APPENDIX

INTERVIEW SCHEDULE –I

Demographic Data

1. Name of the respondent :
2. Age :
3. Caste :
4. Religion :
5. Occupation :
6. Literary Status :
7. Marital Status : Married / Widow / Separated/ Others
8. No. of Children : No. of alive Child
9. Per capita income per month (income from different sources)
10. Type of family : Nuclear/Joint/any other. Specify –

11. Table: composition of family in tabular form

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Relationship to HOF</th>
<th>Education</th>
<th>Occupation</th>
<th>Remarks</th>
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INTERVIEW SCHEDULE -II

Observation on Environmental Sanitation

1. Numbers of occupant:

2. Name of the line:

3. Type of house: Pucca / Katcha / Semi-pucca/ others(specify)

4. No of living rooms (floor area):

5. Light and air: Sufficient/ insufficient:

6. Overcrowding: Yes / No

7. Separate kitchen: Present/ absent

8. Fuel used: firewood / kerosene/ LPG/others(specify)

9. Domestic animals: present / absent

10. Separate animal shed: Present / absent

   If present: Separate from living room/ attached to living room.

11. Place of defecation: Open air Defecation/sanitary latrine/pit latrine

12. Place of bath:

13. Lighting: Electricity / Kerosene

14. Kitchen garden: present / absent

15. Source of water: Well / Tube Well / others

16. Drainage System: Present/ absent

   If present: Katcha/Pucca

17. Refuse disposal: Dumping/ indiscriminate throwing/
Composting/Burning.
**Personal Hygiene**

1. **Brushing of teeth daily**: Yes/No
   - If yes with what?: Brush with paste/twigs/Other
   
2. **Place of defecation**: Latrine/open field/Other (specify)

3. **Do you use footwear while going for defecation?**: Yes/No

4. **Do you wash your hand after defecation**: Yes/No
   - If yes with what?: Soap and water/soil and water/only water/any other

5. **Regular nail cutting**: Yes/No
   - If yes, at what interval?: Specify

6. **Do you take bath regularly?**: Yes/No
   - If yes, how you take bath?: With soap & warm water/only water/other (specify)

7. **Do you change your cloth daily?**: Yes/No
   - If no, why?: 

8. **Do you wash your clothing daily?**: Yes/No
   - If no, why?: 

9. **Where do you wash your cloth?**: River/Pond/near tube well

10. **Any detergent use for washing?**: Yes/No
    - If no, why?: 

11. **Do you use footwear while working in the garden?**: Yes/No
    - If no, why?: 

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*iii*
Belief about sickness and treatment seeking behaviour:

(a) Belief about sickness:

12. What do you think to be the causes of the diseases? Germs / supernatural power / black magic / specify

13. Do you fall in sick during last six months: Yes/No
   If yes, name of ailments: (1) ..............
   (2) ................
   (3) ..............
   (4) ..............

(b) Treatment seeking behaviour:

14. Where did you seek treatment during the last episode of sickness (last six months): Garden Hospital/ Pharmacy/ PHC/ Ojha/ Other (Specify)

15. If not treated in garden hospital why?: Sub-standard medicine / Misbehavior of doctors, nurses / fear of hospital/ any other (specify)

16. Do you believe in evil eye causes illness to your children?: Yes/ No.
   If yes, name some disorder: ... ... ...

17. What do you do to prevent illness caused by evil eye?: ... ... ...

Food Habits & Practices of intoxication:

18. Items included in principal meal: Only rice/rice with Dal and vegetable/ Other (specify)

19. How many times you take meals in a day: 1/2/3

20. How frequently you eat fish, meat, egg: Daily/ twice in a week/ weekly/ fortnightly/ occasionally

21. During Pregnancy would you take extra food?: Yes / No.
   If yes how much: one meal/ don’t know/ others specify.
   If no: reasons/ specify

iv
22. What food should be avoided during pregnancy: Specify

23. Do you think some food to be ‘hot’ or ‘cold’?
   If yes, Specify

24. Do you wash your hand before meal? : Yes/No.

25. Do you wash your hand after meal? : Yes/No.

Intoxication Practices:

26. Did you take tobacco? : Yes / No

27. Did you take tobacco during pregnancy? : Yes / No.

28. Do you think tobacco to be hazardous? : Yes / No / Do not know.

29. Do you consume country liquor? If yes- why? (reasons for taking liquor). At what time?
   If no – why?

30. Do you prepare liquor (Haria) at home? Whether liquor is harmful.
   Do you prepare for sale?
   If Yes details. : ... ... ...
   If no, details. : ... ... ...

