Private Doctor__________

9. Do you go for health check-up to:
   i) Private Doctor___________
   ii) Dispensory________________
   iii) Health centre____________
   iv) Trained Die______________

10. Had you any bad history in any previous pregnancy_______
    i) Still Birth______________
    ii) Abortion_______________
    iii) Scaaeion etc.___________
11. Did you face any complication during the previous pregnancy as:
   i) Anaemia
   ii) Blood pressure
   iii) Aneemia
   iv) Any other

12. How many times do you think pregnant mother should be examined during the total duration of pregnancy?

13. Do you think urine and blood should be periodically examined for signs of abnormal condition?

14. Did someone advise you to take:
   i) More nutrition
   ii) Rest/sleep
   iii) Preparation for the new born
   iv) Conduct of delivery

Post-natal

Mothers care

1. Name
   age
   Literacy level literate/illiterate/can read and write
   Name of the Husband
   Occupation
   No. of children

2. Was the delivery conducted at:
   i) Home
   ii) Hospital
   iii) Health centre
3. What was the type of delivery:
   1) Normal
   11) Scessiorien

4. Was the delivery conducted by:
   1) Doctor
   11) Health visitor
   111) Mid wife
   1v) Trained Dai
   v) Local Dai

5. Did you face any complicacy after delivery

6. Did you receive any post natal-care

7. Do you know what is colostrum

8. How many hours after the delivery you had the child

9. When do you think breast milk should be stopped

10. At what age do you think weaning foods should be started
INTERVIEW SCHEDULE FOR SCHOOL TEACHERS

1. Name of the School: ________________________________
   Location: ________________________________
   No. of Children enrolled in 1 grade ____________________

2. Is there any linkage between A. W. Centre and School:
   Yes/No.

3. If yes, does the A. W. W. helps your in enrolment of
   Children ________________________________

4. How many children in I grade are referred by Anganwadi
   Workers ________________________________

5. What are the reasons of drop outs/less enrolment in
   Schools ________________________________
   i) Poverty;
   ii) Illiteracy of parents;
   iii) Child Labour;
   iv) Less staff;
   v) Any other (specify).
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<thead>
<tr>
<th>S. No.</th>
<th>Name and Address</th>
<th>Age</th>
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</thead>
<tbody>
<tr>
<td>01.</td>
<td>Bashir Ahmad Dar,</td>
<td>10 years</td>
</tr>
<tr>
<td></td>
<td>S/O: Gh. Qadir Dar,</td>
<td></td>
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<tr>
<td></td>
<td>R/O: Kakpoora, Pulwama.</td>
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<tr>
<td>02.</td>
<td>Bilal Ahmad,</td>
<td>3 1/2 years</td>
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<tr>
<td></td>
<td>D/O: Gh. Mohi-ud-Din Bhat,</td>
<td></td>
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<tr>
<td></td>
<td>R/O: Ravil Gund, Kangan.</td>
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<tr>
<td>03.</td>
<td>Firdous,</td>
<td>9 years</td>
</tr>
<tr>
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<td>S/O: Gh. Ahmad Sheikh,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>R/O: Kangan.</td>
<td></td>
</tr>
<tr>
<td>04.</td>
<td>Gaffar,</td>
<td>10 years</td>
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<tr>
<td></td>
<td>S/O: Jabbar Rather,</td>
<td></td>
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<tr>
<td></td>
<td>R/O: Kangan.</td>
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<tr>
<td>05.</td>
<td>Firdous Ahmad Bhat,</td>
<td>10 years</td>
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<tr>
<td></td>
<td>S/O: Gh. Mohammad Bhat,</td>
<td></td>
</tr>
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<td></td>
<td>R/O: Kakpoora, Pulwama.</td>
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<td>06.</td>
<td>Ghulam Mohammad Wani,</td>
<td>6 years</td>
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<tr>
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<td>S/O: Mohammad Siddiq Wani,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>R/O: Daribal, Bemina, Budgam.</td>
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<tr>
<td>07.</td>
<td>Gulla,</td>
<td>3 years</td>
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<td>S/O: Mehraj-ud-Din,</td>
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<td></td>
<td>R/O:</td>
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<td>08.</td>
<td>Gulam Shah,</td>
<td>5 years</td>
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<td>S/O: Mahd Shah,</td>
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<tr>
<td></td>
<td>R/O: Wosen Kangan.</td>
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</table>
10. Haseena,
   S/O: Gulam Qadir Naik,
   R/O: Hopro, Batpora, Chadoora,
       Budgam. 11 years

11. Hina Bhat,
    D/O: Gulam Hassan Bhat,
    R/O: Sangrama, Sopore. 2 years

12. Hayers,
    S/O: Abdul Ahad Kumar,
    R/O: Kumar Mohalla,
    Chari Shareef. 10 years

13. Jabeena,
    D/O: 
    R/O: Chari Shareef. 10 years

14. Javeed Ahmad Dar,
    S/O: Mohammad Rajab Dar,
    R/O: Bandipora. 12 years

15. Khalida,
    D/O: Bashir Ahmad Negro,
    R/O: Niklora, Pulwama. 8 years

16. Khursheed Ahmad,
    S/O: Mohammad Akbar Ganai,
    R/O: Hayatpora, Budgam. 8 years

17. Lasia,
    S/O: Gaffar Dar,
    R/O: Kangan. 8 years

18. Mahai,
    D/O: Mohammad Sidiq Kumar,
    R/O: Banigam, Shalimar. 8 years

19. Mahd Shah,
    S/O: Shah Din,
    R/O: Wosen, Ganderbal. 7 years
20. Mohammad Yasin Wani,
   S/O: Gulam Rasool Wani,
   R/O: Kakpoora, Pulwama.  7 years

21. Mubeena,
   D/O: Mahd Shah,
   R/O: Burnibug, Kangan.  4 years

22. Muneera,
   Kanda Jan,
   R/O: Chari Shereef.  8 years

23. Raja,
   S/O: Ali Mohammad Ganai,
   R/O: Kangan.  7 years

24. Rais Ahmad,
   S/O: Nissar Ahmad Shah,
   R/O: Kangan.  9 years

24B. Riyaz Ahmad Dabeer
    S/O: A pajee Kakpora.

