#### **APPENDIX**

#### **Questionnaires on**

# Health Status and Demand for Health Care of the Rural Muslim Married Women in Cachar District

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Ble	ock _			Villa	ge		ĺ		
1.	Nan	ne of the He	ad of the fa	mily:					
2.	Nan	ne of the res	pondent:						
3.	(a) A	Age of the re	espondent:		(b)	Occupation / Pro	fession <sub>-</sub>		
4.	(a) <b>(</b>	Caste:		(b) E	ducation	n:			
5.	Fam	nily details:							
	Sl.	Relation w		Age	Sex	Educational Status	Occu	pation	Income
	1.	-							
	2.								
	3.								
	4. 5.								
6.		enditure pat	tern (in Rs.	):					
	Foo	d				Electricity			
	Edu	cation				Fuel			
	Hea					Cosmetics			
	Mis	cellaneous							
7.	Wee	ekly Consun	nption patte	ern of fo	od (in pl	nysical units):			
I	Rice				Wh	eat			

Dal / Pulses	Muri	
Vegetables	Oil	
Fish	Potato	
Meat	Milk	
Egg		
. Are you under below pov	verty line (BPL)? Yes	No No
If was then what two of	honofit you are getting?	

8.	Are you under below poverty line (BPL)?	Yes	No	
9.	If yes, then what type of benefit you are gett	ing?		

- 10. How many times you (women) are taking food? (Write specifically type of food and mention whether it is adequate or not).
- 11. Is the female member of the family working outside of the family? If yes what type of work they are doing (What type of job)?
- 12. At what age you had married?
- 13. What was your age at the time of your first pregnancy period?
- 14. Who take the decision for issuing pregnancy?
  - (a) As Usual (b) You (c) Your Husband (d) Jointly
- 15. If you have no role in this reproductive decision, what are the reasons behind this?
- 16. Do you check your health regularly during pregnancy period? Yes No
- 17. If yes, where you check it regularly?

Sub Centre	PHC	CHC	Nursing	Quack	Aged
			home	doctor	women

- 18. If not, what are the reasons behind it?
- 19. Do you take any vaccine during the pregnancy period? If yes, specify it.
- 20. During pregnancy period, whether you do following item or not?

Take more rest and do light work	Consult with aged women	
Take less rest and do more work	Consult Ayurvedic doctor	
Take necessary vaccination	Registration your name in hospital	
Take Iron and Calcium tablets	Consult with ASHA	

Avoid sexual work and activity	Avoid any stress
Consult with specialist doctor	Avoid violent activity
Consult with any doctor	Take nutritious food and vegetables
Consult with only lady doctor	Test of Blood group and RH factor
Consult with quack doctor	Test Hemoglobin and Thyroid
Consult with Homeopathy doctor	Take Ayurvedic medicine

21. Whether you did fa	ace any early	y miscarriage or	not? If yes, how n	nany times?
22. If yes, what are the	e reasons bel	nind this?		
23. Where you go for o	delivery?			
Sub Center	PHC	CHC	Nursing Home	Home by aged
<ul><li>24. Do you take any ty</li><li>25. If yes, do you follo</li></ul>		_	pregnancy? Tes	No
Contraceptive pi	lls	Cont	rolling sexual rela	ationship
Condom		Any	Other	
26. Do you feel any co	omplication a	after delivery per	riod? Yes	No
27. If yes, what type of	f complication	on you feel?		
28. After delivery, who	ether you do	following item	or not?	

Take more rest and do light work	Consult with any doctor
Take less rest and do more work	Under treatment of specialist doctor
Take Iron and Calcium tablets	Consult with quack doctor
Take nutritious food and vegetables	Suggestion given be aged women
Avoid sexual work and activity	Avoid any stress

29. Do you get special ca	re from your family after pr	regnancy? Yes —	No L
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30. What type of delivery system you have adopted from the following:

	Normal	Forceps	Caesarian	
31. Do you get a	ny extra care if you giv	ve birth to a boy child	1? Yes No	
32. Do you get a	ny type of negligence i	if you give birth to a s	girl child? Yes No	
33. If yes, mention	on what type of neglige	ence both you and yo	ur child get?	
34. Status of wor	men's diseases:			

Sl.	Name of the Diseases	No. of patients	Age	No. of days	Type
1.	Menstrual problem				
2.	Anemia				
3.	Calcium shortage				
4.	Hemoglobin				
5.	Tuberculosis				
6.	Skin disease				
7.	Sexual disease				
8.	Gynecological problem				
9.	Menopause problem				
10.	Ovarian problem				
11.	Stress problem				
12.	Mental problem				
13.	Psychic problem				
14.	Breast problem				
15.	Lactation problem				
16.	White discharge				
17.	Leukeria				
18.	Leukemia				
19.	Thyroid problem				
20.	Headache				
21.	Leprosy				
22.	Goiter				
23.	Fever				
24.	Hair falling & dandruff				
25.	Gallstone & Bile problem				
26.	Piles & fishers				
27.	Sugar problem				
28.	Kidney problem				
29.	Hepatitis – B				

