QUESTIONNAIRE / SCHEDULE

AN ANALYSIS ON THE WORKING OF PRIMARY HEALTH CENTRES:
WITH SPECIAL REFERENCE TO NAGAI DISTRICT

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Guide & Supervisor
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1. Name of the Patient Respondent : 

2. Address : 

*Note: Wherever needed give a tick (3) mark*

3. Age :
   a) below 25 
   b) 25-35 
   c) 35-45 
   d) 45-55 
   e) 55 & above 

4. Sex :
   a) Male 
   b) Female 

5. Educational Qualification of the Respondent :
   a) Illiterate 
   b) Literate 
   c) Primary 
   d) Middle 
   e) Secondary/HSC 
   f) Graduate (general) 
   g) Others, Specify 

6. Educational Qualification of the Head of the Household (other than the respondent)
   a) Illiterate 
   b) Literate 
   c) Primary 
   d) Middle
7. Occupation of the Respondent:
   a) Self employed
   b) Govt. Employees
   c) Pvt. Salaried
   d) Professional
   e) petty shop
   f) Unemployed
   g) Housewife
   h) Agricultural Coolie
   i) Marginal farmer
   j) Small Farmer
   k) Medium Farmer

8. Occupation of the Head of the Household (other than the respondent):
   a) Self employed
   b) Govt. Employees
   c) Pvt. Salaried
   d) Professional
   e) petty shop
   f) Unemployed
   g) Housewife
   h) Agricultural Coolie
   i) Marginal farmer
   j) Small Farmer
   k) Medium Farmer

9. Total Experience in employment of the respondents (working):
   a) Less than One year
10. If unemployed, whether the unemployment is willful or unwillful:
   a) Willful
   b) Unwillful

11. Total Experience in employment of the Head of the Household
   a) No experience
   b) Less than One year
   c) 1-5 years
   d) 6-10 years
   e) 11-15 years
   f) 16-20 years
   g) 21-25 years
   h) Above 25 years

12. Monthly Income of the respondent (in Rs.):
   a) Less than 500
   b) 501-1,000
   c) 1000-2000
   d) 2000-3,000
   e) 3000-4000
   f) 4000-5000
   g) 5000-10,000
   h) Above 10,000

13. Monthly Income of the Family (in Rs.):
a) Less than 500  

b) 5,01-1,000  

c) 1000- 2000  

d) 2,000-3,000  

e) 3000 -4000  

f) 40,00-5000  

g) 5000 – 10,000  

h) Above 10,000

14. Ownership of House  
   a) Owned  
   b) Rented  
   c) Leased  
   d) Quarters given by the company/government

15. Type of House  
   a) Roofed House  
   b) Tiled House  
   c) Thatched House

16. Does your house has a good ventilation facility ?  Yes/No

17. Does the house has separate water connection at Home ?  Yes/No

18. Does the house has separate latrine facility ?  Yes/No

19. Does the house has drainage facility ?  Yes/No

20. Do you have the following facilities at home ?  
   a) TV  Yes/No  
   b) Ceiling Fan  Yes/No  
   c) Washing Machine  Yes/No  
   d) Mixie  Yes/No  
   e) Grinder  Yes/No
21. Do you have any of the following property either in your or in the name of any of your family members
   a) Land other than agriculture Yes/No
   b) Building other than your residence Yes/No
   c) Agricultural House Yes/No

22. If your own agricultural land, type of holdings
   a) Own land _____ acre
   b) Leased land _____ acre

23. Have you let any agricultural land? Yes/No
   If yes, area of land let for lease _____ acre

24. Do you have any other assets? Yes/No
   If Yes, what type of assets
   a) __________________ present worth Rs. __________
   b) __________________ present worth Rs. __________
   c) __________________ present worth Rs. __________

25. Number of Members in the family

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<tr>
<th>Relationship to the Respondent</th>
<th>Age</th>
<th>Education</th>
<th>Whether continuing Education</th>
<th>If no, why?</th>
<th>Whether Working</th>
<th>If Yes, Whether Permanent/Temporary</th>
<th>If no, why</th>
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26. Do you used to come to the Primary health centre regularly?  
   Yes/No
   If Yes, How frequently you come
   a) Once in a week
   b) Once in fifteen days
   c) Once in a month

27. Whether your family members also come to PHC for treatment?  
   Yes/No
   If yes, how frequently
   a) Once in a week
   b) Once in fifteen days
   c) Once in a month

28. For what ailment you visit PHC?  
   a) Head ache
   b) Fever
   c) Typhoid
   d) Stomach pain
   e) Others, specify

29. Whether your ailment usually gets cured in one consultancy?  
   Yes/No
   If Yes, what do you feel the reason as
   a) Experience of the Doctor
   b) Availability of Medicine
   c) Others, specify

30. Do you get all the prescribed medicines at the time of your consultancy?  
   a) Partly
   b) Fully
   If no, how many times to visit the hospital to collect medicines?  
   a) One time
   b) two times
   c) three times
   d) more than three times
31. Does each prescribed medicine being given to you in one sitting?  
   a) One time
   b) two times
   c) three times
   d) more than three times

32. How long does it take for you to get treatment?  
   a) Below 30 minutes
   b) 30-60 minutes
   c) 60-90 minutes
   d) 90-120 minutes

33. To what extent you are satisfied with the availability of the medicines?  
   a) Highly Satisfied
   b) Moderately Satisfied
   c) Just Satisfied
   d) Moderately Dissatisfied
   e) Highly dissatisfied

34. Do the doctor listens to your health problems completely and gives treatment?  
   Yes/No  
   To what extent you are satisfied with the treatment of the doctor  
   a) Highly Satisfied
   b) Moderately Satisfied
   c) Just Satisfied
   d) Moderately Dissatisfied
   e) Highly dissatisfied

35. Is the doctor available in the hospital all the times?  
   Yes/No  
   If yes, to what extent you are satisfied with the availability of the doctor  
   a) Highly Satisfied
   b) Moderately Satisfied
   c) Just Satisfied
   d) Moderately Dissatisfied
   e) Highly dissatisfied