   If yes, whether it affects your family? : Yes / No.
   If yes, specify

Maternal Health Practices:

32. At what age (approx) do you attend puberty?:

33. Do you work in the garden during menstruation: Yes/ No.

34. Do you take rest during menstruation? : Yes/No.
35. At what age one should get married? : Don't know / Not specified / 18 years / any other specify.
36. At what age you married? : Specify
37. At what age one should conceive? : Before 20/ above 20/ specify
38. During pregnancy did you visited hospital for antenatal checkup? : Yes/ No.
   If yes how frequently : 1 time/ 2 time/ 3 times/ casually.
   If no, why? : Specify ...
   If yes, Number of doses : 
40. Where do you give birth to your last baby? : At garden hospital / Govt. hospital/ at home / any other.
41. Persons conducting delivery (in case of home delivery) : Specify ...
42. Did you visit hospital after delivery? : Yes/ No.
   If no, what do you do for postnatal care? : Specify ...
43. Are you aware of family planning? : Yes / No.
   Where from you got information? : Hospital staff / T.V. Radio / Group of women / any other.
44. Do you believe small family norms? : Yes/No.
45. Do you prefer family planning? : Yes/No.
46. When do you prefer permanent method? : Specify ...
47. Who encourage for small family? : Husband / Mother in law / any other.
48. What are the advantages of small family? : Specify ...

**Infant and Child rearing practices:**

49. Do you feed first milk (colostrums) to your baby? : Yes/No
   If no, give reasons. Specify : ...
50. Whether only breast milk is sufficient up to 6 months: Agree/ disagree / any other specify
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tbody>
<tr>
<td>51. How long only breast milk is given to your last baby?</td>
<td>...</td>
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<tr>
<td>52. Do you give complementary feeding other than breast milk before six months?</td>
<td>Cow milk/goat milk/any other.</td>
</tr>
<tr>
<td>53. Do you give pre-lactel feed?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>54. For how long breast milk along with complementary feeding is given to last baby?</td>
<td>Specify ... ...</td>
</tr>
<tr>
<td>55. Do you vaccinate your last child?</td>
<td>Yes/No.</td>
</tr>
<tr>
<td>If no why?</td>
<td>Specify ... ...</td>
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<tr>
<td>56. Where do you keep your baby during working hours?</td>
<td>Mother in law/elder son/ Elder daughter/any Other/ crèches</td>
</tr>
<tr>
<td>57. If baby at home, who takes care of your baby?</td>
<td>Specify ... ...</td>
</tr>
<tr>
<td>58. Do you send your children to the school?</td>
<td>Yes/No.</td>
</tr>
<tr>
<td>If no why?</td>
<td>Lack of money /for earning /rearing of sibling.</td>
</tr>
</tbody>
</table>
Interview Schedule of Medical Personnel

1. Name & Address:
   a) Age:
   b) Qualification:
   c) Year of experience in the hospital:

2. Type of hospital:
   a) Only outdoor facilities present:
   b) Observation bed available:
   c) Both outdoor indoor facilities available:

3. What are the common diseases in the garden?: ...................................

4. What are the daily average patient? (a) Outdoor : ............... (b) Indoor : ..............

5. Do you have the referral system?: Yes/No

6. Is ambulance service available?: Yes/No

7. Do you have store room of medicine/equipment?: Yes/No.

8. Whether drugs for the treatment of Common diseases available?: Yes/No.

9. Is it sufficient for patient? (a) All of them (b) Some of them

10. (a) Do you conduct health camp at line?: Yes/No. (b) If yes - at what interval.: ...........

11. Is Immunization facility available at your hospital?: Yes/No.
   If yes, how often immunization session held?: ...........

viii
Interview Schedule Managerial Staff

1. Name & Address:

2. Designation:

3. Year of experience:

4. Total no. of workers: At Present:

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<tr>
<th></th>
<th>Permanent</th>
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<th>Temporary</th>
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<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
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</tbody>
</table>

5. Do you have referral system? : Yes/No

6. Is vehicle provided for transportation of patients to the referral hospital? : Yes/No.

   If yes, for how many days? : ...

8. What is the amount of ration given to the labourer per head per week? : Specif..


10. Do you organize health awareness programme in your garden during the last six months? : Yes/No.
Interview schedule for Labour Welfare Officers

1. Name and address:
   a) Educational Qualification:
   b) Year of experience:

2. Do you consider the welfare measures taken by the management are in accordance with the labour rule?: Fully / partially / not at all.

3. Do you visit Labour line/Quarter (during last one month): Yes/No.

4. Do you feel that facilities provided to the labourer is satisfactory?: Yes/No.

5. Is there proper drainage system in the line? If yes, Pacca or Kaccha.: Yes/No. Specify

6. Is there sufficient drinking water in labour line?: Yes/No.

7. Did you check ration provided for the labourer? (during last one month): Yes/No.

8. Is there facilities for education? (Any school exist): Primary Yes/No. High School Yes/No.

9. Do you visit the school? If visited, what are the enrolment of students and how many teachers are there in the school?: ...

10. Is there any drop out children? If yes, what do you think the main cause of drop out.: Yes/No.

11. Do you conduct meeting with tea garden families regarding motivation for education?: Yes/No
12. Mention the other facilities for tea garden children? : Specify ...

13. Do you visit Tea Garden Hospital off and on? : Yes/No.
   If yes, last time when. (mention) : Specify ...

14. Do you think medical facilities are sufficient for the tea garden workers?
   i. Fully
   ii. Partially

15. Do you organize health awareness camps in tea gardens during last six months? : Yes/No.

16. Did you taken up drive against production of country liquor? : Yes/No.

17. Comment regarding health practices among tea garden workers complain in respect of
   (i)  ........................................
   (ii) ........................................
   (iii) ........................................