20								
30.	Arthritis							
31.	Respirat	ory pi	roblem	1				
32.	Infertilit	y						
33.	Low blo	od pro	essure					
34.	High blo	od pr	essure					
35.	Gastroei	nterol	ogy pr	oblem				
36.	Eye prol	olem						
37.	Forgetfu	lness						
38.	Mouth u	lcer						
39.	Dental							
40.	T.B							
41.	Constipa	ation						
42.	AIDS							
Sl.	Problem			Suggestion	tor preventiv			
				Suggestion	ior preventiv			
				buggestion	ioi preventiv			
		if all t	the pre		sures and fire	st aid fails?		
36. W	hat you do			eventive mea	sures and fire		Tota	al expenditure
			the pre	eventive mea			Tota	al expenditure
36. W	hat you do			eventive mea	sures and fire		Tota	al expenditure
36. W	hat you do			eventive mea	sures and fire		Tota	al expenditure
36. W	hat you do Problem	D	Octor t	eventive mea	sures and fire	nstitutions		al expenditure
36. W Sl.	hat you do Problem  you face an	y fail	Poctor t	eventive mea treated	sures and fire Medical In	nstitutions of delivery	Yes	
36. W Sl. 37. Do 3	hat you do Problem  you face an	y fail	Poctor t	eventive mea treated	sures and fire Medical In	nstitutions of delivery	Yes	No
36. W S1. 37. Do 38. If y newly b	hat you do Problem  you face an yes, mention orn infant?	y faile how	ure (de	eventive meantreated  eath of infance times it occurrently times it occurrently to the content of the content o	sures and fire Medical In	nstitutions of delivery	Yes	No vas the sex of the

Sub-centre

PHC			
CHC			
Other			

41. Facilities available from the Govt. hospitals (Write required charges in parenthesis):

Facilities	Sub-centre	PHC	CHC	Others
Regular availability of doctors				
Availability of compounders				
Availability of nurse				
Availability of bed				
Availability of Oxygen cylinder				
Availability of medicine				
Availability of blood				
Blood test facilities				
Operation theatre				
Electricity / Generator facilities				
Availability of saline water				
Availability of emergency injection				
Availability of Ambulance				
Charge to be paid for registration				
Waiting time for receiving medical				
services				

42. Family members (women) died in last five years:

Persons	Disease	Treatment	Reasons for death	Expenditure

- 43. What is the total area of your house (in sq. ft)?
- 44. How many rooms are there?
- 45. Do you have toilet and sanitation facility? Yes / No
- 46. If yes, which type of facility is available?

Kuccha toilet	Pucca toilet	No toilet at all

47. (a) Source of drinking water	Persona	l Tube well	Put	olic Tube w	ell Por	nd / River	Well	
(b) Do you treat this water before drinking? Filter Do nothing								
48. For other regular activities (especially for bathe), which water are you using?								
49. Fuel used for cooking	g food							
Gas Stove Kerosi	ine Stove	Pump Stove	e	Chullalas		Any other		
	50. Condition of the house Pucca Semi-pucca Kaccha Any other type 51. Do you have any other habit?							
Alcohol		To	bacco	(Bidi)				
Khaini		Pa	ın					
Tea Other								
52. Will you agree to pay for getting health care facility in your locality, if not available?  Yes No								
53. How much you like	53. How much you like to pay for getting the service?							
54. Have you heard the f	ollowing go	vernment he	ealth s	cheme and	what be	enefit you ha	ave	
got from these schemes?								
Name of the scheme		ere you have got	<u> </u>	Monetary (Rs.)		Other t	ype	
Janani Surakha								
Yojona								
Majani								
Mamoni								
Morom								

### INFORMATION FROM THE HEALTH CENTERS

1. Name of the health center:

Type:

2. Facil	ities available in the Go	ovt. hospital	ls (Write red	quired charge	es in parenthe	esis):	
Facilitie	Facilities			Av	ailability		
No. of doctors					<u>,                                      </u>		
Number of compounders							
Number of nurse							
Number	r of bed						
Availab	ility of Oxygen cylinde	er (No.)					
	ility of free medicine						
Availab	ility of blood (Blood B	ank)					
Patholo	gical facilities						
Operati	on theatre						
Electric	ity / Generator facilitie	S					
Availab	ility of saline water						
Availab	ility of emergency inje	ction					
Availab	ility of Ambulance (No	o.)					
	to be paid for registrati						
Waiting	time for receiving med	dical service	es				
3. What are the schemes undertaken by the government for the improvement of women's health in that area?  Age Group Name of the Scheme						t women's	
4. Num	aber of registered wome	en patient (d	disease-wise	e):			
Name o	f the diseases	2008	2007	2006	2005	2004	
Diabeti	Diabetic						
Tuberculosis							
Skin disease							
Sexual							
Gyneco	logy						
Cancer							
Thyroid	Thyroid						

Leukemia			

## 5. Specialized doctor's availability:

Specialized area	No. of Male doctor	No. of Lady doctor
General Medicine		
Gynecologist & Obstetrics (Medicine)		
Gynecologist & Obstetrics (Surgery)		
Skin & Sexologist		
Hematologists		
Skin specialist		
Gastroenterologist		
Neurologist		
Psychiatrist		
ENT		
Eye specialist		