

APPENDIX

INTERVIEW SCHEDULE

MAJOR GYNAECOLOGICAL DISEASES AMONG THE WOMEN OF REPRODUCTIVE AGE: A COMPARATIVE STUDY OF RURAL AND URBAN PATIENTS REPORTED IN THE SILCHAR MEDICAL COLLEGE AND HOSPITAL

Case No :

General Information Regarding the Patient

1. Name of the patient :

2. Age :

3. Religion :

4. Address

Present

Permanent

Town/Village

P.O.

Pin:

District :

Phone No :

5. Duration of stay at the present address :

6. Duration of stay at the permanent address:

7. Educational qualification :

- | | |
|----------------------------|--------------------------|
| i) Illiterate | <input type="checkbox"/> |
| ii) Literate | <input type="checkbox"/> |
| iii) Primary | <input type="checkbox"/> |
| iv) Middle | <input type="checkbox"/> |
| v) Secondary | <input type="checkbox"/> |
| vi) Technical after metric | <input type="checkbox"/> |
| vii) College & above | <input type="checkbox"/> |

8. Occupation :

9. Type of the family :

- i) Nuclear
- ii) Joint
- iii) Extended

10. Detailed information regarding the family:

Sl. No	Name of the Family member	Relationship with the patient	Age (Yrs)	Sex (M/F)	Education	Occupation	Pattern of interaction with the patient

11. Dominant members in the family :

12. Types of food taken daily by the patient (Major food) and the quantity of food:

Time	Type of food (Veg/Non-veg/Mixed)	Items taken	Quantity
Morning			
Noon			
Afternoon			
Evening			
Night			

Socio – Economic Background

A. **Social aspect** :

- 1. Community :
- 2. Mother – Tongue :
- 3. Caste :

4. Marital Status ;

- i) Unmarried
- ii) Married
- iii) Widowed
- iv) Divorced
- v) Separated
- vi) Others

5. Relationship with neighbors –

- i) Good
- ii) Average
- iii) Bad

6. Meeting place in neighbor hood :

7. Frequency of meeting in a week:

8. Distance from the nearest house:

9. *Mode of communication / recreation :*

i) Radio :-

Listening Habit : Time period _____

Programmes :

ii) T.V :

Viewing habit : Time period _____

Programmes:

10. Reading habit :

Time period _____

Subjects / material

11. Prayer place:

12. Observances:

13. Brata (Rituals) / Festivals:

B. Economic aspect of the Family:

1. Family Income per month (approximately):

- 2. Source of income:
- 3. No. of earning members:
- 4. Type of house :
 - i) Own
 - a) *Kachcha*
 - b) Assam type
 - c) Semi RCC
 - d) RCC
 - ii) Rented
 - a) *Kachcha*
 - b) Assam type
 - c) Semi RCC
 - d) RCC
- 5. No. of Rooms :
- 6. Ventilation :
- 7. Water system
 - A. For drinking purpose
 - a) Well
 - b) Tube well Supply
 - c) Motor pump
 - d) Pond
 - e) River
 - f) Others
 - B. For other purpose
 - i) Well
 - ii) Tube well
 - iii) Supply
 - iv) Motor pump
 - v) Pond
 - vi) River
 - vii) Others
- 8. Means used for purification of water:
 - i) Boil
 - ii) Lime

- iii) Alum
 - iv) Bleaching
 - v) Filter
 - vi) Others
9. Sanitation :
- i) *Kachcha*
 - ii) *Pacca*
 - iii) Open defecation
10. Gardening :
- i) Yes
 - ii) No
11. Type of gardening:
12. Domestic animals or birds :
 Type : _____ No : _____

Gynaecological History, Disease and Related Aspect

A. Causes and Social pathology :

- 1. Age at menarche :
- 2. Age at first coitus :
- 3. With patient's consent / without patient's consent:
- 4. Frequency of intercourse:
- 5. For every intercourse patient's consent is taken or not:
 - i) Yes
 - ii) No
- 6. No. of days of menstruation :
 - i) With pain :
 - ii) without pain :
- 7. White discharge ;
- 8. Age at first child birth :
 Type of delivery:
 Place of delivery:
- 9. No. of children :

