

INTERVIEW SCHEDULE

Name of the Respondent:.....

Address:.....

BLOCK 1

GENERAL INFORMATION (Family Data)

Q.1. I would like to gather following information about each member of your household: name, gender, age, marital status, educational status, occupation and income.

(a) Name _____

(b) Relationship to the Respondent _____

(c) Sex _____

i) Male

ii) Female

d) Age

0-10years

11-20 years

21-30 years

31-40 years

41-50 years

51-60 years

Above60years

(e) Marital Status

Single

Married

Widow

Separated

Divorce

(f) Education level

Illiterate

Literate

Primary education

College and above

(g) Occupation

Unemployed

Student

Non manual occupation

Manual occupation

(h) Income

Upto 25,000

25,000-99,999

Above 1 lakh

Income and Expenditure

(i) Kindly give the details of the sources of income of your household (per month)

Total salaries earned by the household members

Established business

House rent

Agriculture

Other property income

Others (specify)

(ii). kindly give the items of medical expenditure during the last one year?

- | | |
|-----------------------------------|--------------------------|
| 1. Consultation | <input type="checkbox"/> |
| 2. Medicines from private chemist | <input type="checkbox"/> |
| 3. Surgery | <input type="checkbox"/> |
| 4. Hospital stay | <input type="checkbox"/> |
| 5. Tests, X-rays, etc. | <input type="checkbox"/> |
| 6. Transportation | <input type="checkbox"/> |
| 7. Others (specify | <input type="checkbox"/> |

(iii) What was your approximate medical expenditure during the last one year?

- | | |
|-----------------|--------------------------|
| 1. No expense | <input type="checkbox"/> |
| 2. 500 -1000 | <input type="checkbox"/> |
| 3. 1000 - 5000 | <input type="checkbox"/> |
| 4. 5000 - 10000 | <input type="checkbox"/> |
| 5. Above 10000 | <input type="checkbox"/> |

(iv) Are any of the members of the household eligible for medical benefits?

Medical benefits

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

(v) 1. If yes, what are they?

- | | |
|--------------------------------------|--------------------------|
| 1. E.S.I. Benefits | <input type="checkbox"/> |
| 2. Reimbursement of medical expenses | <input type="checkbox"/> |
| 3. Others (Specify) | <input type="checkbox"/> |

Block 2-Perception on Health Care Services:

1. A. Perception of Disease and Treatment

- What according to you is the general cause of disease?
- Number of households
- Germs
- Unhealthy environment
- Poverty
- Others (specify

2. Please identifies the communicable disease and the chronic diseases from the following list of diseases:

- Diabetes
- Heart Diseases
- High blood pressure
- Cancer
- Mental illness
- Asthma
- Other

3. Do you know that the following diseases can be prevented by immunization methods like vaccination and inoculation?

Malaria	<input type="checkbox"/>
Polio	<input type="checkbox"/>
Small Pox	<input type="checkbox"/>
Typhoid	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>

4. Do you seek any medical/go to a doctor/Quacks for treatment, if you suffer from the following symptoms and diseases?

	Go for Treatment	Don't go for treatment
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea and dysentery	<input type="checkbox"/>	<input type="checkbox"/>
Cough and cold	<input type="checkbox"/>	<input type="checkbox"/>
Body ache	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain and back pain	<input type="checkbox"/>	<input type="checkbox"/>
Tooth ache	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>

Block 3- Illness:

A. Communicable Disease

1. Has any of your household members suffered from a communicable diseases during the last three years? (If suffered from more than one disease mention the one which he/she suffered last mention his/her name)

- i. Not suffered from any communicable disease.
- ii. Typhoid
- iii. Hepatitis (Jaundice)
- iv. Small Pox
- v. Chicken Pox
- vi. Malaria
- vii. Mumps
- viii. Tuberculosis
- ix. Polio
- x. Others (specify)

2. What kind of treatment did the patient undergo?

i. No treatment

ii. Home medicine (Lay medication)

iii. Ayurvedic

iv. Homeopathic

v. Allopathic

vi. Unani

vii. Others (specify)

3. If allopathic medicine was used where did the patient go for treatment?

i. Government hospital/dispensary

ii. Infectious disease hospital

iii. Private clinic

iv. Private hospital

v. Voluntary organization dispensary

vi. Voluntary organization hospital

vii. E.S.I. dispensary/hospital

viii. Others (specify)

4. Are you dissatisfied with anything regarding the health centre which the patient has utilized for treatment?

- i. Yes ii. No

B. Chronic Disease

5. Do any of the household members suffer from chronic illnesses?

Do not suffer from chronic illness

- a. Diabetes
- b. Heart disease
- c. Cancer
- d. Mental illness
- e. Asthma
- f. Others (specify)

6. What kind of treatment does he /she undergo?

- a. No treatment
- b. Stopped treatment now
- c. Allopathic
- d. Ayurvedic
- e. Homeopathic
- f. Home medicine/Quacks
- g. Unani
- h. Others (specify)

7. If allopathic medicine is used where does the patient go for treatment?

- i. Government hospital/dispensary
- ii. Private hospital
- iii. Private clinic
- iv. Quacks
- v. Voluntary organization hospital
- vi. Others (specify)

8. Are you dissatisfied with anything regarding the health centre which the patient has utilized for treatment?

- i. Yes
- ii. No.

