Appendix - II

Interview Schedule

Problems of the Elderly in Salem Districts of Tamil Nadu

Name: ______________________

Address: ______________________

I. Socio-economic characteristics

1.1. Age: 1) 60-70  2) 70-80  3) 80-90  4) 90-100  5) 100+

1.2. Sex: 1) Female  2) Male

1.3. Religion: 1) Hindu  2) Islam  3) Christian

1.4. Community: 1) ST  2) SC  3) MBC  4) BC  5) OC

1.5. Educational Status

1) Illiterate  2) Primary  3) Middle
4) SSLC  5) PUC/Hr. Sec  6) Degree & above

1.6. Native Place: 1) Rural  2) Urban  3) Semi-urban

1.7. Occupation (Before 58/60) _____________

1.8. Occupation (Present) _____________

1.9. Monthly income (Before retirement/60) _____________

1.10. Monthly income (Present) _____________

1.11. Do you have any other source of income?  1) Yes  2) No

1.12. If yes,

1) Sources _____________________  Rs. ___________

2) Sources _____________________  Rs. ___________
1.13. Marital Status

1). Married  2). Unmarried  3). Widow
4). Widower  5). Separated/Divorce

1.14. Age at marriage ____________

1.15. Are you living with your

0). Son’s family  1). Daughters family  2). Own family  3). Alone

1.16. Family Particulars

<table>
<thead>
<tr>
<th>S.l No</th>
<th>Relationship of Respondent</th>
<th>Age</th>
<th>Sex</th>
<th>Marital status</th>
<th>Education</th>
<th>Occupation</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
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<td>1</td>
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</tbody>
</table>

1.17. Size of the family  1) Small (0-4)  2) Medium (5-7)  3) Large (8+)

1.18. Type of family

1). Joint Family  2). Nuclear Family
3). Extended Family  4). Uni-member family

1.19. Higher education in the Family ________________
1.20. No. of earning members in the family __________

1.21. Family Composition
   
   1). More males   2). More females   3). Equal size

1.22. No. of children in the family __________

1.23. No. of dependency in the family__________

1.24. Per capita income of the family __________

II. Problems of the Elderly

II. A. Health Problems

2.1. Do you have any Health Problems?   0). No   1). Yes

2.2. If yes, type of the problem.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Type of Problem</th>
<th>Duration of Problem</th>
<th>Treatment (PHC-0, GH -1, Private-2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Chronic Illness</td>
<td></td>
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<tr>
<td>2.</td>
<td>Diabetic</td>
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<tr>
<td>3.</td>
<td>ENT problem</td>
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<td></td>
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<tr>
<td>4.</td>
<td>Cardiac Vascular problem</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>Eye problem</td>
<td></td>
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<tr>
<td>6.</td>
<td>Joint problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Others______________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.3. Do you use spectacles for your vision problem?
   0). No  1). Yes

2.4. Do you use hearing aids for your hearing problem?
   0). No  1). Yes

2.5. What makes you sick?
       2). Family problems  3). Due to ageing  4). Others ______

2.6. Do you go to hospitals for regular health checkups?
   0) No  1) Yes

2.7. If no, list out the reasons: 0. ________________
       1. ________________

2.8. If yes, who accompanies you? ________________

2.9. How often you meet the doctor for checkups and for consultation?
       0). Once a week.  1). Twice a week.  2). Once a month
       3). Twice a month. 4). Any other

2.10. Who paid for the medicine and medical consultations?
      0) Self  1). Spouse  2). Children  3). Relatives
        4). Others____

2.11. Do you take the prescribe medicines as advised by the doctor?
      0) No  1) Yes

2.12. If Yes, how long?  (0) Not at all  (1) Regularly
       (2) occasionally

2.13. If not at all, disclose the reason  ________________
2.14. What kind of medical treatment do you follow?
0). Allopathy  1). Siddha  2). Ayurveda
3). Homeopathy  4). Unani  5). Any other

2.15. How long you are taking the medical aid or medicines?
0). 0-1 year  1). 1-2 yeas  2). 2-3 years and above.

2.16. Does any nurse come for home check up at your place?
0) No  1) Yes

2.17. Habits which affect the health of the elderly

<table>
<thead>
<tr>
<th>S. No</th>
<th>Habits</th>
<th>Not at all</th>
<th>Occasionally</th>
<th>Regularly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Smoking habit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Drinking alcohol habit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Chewing habit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.18. How many hours you sleep every day?
0). 3-4  1). 5-6  2). 7-8  3). 9-10

2.19. Do you prepare your own food or somebody else helps you in preparing food?

II. B). Economical Problems of the Aged

2.20. If no income, where you get the financial assistance?
0). Son  1). Daughter  2). Both
3). Relatives  4). Any other _____
2.21. Do you contribute to the family expenses?
   1. Regularly    2. Occasionally    3. Not at all
2.22. If not at all, why?_____________
2.23. Do you have any bank account in your name?  0) No  1) Yes
2.24. Do you have any savings?  0) No  1) Yes
2.25. If yes, for what purpose will you spend that savings  __________
2.26. Do you have any property in your name?  0) No  1) Yes
2.27. If yes, disclose the type of property ________________

