INTERVIEW SCHEDULE
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1. Name of the Town

2. Name of the Respondent:

3. Name of the Husband:

4. Age of the Respondent:

5. Marital Status: (a) Never Married
   (b) Married
   (c) Widowed
   (d) Divorce and Separated

6. Religion: (a) Hindus
   (b) Muslims
   (c) Christians

7. Education: (a) Illiterate
   (b) Primary
   (c) Secondary
   (d) Intermediate
   (e) Graduation
   (f) Post-Graduation
   (g) Professional
   (h) Technical

8. Occupation:

9. Mother Tongue: Telugu/Urdu/Kannada/Tamil/Others

10. Type of Family: Nuclear/Joint

11. Total Family Members: (a) Males
    (b) Females
    (c) Total

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12. Family Particulars:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Relationship with Head</th>
<th>Sex</th>
<th>Age</th>
<th>Marital Status</th>
<th>Education</th>
<th>Occupation</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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</tbody>
</table>

Codes:
- Male - 1
- Females - 2

Income:
- Below Rs.5,000
- Rs.5,001 - 10,000
- Rs.10,001+

Education:
- Illiterate - 1
- Primary - 2
- Secondary - 3
- Intermediate - 4
- Graduation - 5
- Post-Graduation - 6
- Professional - 7
- Technical - 8

Marital Status:
- Never Married - 1
- Married - 2
- Widowed - 3
- Divorce and Separated - 4
13. Whether the house is own or rented or leased ground?

14. Type of construction of house
   (a) Hut (b) Tiled House (c) Mud house with thatched roof (d) RC roof

15. No. of rooms in the house
   (a) One (b) Two (c) Three (d) More than Three

16. Source of drinking water
   (a) Running Tap (b) Hand Pump (c) Public Tap (d) No water source

17. Type of lavatory used
   (a) Open field (b) Pit (c) Septic tank

18. Cooking Fuel
   (a) Gas (b) Kerosene (c) Firewood (d) Chola

19. Household Assets:
   (a) Bicycle
   (b) Scooter
   (c) Clock
   (d) Sewing Machine
   (e) Radio
   (f) Fan
   (g) Tape recorder
   (h) Television
   (i) Grinder
   (j) Refrigerator
   (k) Any other (Specify)

20. Monthly income particulars (All Members) Amount (Rs.)
   (a) Business
   (b) Salaries
   (c) Wages
   (d) Rents
   (e) Others (specify)

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21. Details of Monthly Expenditure

(a) Food
(b) Clothing
(c) Medicine
(d) Electricity
(e) Travel
(f) Education
(g) Savings
(h) Personal habits
(i) Entertainments
(j) Taxes
(k) Any other (specify)

22. Indebtedness

Are you indebted

Yes/No

If yes, how much amount borrowed : Rs.

Source of Borrowings

Amount

Rate of Interest

(a) Money lenders
(b) Banks
(c) Friends
(d) Relatives

Purpose of Borrowings

(a) Daily needs
(b) Education
(c) Medicine
(d) Marriages
(e) Housing
(f) Festivals

23. Individual Schedule

(a) How old are you now?

(b) What was the age at first marriage

(c) What was your place of residence : Rural/Urban
### Pregnancy History

<table>
<thead>
<tr>
<th>Pregnancy Age at</th>
<th>Outcome of the delivery</th>
<th>Place of Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order and delivery of the</td>
<td>Sex of the delivery</td>
<td>interval delivery</td>
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<tr>
<td>Sex of delivery</td>
<td>(Calculation)</td>
<td></td>
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</tbody>
</table>

**Codes:**

<table>
<thead>
<tr>
<th>Outcome of the delivery</th>
<th>Sex of the child</th>
<th>Place of Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Live birth</td>
<td>Male - 1</td>
<td>Govt. Hospital-1</td>
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<tr>
<td>(b) Still birth</td>
<td>Female - 2</td>
<td>Home -2</td>
</tr>
<tr>
<td>(c) Abortion</td>
<td></td>
<td>Private Clinic -3</td>
</tr>
</tbody>
</table>

### 24. Religious Practices

1. Do you believe in God?  
   - Yes/No
2. Do you attend your religious praying places?  
   - Yes/No
3. Do you accept that children are given by God?  
   - Yes/No
4. Frequency of Worship of God?  
   - (a) Daily  
   - (b) Weekly  
   - (c) Occasionally
5. Observing Fast:  
   - (a) Weekly  
   - (b) Monthly  
   - (c) Some time
6. Preference for the sex of the child:
   - (a) Male  
   - (b) Female  
   - (c) Both
7. Do you believe that son is must for religious practices?  
   - Yes/No
8. Do you depend on children on old age?  
   - Yes/No
9) What is marriageable age to girls?
10) Family Planning methods as per your religion
   (a) Acceptable (b) Non-acceptable

25. Family Planning

Knowledge
1) Do you aware about family planning methods? Yes/No
2) How many methods you know? Specify the methods you know?
   (a) 0-2 (b) 3-5 (c) above 5
3) Do you aware the place of availability of family planning methods? Yes/No
4) How do you know about family planning methods?
   (a) Radio (b) T.V. (c) Cinema (d) Newspapers (e) Friends (f) Relatives
5) Do you visit family planning centre? Yes/No
6) On whose advice you visited family planning centre?
   (a) Self-initiative (b) Friend's advice (c) Doctor's advice (d) Husband's advice
7) Do you aware of abortion? Yes/No
8) Have you heard about incentives to family planning methods Yes/No

Attitude
1) What is your attitude towards family planning methods?
   (a) Favourable (b) Unfavourable (c) No response
2) What is your attitude towards spacing of the child?
   (a) Favourable (b) Unfavourable (c) No response

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3) Attitude towards Abortion?
   (a) Favourable  (b) Unfavourable  (c) No response
4) Attitude towards vasectomy?
   (a) Favourable  (b) Unfavourable  (c) No response
5) Attitude towards tubectomy?
   (a) Favourable  (b) Unfavourable  (c) No response
6) Attitude towards small family?
   (a) Favourable  (b) Unfavourable  (c) No response
7) Attitude towards one child norm?
   (a) Favourable  (b) Unfavourable  (c) No response

Practice
1) Did you adopt any sterilization method? Yes/No
2) Did you practicing any contraceptive method? Yes/No
   If yes, specify the method?
3) Who influence the decision to adopt family planning methods?
   (a) Husband  (b) Friends  (c) Relations
4) Where did you/your spouse usually get contraceptives of family planning services?
   (a) Govt. Hospital/PHC  (b) Chemist  (c) Private Clinic
5) What complaints if any do you/your spouse have about use of method?
   (a) No complaints  (b) Causes irregular mensuration cycles
   (c) Causes bleeding  (d) Become stout
6) Do you consulted anyone about your problem? Yes/No

7) If yes, whom did you/your spouse consult?
   (a) Doctor  (b) Friends  (c) Relatives

8) Are you/your spouse satisfied with the treatment? Yes/No

9) In your opinion, marriage couple should have their first child?
   (a) Less than one year after marriage
   (b) 2 years after marriage
   (c) 3 years after marriage

10) What is the duration of spacing between two consecutive children?
    (a) 1 year  (b) 2 years
    (c) 3 years (d) More than 3 years