9. If allopathic medicine is used where does he/she go for treatment?

- i. Government hospital/dispensary
- ii. Private hospital
- iii. Private clinic
- iv. Quacks
- v. Voluntary organization hospital
- vi. Others (specify)

10. Are you dissatisfied with anything regarding the health centre which he patient has utilized for treatment?

i. Yes ii. No

11. Economic class wise received quality of health services from public health institutes

Economic class	Poor	Average	Good	Excellent
High economic class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle economic class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low economic class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Other Illness

12. Apart from the communicable disease, chronic disease and physical disability, has any of your household members suffered from any other illness including injuries during the last three years?

i. Yes ii. No

18.1. If yes, what is the nature of illness?

13. What kind of treatment did he /she undergo?

i. No treatment ii. Government Hospitals iii. Private clinic

14. If no, do you think that it is necessary to have regular health checkups?

i. Yes ii. No

15. Do you go to the same clinic/hospital for all illnesses of the household members unless the doctors of the clinic/hospital refer to other clinics/hospitals?

i. Yes ii. No

16. If yes, what kind of health centre is it?

i. Government hospital/dispensary

ii. Private hospital

iii. Private clinic

iv. Quacks

v. Voluntary organization hospital

vi. Others (specify)

17. How far away is the treatment centre from your house?

i. 0-0.5 k.ms

ii. 0.6-1 k.ms

iii. 2-3 k.ms.

iv. 4-5 k.ms.

v. Above 5 k.ms.

18. Is there any health centres nearer than the one you go for treatment?

1. Yes 2. No

19. What is the reason for the choice of this particular health centre?

i. Specialized treatment available

ii. Free or concessional treatment available

iii. Good treatment

iv. Good nursing care

v. Near at home

vi. Others (specify)

20. Do you consult any one apart from medical personnel before going for treatment?

i. Yes ii. No

iii. Others (Specify)

21. Economic class wise received quality of health services from private health institutes

Economic class	Perceptions ratings			
	Poor	Average	Good	Excellent
High economic class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle economic class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low economic class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Block 4 - Maternal and Child Health:

Place furnish the following information for the child born in your household during the last five years.

A. Pre-natal Care

1. Before the child was born, did the expectant mother consult any doctor?

i. Yes ii. No

2. If yes, where?

- i. Government hospital/dispensary
- ii. Private hospital
- iii. Private clinic
- iv. Quacks
- v. Voluntary organization hospital
- vi. Others (specify)

3. What help or assistance did she receive?

- i. Check up
- ii. Test
- iii. Medicine
- iv. Advice
- v. Others (specify)

4. Are you dissatisfied with anything regarding the health centre which the expectant mother utilized for pre-natal care?

- i. Yes i. No

5. Do you think it I important for an expectant mother to consult a pre-natal clinic?

- i. Yes ii. No

B. Child-Birth

6. Where did the delivery take place?

i. At home

ii. Government hospital/dispensary

iii. Private hospital

iv. Private clinic

v. Quacks

vi. Voluntary organization hospital

vii. Others (specify)

7. If at home, who attended the delivery?

i. Doctor

ii. Nurse

iii. Mid-wife

iv. Women at home

v. Others (specify)

8. What was the reason for delivery at home?

i. Family custom to have delivery at home

ii. No time to go to hospital

iii. No money to go to hospital

iv. No one to look after children at home

v. Others (specify)

C. Post-Natal Care

9. After the child birth did the mother visit any doctor?

- i. Yes ii. No

10. 1 If yes, where?

- i. Government hospital/dispensary
- ii. Private hospital
- iii. Private clinic
- iv. Quacks
- v. Voluntary organization hospital
- vi. Others (specify)

11. Do you consider it important for a nursing mother to visit a post-natal clinic?

- i. Yes
- ii. No
- iii. Don't know

D. Immunization

12. Where, when and by whom given this immunization?

Year of immunization	Place	Administrated
i. Yes <input type="checkbox"/>	1. Govt. hospital/ dispensary	1. Doctor
ii. No <input type="checkbox"/>	2. Private clinic/ hospital	2. Nurse
	3. Voluntary organizations	3. Health visitor
Enter the month/ <input type="checkbox"/>	4. At home	4. Mid-wife
year <input type="checkbox"/>	5. At school	5. Sanitary Inspector
	6. Others (specify)	6. Others (specify)

E. School Health Programmed

13. Is here a health checkup of your children in schools?

i. Yes ii. No. iii. Don't know

14. If yes, how frequently is he health checkup carried out?

i. Quarterly ii. Half Yearly

iii. Yearly iv. Others (specify)

15. Did you receive any advice about the health of any of your children after the health check up in the schools?

i. Yes ii. No

16. Did you take any action on the advice?

i. Yes ii. No

17. Is health checkup of children in the school necessary?

i. Yes ii. No

18. If yes, would you be willing to pay for it?

i. Yes ii. No.

