Interview Schedule

Part –I

Information Regarding Identification and Availability of Health Care Agencies and Health Care Services

1. Name / Title of the health care agency:

2. Address

3. Type of agency
   3.1 Govt. health care agency □
   3.2 Private health care agency □
   3.3 Indigenous health care agency □

4. Registration
   4.1 Yes □
   4.2 No □

5. Department under which it functions
   5.1 Allopathic Dispensary □
   5.2 Ayurvedic Dispensary □
   5.3 Anganwadi □
   5.4 Others □

Specify—

6. Number of year of existence of agency in the locality
   6.1. Less than 1 year. □

286
6.2. 1-3 years
6.3. 3-5 years
6.4. More than 5 years

7. No of people working in the agency

<table>
<thead>
<tr>
<th>S. No</th>
<th>Designation</th>
<th>Qualification (Degree &amp; Source)</th>
<th>Participation in Health Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Opening hours of health care agency

8.1. Morning hours only
8.2. Evening hours only
8.3. Both morning and evening hours
8.4. 24 hours
9. Number of patients attended per day

9.1 Less than 5 □
9.2 5-10 □
9.3 10-15 □
9.4 More than 15

10. Source of funds of health care agency

10.1 Self □
10.2 Government □
10.3 Corporate □
10.4 Donation □
10.5 Loan □
10.6 Others □

Specify:

11. Type of services provided by the agency

11.1 Curative □
11.2 Preventive □
11.3 Promotive □
11.4 Rehabilitation □
11.5 Specialized services □
  ➢ Physiotherapy services □
  ➢ Occupational services □
  ➢ De addiction services □
  ➢ Lab. Test services □
  ➢ Indoor services □
11.6 Others

- Referral services
- Home visit
- Other

Specify: