ANNEXURE-I

Interview Schedule used for Traditional Knowledge Holders (TKHs)

PERSONNEL INFORMATION

Name of the Traditional Knowledge Holder: ___________________________________

Popularly known as: _________________________________________________________

Age of the TKH: ___________________________________________________________

Qualification of the TKH: __________________________________________________

Sex: Male _____ Female _________

Permanent Address of the TKH: ____________________________________________
________________________________________________________________________
________________________________________________________________________

Address of the Occupation: _______________________________________________
________________________________________________________________________
________________________________________________________________________

SPECIFIC INFORMATION

Acquire knowledge from which source: Parental __ Unknown Person __ Relative __

Any other ________________

From which generation TKH belongs if from parental: ________________

From Next Generation anyone interested in the field: ________________

To anybody he transfers his/her knowledge: ________________

Experience of the TKH in the field: ________________

Which type of diseases TKH cures: Broader Spectrum __ Specialized __ Physician __
If specialized, in which diseases: _________________________________________

Mode of diagnosis of the diseases: _________________________________________

Way of the treatment: _____________________________________________________
________________________________________________________________________

Any special treatment/ special recovery case: _________________________________
________________________________________________________________________

No. of patients/day: ____________________________

Area from which patients come: _____________________________________________

Which medicines preferred:  Prescribed ____________ Self Made ____________

If Prescribed of which company/source ________________________________________

If self made how the medicine prepared: ______________________________________

Which medicinal plants used ________________________________________________
________________________________________________________________________

Who help to prepare medicines _____________________________________________