Interview schedule

Date of Interview _______________ Time of Interview _______________

1. Name : _________________________________________

2. Address
   Street : _________________________________________
   City : ___________________________________________
   Postal code : ______________________________________
   Phone No. : _______________________________________


5. Age : _______________ (in years)


7. What is your Social background?
   1. ST  2. SC  3. OBC  4. Others _______________

8. Your weight in Kilos? _______________

9. Your height in Centimeters / Feet / Inches _______________

10. What is your current marital status?
       4. Divorced  5. Widowed

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>Unmarried</td>
</tr>
</tbody>
</table>

12. No of Children:

13. Educational qualification _______

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23+(primary) (high school) (college/university) (graduate school)

14. What is your current job?


Designation: ____________________________

Total Family Monthly income Rs._______________________

15. What is the main reason you are not working for pay?


16. Type of House


17. Whether you own the house in which you live?

1. Yes  5. No

18. If No, Whether it is rented?  1. Yes  2. No

19. If Yes, How much rent did you pay?  Rs._______________________

Others Specify ____________________________

20. Can you please tell me how many rooms there are in your home? ___________
21. How many cars are there in your household? (If none enter “0”) __________

22. How many televisions are there in your household? (If none enter “0”) ____

Does anyone in your household have:

25. A video cassette recorder (VCR)? 1. Yes 5. No
27. A DVD player? 1. Yes 5. No
30. A vacuum cleaner? 1. Yes 5. No
31. A refrigerator? 1. Yes 5. No
32. A fixed line telephone? 1. Yes 5. No
34. A computer? 1. Yes 5. No
35. Access to the internet from your home? 1. Yes 5. No
36. Any subscriptions to magazines and/or newspapers? 1. Yes 5. No
37. Do you have any servant
   (gardener, cook, cleaning lady, driver etc.)? 1. Yes 5. No
38. Do you have another house? 1. Yes 5. No
39. What is the main source of drinking water?
   1. Piped water 2. Public standpipe
   3. Protected tube well or bore hole 4. Protected dug well or protected spring
   5. Unprotected dug well or spring 6. Rainwater (into tank or cistern)
   7. Water taken directly from pond-water or stream
   8. Tanker-truck, vendor
40. How long does it take to get there, get water and come back?
   1. Less than 5 minutes 2. Between 5 to 30 minutes
   3. Between 30 to 60 minutes 4. Between 60 to 90 minutes
   5. More than 90 minutes
41. Are there at least 20 litres of water per person (about one bucket) available per day (for drinking, cooking, personal hygiene etc.) in the household?  
   1. Yes   5. No

42. What type of toilet facilities does your household use?  
   1. Flush to piped sewage system  2. Flush to septic tank  
   3. Pour flush latrine  4. Covered dry latrine (with privacy)  
   5. Uncovered dry latrine (without privacy)  
   6. Bucket latrine (where fresh excreta are manually removed)  
   7. No facilities (open defecation)  8. Other

43. How far is the facility from your dwelling/house?  
   1. Within property - single household  2. Within property - multiple household  

44. What type of fuel does your household mainly use for cooking?  

45. Where is cooking usually done?  
   1. In a room used for living or sleeping  2. In a separate room used as kitchen  
   3. In a separate building used as kitchen  4. Outdoors

46. Please indicate below which chronic condition(s) you have:  
   4. Heart disease Type of heart disease: ________________  
   5. Arthritis or other rheumatic disease Specify type: ________________  
   6. Cancer Type of cancer: ________________  
   7. Other chronic condition Specify: ________________

47. How often have you felt that you were unable to control the important things in your life?  

48. How often have you found that you could not cope with all the things that you had to do?  

49. How satisfied are you with your health?  
   1. Very dissatisfied  2. Dissatisfied  3. Neither satisfied nor dissatisfied  
   4. Satisfied  5. Very satisfied

50. Do you wear glasses or contact lenses?  
   1. Yes  2. No
51. In general, how would you rate your health today?

52. Overall in the last 30 days, how much difficulty did you have with work or household activities?

53. Do you have any difficulty with moving around?

54. Do you have difficulty with selfcare, such as washing or dressing yourself?

55. How much of bodily aches or pains/discomfort did you have?

56. How much difficulty did you have with concentrating or remembering things?

57. How much of a problem did you have with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?

58. How do you cope up with the disease / how do you manage your day to day life

59. How other people perceive you and how you perceive yourself with the disease?

60. How long you are living with this disease _____________

61. Where did you got diagnosed for this disease _____________

62. Are you visiting doctor and taking regular treatment.  1. Yes  5. No
63. If Yes, How long you are taking treatment for the chronic disease ___________

64. If No, Why you are not taking treatment for the chronic disease?

65. State common health problems you face due to chronic disease?

66. Are you having the same problem even before the onset of the disease?
   1. Yes   5. No

67. Where do you take treatment for this health disorder?
   1. At a Primary Health Centre   2. Private health care provider
   3. Government Hospital   4. Private Hospital
   5. At home

68. What are the other health problems you have? Or Do you have any health problem from Birth?

69. Where do you take treatment for those problems?

70. If you are taking treatment privately how much do you spend?
   Consultation Rs._______  Drugs Rs._______  Others Rs._______  Total Rs._____

71. Are you satisfied with the treatment of the doctor

72. Are you satisfied with way in which the Para-medical workers treated you

73. Are you satisfied with cleanliness of this health centre?

74. Do you currently smoke any tobacco products such as cigarettes, cigars, or pipes?
   1. Daily   2. Yes, but not daily   5. No, not at all
   For how many years are you smoking daily? __________________________

75. Have you ever consumed a drink that contains alcohol (such as beer, wine, etc.)?
   1. Yes   5. Never
76. During the past 7 days, how many standard drinks of any alcoholic beverage did you have each day?

<table>
<thead>
<tr>
<th>Day</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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77. Are you aware of diet control? 1 Yes 5 No

78. Whether your doctor has advised diet control? 1 Yes 5 No

79. Are you following it? Yes / No

80. If No, Why? state reason

81. What is your usual diet?

<table>
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<tr>
<th>No. of times in a week</th>
<th>Vegetarian</th>
<th>Non-vegetarian</th>
</tr>
</thead>
</table>

82. How many servings of fruit do you eat on a typical day?

83. How many servings of vegetables do you eat on a typical day?

84. During the last 7 days, on how many days did you do physical activities?
   1. Vigorous ________ 2. Moderate ________ 3. At least 10 minutes walk ______

85. Any view, comments and suggestion

Signature of the Interviewer
With Time and Date

Any comments and suggestions can be written in the last page