II.C. Adjustmental Problems of Aged
2.28. Do you get respect from the family members?  0) No  1) Yes
2.29. If no, why?____________________
2.30. How is your relationship with the family members?
2.31. If worst, why?___________
2.32. Do you feel that you have struggled to adjust with younger generation?
   0) No  1) Yes
2.33. If yes why?_______________
2.34. Do you feel there is a long gap between youngsters and aged?
   0) No  1) Yes
2.35. If yes, disclose the reason______________
2.36. Do you participate the decision makings of your family?
   1. Regularly    2. Occasionally    3. not at all

2.37. If regularly/occasionally, disclose in what matter your contribution are there?
   1). _______________________
   2). _______________________
   3). _______________________

2.38. If not at all, disclose the reason?...........................................

2.39. Do you know a complaint may be lodged against the child(ren) if they never look after their parents/grand parents?
   0). No       1). Yes

2.40. If yes, at any time have you complaint the case against the children?
   0). No       1). Yes

2.41. If yes, disclose the reason for that _______________________

2.42. Do you feel alone in your home?    0) No       1) Yes

II. D. Social Problems

2.42. Are you visiting relatives, friends and neighbours’ social functions?
   1. Regularly    2. occasionally    3. not at all

2.43. If not at all, kindly disclose the reasons:
   ________________________________
2.44. How do you spend your leisure time in the following?

List out your Indoor activities:

<table>
<thead>
<tr>
<th>S. No</th>
<th>Indoors</th>
<th>Never</th>
<th>Some time</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>sitting alone and thinking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>watching TV/listening radio</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>playing with grand children</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>playing cards/chess etc</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>reading books/newspapers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>gardening</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>exercise</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>praying</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>Others</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.45. List out your outdoor activities if any:

<table>
<thead>
<tr>
<th>S. No</th>
<th>Outdoors</th>
<th>Never</th>
<th>Some time</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>jogging</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>go to temple /church /Mosque etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>go to movie/theatre</td>
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<tr>
<td>4</td>
<td>go to picnics/tours</td>
<td></td>
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<tr>
<td>5</td>
<td>go to beach/park</td>
<td></td>
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<tr>
<td>6</td>
<td>social/political work</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>Others</td>
<td></td>
<td></td>
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</tbody>
</table>
III. Supportive System for the Elderly

3.1. Do you feel some one must provide care for you? 0) No 1) Yes

3.2. Who is providing care, love and affection on you?

0) Spouse 1) Son 2). Daughter 3). Any other_________

3.3. Who is providing financial support for you?


4. Others..............

3.4. Who is providing health support for you?


4. Others..............

3.5. Do you meet your friends and relatives?

0). Regularly 2. Occasionally 3. Not at all

3.6. Do you expect any help from your friends and relatives?

0) No 1) Yes

3.7. If yes, what type of help are you expecting from them?________

3.8. Do you feel your emotional feelings are curtailed by the family members?

1. Regularly 2. Occasionally 3. Not at all

3.9. If not at all, why? .................

3.10. In your family, who spend more time with you?

0). Spouse 1). Son 2). Daughter 3). Relatives

4) any other___
IV. Role of Care Givers

4.1. What type of care do you expect from your care giver?

<table>
<thead>
<tr>
<th>S. No</th>
<th>Expecting care</th>
<th>Need</th>
<th>No Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Health care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Financial Assistance</td>
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<tr>
<td>3</td>
<td>Spend time</td>
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<tr>
<td>4</td>
<td>Other_________</td>
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</tbody>
</table>

4.2. Level of relationship with care givers and elderly

<table>
<thead>
<tr>
<th>S. No</th>
<th>Care givers</th>
<th>Regularly</th>
<th>Occasionally</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Spouse</td>
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<tr>
<td>2</td>
<td>Son/daughter</td>
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<tr>
<td>3</td>
<td>Son/daughter in law</td>
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<tr>
<td>4</td>
<td>Brother/sister</td>
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<tr>
<td>5</td>
<td>Brother/sister in law</td>
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<tr>
<td>6</td>
<td>Relatives</td>
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<tr>
<td>7</td>
<td>Friends/neighborhood</td>
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<td>8</td>
<td>Others_________</td>
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V. Government Schemes for the Elderly

5.1. Are you aware about the schemes provided by the government?

   0) No     1) Yes     3) Some what

5.2. If yes, mention the schemes what you know......................

5.3. Are you aware about Old Age Pension (OAP) scheme?

   0) No     1) Yes
5.4. Are you find any problem in getting pension from the government? 0) No 1) Yes

5.5. If yes, please list the problems............................

5.6. Are you aware about the health insurance schemes for the elderly? 0) No 1) Yes

5.7. Are you aware about the National Policy on Older Person?
0) No 1) Yes

5.8. Are you aware about the Nationalized bank has given high interest for elderly savings? 0) No 1) Yes

VI. Attitude Survey

6.1. Younger generations respects the elderly 0) No 1) Yes

6.2. Aware of not giving trouble to any one at this old age
0) No 1) Yes

6.3. Children should be taught since childhood about the importance of ageing
0) No 1) Yes

6.4. Still my advices are shaping the younger generations
0) No 1) Yes

6.5. The aged should not feel that they are isolated
0) No 1) Yes

6.6. Parents are responsible for the behavior of their children
0) No 1) Yes

6.7. The savings are very important which can help the aged to survive in their old age
0) No 1) Yes
6.8. Children need to support their parents in old age
   0) No  1) Yes

6.9. Now-a-days family support and care for elderly has disappeared in the society
   0) No  1) Yes

6.10. The aged should contribute something to the family, community and society still they can
   0) No  1) Yes