Block 5- Government Health Services:

1. Did you ever utilize a government hospital during the last five years?

i. Yes ii. No

2. Did you visit any department other than the out-patient departments?

i. Yes ii. No

3. Did you have occasioned to ever utilize the services of any of these departments?

i. Yes ii. No

4. If no, why did not you use these departments?

i. There was no need

ii. Do not know these departments

iii. Doctor in the out-patient department did not refer

iv. Others (specify)

5. Do you have any complaints about the following regarding government health centre which you or your household members have utilized?

Q. No.	Complaints	Yes	No
a.	Checkup of patients	<input type="checkbox"/>	<input type="checkbox"/>
b.	Doctors behavior	<input type="checkbox"/>	<input type="checkbox"/>
c.	Nursing care	<input type="checkbox"/>	<input type="checkbox"/>
d.	Cleanliness of hospitals	<input type="checkbox"/>	<input type="checkbox"/>
e.	Others (specify)	<input type="checkbox"/>	<input type="checkbox"/>

Block 6- Private Health Services:

6. Did you go to private doctor during the last five years?

i. Yes ii. No

7. If yes, did you go to:

- i. Private hospital/nursing home
- ii. Private clinic
- iii. Doctor's home/office for consultation only
- iv. Others (specify)

8. Why do you go to private doctors when free or concessional treatment is offered by the government?

i. Treatment is good

ii. Nursing care is good

iii. Near at home

iv. Need not wait for long, less crowd

v. Hospital is clean and tidy

vi. Others (specify)

9. Are you satisfied with the services offered by the private clinics/hospitals/nursing homes?

i. Yes ii. No

10. Do you have a family doctor?

i. Yes ii. No.

Interview Schedule for Medical Personnel

Name of the Respondent:.....

Address:.....

1). what are the problems faced by you while treating the patients?

Nature of difficulties	Yes	Not
Patient cooperation	<input type="checkbox"/>	<input type="checkbox"/>
Type of patient illness	<input type="checkbox"/>	<input type="checkbox"/>
Availability of medicine	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of patients	<input type="checkbox"/>	<input type="checkbox"/>
Affordability of patient	<input type="checkbox"/>	<input type="checkbox"/>
Availability of modern equipments	<input type="checkbox"/>	<input type="checkbox"/>
Availability of manpower	<input type="checkbox"/>	<input type="checkbox"/>
Lack of a referral system	<input type="checkbox"/>	<input type="checkbox"/>
Medical tariff/fees	<input type="checkbox"/>	<input type="checkbox"/>

3). which economic class of people frequently visits public hospitals for the treatment of their ailment?

High

Middle

Low

4). which economic class of people frequently visits private hospitals for the treatment of their ailment?

High

Middle

Low

5). whether the medical equipments available are sufficient enough to enable discharge their function satisfactorily?

Poor	Average	Good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6). whether the rural people visits to your private clinic?

a) Yes b) No

7). What is the nature of disease for the treatment of which rural people come to public hospital?

Name of the disease	Yes	No
First Aid	<input type="checkbox"/>	<input type="checkbox"/>
Treatment of common diseases	<input type="checkbox"/>	<input type="checkbox"/>
Treatment to injuries caused by accidents	<input type="checkbox"/>	<input type="checkbox"/>
For Laboratory services	<input type="checkbox"/>	<input type="checkbox"/>
Chronic diseases	<input type="checkbox"/>	<input type="checkbox"/>
Free medicine services	<input type="checkbox"/>	<input type="checkbox"/>
Referral services	<input type="checkbox"/>	<input type="checkbox"/>
24 x 7 services	<input type="checkbox"/>	<input type="checkbox"/>

8). what is the nature of disease for the treatment of which rural people come to public hospital?

Name of the disease	Yes	No
First Aid	<input type="checkbox"/>	<input type="checkbox"/>
Treatment of common diseases	<input type="checkbox"/>	<input type="checkbox"/>
Treatment to injuries caused by accidents	<input type="checkbox"/>	<input type="checkbox"/>
For Laboratory services	<input type="checkbox"/>	<input type="checkbox"/>
Chronic diseases	<input type="checkbox"/>	<input type="checkbox"/>
Free medicine services	<input type="checkbox"/>	<input type="checkbox"/>
Referral services	<input type="checkbox"/>	<input type="checkbox"/>
24 x 7 services	<input type="checkbox"/>	<input type="checkbox"/>

9). whether the public hospital has adequate number of medical practitioner?

a) Yes b) No

10). whether the private hospital has adequate number of medical practitioner?

a) Yes b) No