## 1. Demographic Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>1.1 Name:</strong></td>
<td>Male/Female</td>
</tr>
<tr>
<td><strong>1.2 Gender:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1.3 Age (in years):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1.4 Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1.5 Residence:</strong></td>
<td>Rural/Urban</td>
</tr>
<tr>
<td><strong>1.6 Marital Status:</strong></td>
<td>Married/ Separated/ Widow/Widower/ Single</td>
</tr>
<tr>
<td><strong>1.7 Living arrangement:</strong></td>
<td>With spouse/spouse and children/ alone/old age home/ destitute/ any other (specify)</td>
</tr>
<tr>
<td><strong>1.8 Occupation:</strong></td>
<td>Housewife/Pensioner/not working/working (specify)</td>
</tr>
<tr>
<td></td>
<td>Labourer/Agriculture/ petty business/ business/ independent/ professional/ white collar worker/ any other (specify)</td>
</tr>
<tr>
<td><strong>1.9 Monthly Income:</strong></td>
<td>&lt; 2,000/2,000-4,999/5,000-9,999/10,000 and above</td>
</tr>
<tr>
<td><strong>1.10 Smoking Status:</strong></td>
<td>Smoker/ non-smoker/ ex-smoker/ Tobacco chewing/ other forms of tobacco use.</td>
</tr>
<tr>
<td><strong>1.11 Other addictions:</strong></td>
<td>Nil/ Barbiturates/ Bhang/ any other (specify)</td>
</tr>
</tbody>
</table>

## II. Health Status

### 2. Vision

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td><strong>2.1 Vision</strong></td>
<td></td>
</tr>
<tr>
<td>a) Eye Sight</td>
<td>Good/Poor</td>
</tr>
<tr>
<td>b) Eye- Surgery in the past</td>
<td>Yes/No</td>
</tr>
<tr>
<td>c) If yes, specify</td>
<td></td>
</tr>
</tbody>
</table>

### 2.2 Hearing

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<table>
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<tbody>
<tr>
<td><strong>2.2 Hearing:</strong></td>
<td></td>
</tr>
<tr>
<td>a) Difficulty in hearing</td>
<td>Yes/No</td>
</tr>
<tr>
<td>b) If yes, use of hearing aid</td>
<td>Yes/No</td>
</tr>
<tr>
<td>c) If no why</td>
<td>expensive/ not available/not useful/ don't know</td>
</tr>
</tbody>
</table>
2.3 Sleep: Normal/Disturbed

2.4 Breathlessness: Yes/No
   a. if yes during exertion/at rest

2.5 Pain/discomfort in abdomen: Yes/No
2.6 Appetite Satisfactory/less
2.7 Can chew well Yes/No
2.8 Can swallow well Yes/No
2.9 any problem with bowels Normal/constipation/diarrhoea

2.10 Urinary symptoms
   a) Any problem with passing urine Yes/No
   b) Frequency of passing urine during night Nil/1-2/3 and above
   c) Cloth wetting Yes/No

2.11 Pain in body
   a) Knee joints Yes/No
   b) Finger joints Yes/No
   c) Back pain Yes/No
   d) Pain in neck Yes/No

2.12 Cardiac Problem
   a) Chest pain Yes/No
   b) Dizziness Yes/No
   c) Lost consciousness Yes/No
      (last six months)

2.13 Weight Loss:
   (last six months) Yes/No

2.14 Other Problems
   a) Fever (last one month) Yes/No
   b) Fall (last six months) Yes/No
   c) Fracture (last six months) Yes/No
   d) Seizures Yes/No
   e) Paralytic attack Yes/No
   f) Frequent episodes of headache Yes/No
   g) Depression Yes/No
   h) Cold feet Yes/No

2.15 Co-Morbid Disease Yes/No
   a. Diabetes Mellitus ---- ----
   b. IHD ---- ----
   c. Hypertension ---- ----
   d. Asthma ---- ----
   e. COPD ---- ----
   f. Parkinson's disease ---- ----
   g. Tuberculosis ---- ----
   h. Cancer If yes organ involved

   ------------------------
III. **Social Interaction**

a) Over the years your social interaction such as participation in social or religious functions, visit to/

by friends or relatives has Reduced/ remained the same/ increased.

b) Hopes and Fears

i. Looking at yourself with your current health problems what do you think are your hopes, aspirations or wishes:

1. Children continue support
2. No major invalidation
3. Continue doing daily chores/ manage own affairs
4. Die a peaceful death
5. No prolonged illness before death
6. Financial stability
7. I die in the presence of my relatives and friends.

ii. Fears, anxieties or worries:

1. Children may not support
2. Other spouse may die before me
3. Financial Distress
4. Loss of vital functions
5. Prolonged illness
6. The disease gets worse
### Health Care Needs and Expectations

<table>
<thead>
<tr>
<th>4.1 Distance of nearest health care Services from home (in Kms)</th>
<th>&lt; 2</th>
<th>&lt;2-4</th>
<th>5 and above</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Government Dispensary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) P.H.C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Government Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Pathology Lab-Pvt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Path Lab Govt</td>
<td></td>
<td></td>
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<tr>
<td>f) Medical College Hospital</td>
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<table>
<thead>
<tr>
<th>4.2 Do you think your health care needs are taken care of at present:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No specific use</td>
</tr>
<tr>
<td>• Takes regular medications</td>
</tr>
<tr>
<td>• Takes medicines on ad-hoc basis</td>
</tr>
<tr>
<td>• Health care is deficient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.3 What are your expectations from your family members in taking care of your health needs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social/financial/none</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.4 What family members expect from you in taking care of health needs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social/financial/none</td>
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<thead>
<tr>
<th>4.5 System of Medicine preferred</th>
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</thead>
<tbody>
<tr>
<td>Allopathy/Ayurveda/Unani/Others</td>
</tr>
</tbody>
</table>