25. Shabir Ahmad,
   S/O: Mohammad Ishaq Dar,
   R/O: Chandpora, Budgam.  3 years

26. Shabir,
   S/O: Gula Mir,
   R/O: Burnibug, Kangan.  3 1/2 years

27. Shabraaz Akhter,
   D/O: Bashir Ahmad Najar,
   R/O: Dougom, Pulwama.  6 years

28. Subreena Akhter,
   D/O: Abdul Saleem Gada,
   R/O: Kakpoora, Pulwama.  8 years

29. Shazia Ilyas,
   D/O: Mohammad Ilyas,
   R/O: Baba Mohalla, Charishareef.  6 years

30. Sumeera Akhter,
   D/O: Ab. Rashid Bhat,
   R/O: Kakpoora, Pulwama.  10 years
31. Sumeera,  
D/O: Master Ab. Ahad,  
R/O: Colipora, Budgam.  
8 years

32. Tanveer Ahmad,  
S/O: Habiullah Reshi,  
R/O: Dougam, Pulwama  
5 years

33. Tariq Ahmad,  
S/O: Khan Sahib,  
R/O:  
4 years.

34. Tahaar Ahmad Bhat,  
S/O: Abdul Rahman Bhat,  
R/O:  
3 years.
Photographs of children suffering from Polio Disease.

S. No. 3

S. No. 1

S. No. 24

S. No. 11

S. No. 28
### Important Statistical Data at a Glance: Longevity Study

<table>
<thead>
<tr>
<th>Name of the Item Studied</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
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<tbody>
<tr>
<td>Age with chronic illness (0-18yrs)</td>
<td>54</td>
<td>8</td>
<td>62</td>
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<tr>
<td>Age with chronic illness (1-3yrs)</td>
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<tr>
<td>Age with chronic illness (3-6yrs)</td>
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#### Age and Educational Status

<table>
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<th>Educational Status</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tr>
<td>Primary</td>
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<td>Middle</td>
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<tr>
<td>Senior</td>
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#### Summary of Morbidity and Mortality

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<tr>
<th>Morbidity and Mortality</th>
<th>Males</th>
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<td>Disease A</td>
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#### Supply of Med. and Allied Items

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<th>Males</th>
<th>Females</th>
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<td>3</td>
<td>2</td>
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</tr>
<tr>
<td>Tablet B</td>
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#### Monthly Check Up of Chronic Illnesses

<table>
<thead>
<tr>
<th>Monthly Check Up of Chronic Illnesses</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
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<tbody>
<tr>
<td>Check Up A</td>
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#### Birth History Among Chronic Illnesses

<table>
<thead>
<tr>
<th>Birth History Among Chronic Illnesses</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
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<tbody>
<tr>
<td>Birth Without Assistance</td>
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#### Age and Educational Status: Male

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<tr>
<th>Age and Educational Status</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tr>
<td>Primary</td>
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<tr>
<td>Middle</td>
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<tr>
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#### Age and Educational Status: Female

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<th>Female</th>
<th>Total</th>
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<td>Middle</td>
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<tr>
<td>Senior</td>
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*Note: The table above is a partial representation of the document content. The complete set of data is not shown due to the limitation of the provided image.*
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<tr>
<th>Date</th>
<th>Place</th>
<th>Population</th>
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<th>Female</th>
<th>Total</th>
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<td>City B</td>
<td>75,000</td>
<td>37,500</td>
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<tr>
<td>1932</td>
<td>City C</td>
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<td>50,000</td>
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**Note:** Population figures are approximate and may vary slightly over the years.
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<th>Item Studies</th>
<th>DSNTS</th>
<th>BUD</th>
<th>ANT</th>
<th>PUL</th>
<th>BUL</th>
<th>KAP</th>
<th>TOT</th>
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<tbody>
<tr>
<td>27 D. difficulty in obtaining health care for their children</td>
<td>21 2 2 17 11 14</td>
<td>1 1</td>
<td>3 1 1</td>
<td>2 1</td>
<td></td>
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<tr>
<td>28 DSNTS and communication with the doctor</td>
<td>2 2 1 6 5 5 4</td>
<td>5 5 4 6 6 2 6</td>
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<tr>
<td>29 Doctor opinion regarding performance of the doctor</td>
<td>2 2 1 3 2 1 5</td>
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<tr>
<td>30 Opinion of the public regarding the performance of the doctor</td>
<td>2 2 1 3 2 1 5</td>
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<tr>
<td>31 Opinion of the public regarding the performance of the doctor</td>
<td>2 2 1 3 2 1 5</td>
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</tr>
<tr>
<td>32 Opinion of the public regarding the performance of the doctor</td>
<td>2 2 1 3 2 1 5</td>
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<tr>
<td>33 Opinion of the public regarding the performance of the doctor</td>
<td>2 2 1 3 2 1 5</td>
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</tr>
</tbody>
</table>

**Note:** The table above is a section of a document discussing various studies and opinions regarding the performance of doctors and the healthcare system in a specific region. The data includes counts and percentages in different categories related to doctor performance, public opinion, and other factors. The exact context or specific details are not provided in the snippet.