10. Age of the patient during the consecutive pregnancies:

Sl. No. of the consecutive pregnancies	Sex of the child	Age of the mother during the child birth

11. Family planning device used :

Type: _____, Duration :

12. Who uses the Family Planning Device?

13. Is there any problem in using family planning method?

14. Nature of work done by the patient :

15. Name of the disease:

16. Reasons for the disease

i) According to the patient:

ii) According to the family members:

iii) According to the doctor:

17. When the patient came to know about the disease?

18. When the disease was first diagnosed?

19. Who did the diagnosis for the first time?

20. When the family members came to know about the disease?

21 (i). Do they consider it as a disease?

(ii). If no, then why not?

22(i) Is there any incidence of abortion in patient's life?

Yes

No

ii) If yes, age of the patient at the time of abortion:

iii) If yes, Duration of conception at the time of abortion:

iv) If yes, Reason for abortion:

v) If yes, whether patient's consent was taken or not before abortion?

Yes

No

vi) Procedure used for abortion:

23.i) Has the patient taken vaccination?

Yes

No

(ii) If no, why not?

B. Level of awareness/social taboos/misconceptions of the patient regarding health and disease

1) Has the patient heard about HIV/AIDS?

Yes

No

Source :

2) What the patient has heard about the HIV/AIDS?

i) Does the patient know about family planning?

Yes

No

Source :

ii) Does the patient support family planning?

Yes

No

If yes, why?

If no, why not?

iii) Does the patient wash hands after toilet daily?

Yes

No

3) If yes what kind of material is used to wash the hands?

- 4) Does the patient wash hands daily?
 Before taking food
 After taking food
- 5) Does the patient expose his bed to sunlight time to time?
 Yes
 No
- 6) Does the patient use insecticides to sanitise house from mosquitoes,flies
 etc?
 Yes
 No
- 7) Are the toilets of the house cleaned daily?
- 8) Are the environs of the patient's house cleaned daily?
- 9) Any other thing done to maintain hygiene, please specify.
- 10) Does the patient maintain proper hygiene during menstruation?
 Yes
 No
 If yes, how?
- 11) Beliefs regarding pregnancy and child birth:
 What things should be observed regarding pregnancy?
 What things should not be done before, during and after pregnancy?
 Precautions regarding childbirth:
- 12) Does the patient know about vaccination?
 Yes
 No
- 13) Misconceptions / wrongs beliefs / malpractices regarding
 Menstruation:
 Pregnancy :
 Child birth :
- 14) Does the patient recognize the importance of proper nutrition in daily
 intake of food?
 Yes
 No

15) Does the patient believe that unsafe drinking water can cause some diseases?

Yes

No

16) Can the patient name some water borne diseases?

Yes

No

Name of the water borne diseases :

C. Health Seeking Behaviour :

1. What is the cause of disease/illness:

i) Environmental factor

ii) Unhygienic condition

iii) Lack of awareness

iv) Malnutrition

v) Irregular eating habit

vi) Unknown

2. Device used during menstruation

i) Sanitary pad

ii) Cloths

iii) Others

3. Precautions during menstruation:

i) Not to take sour eatables

ii) Not to do any hard labor

iii) Not to cook

iv) Not to enter into any

Auspicious place

v) Not to touch males.

vi) To sleep on the floor

vii) Others

4. No. of days of menstruation per month

i) 1 to 2 days

ii) 3 to 4 days

iii) 5 to 6 days

iv) 7 days or more

5. How many times a day pads/cloths are changed?
- i) Less than one time a day
 - ii) One time a day
 - iii) Two times a day
 - iv) Three times a day
 - v) More than three times a day
6. What is done after using the devices during menstruation?
- i) Disposed
 - ii) Washed and reused
 - iii) Burnt
 - iv) Others
7. In the patient's view, who is responsible for a child being male or female
- i) Father(Chromosomal organization at the time of conception
 - ii) Mother
 - iii) God's gift (If child is male)
 - iv) Evil's spirit (If child is female)
 - v) Curse in a family
 - vi) Doctor
 - vii)Others
8. Place preferred for delivery of a child
- i) Home
 - ii) Govt. Hospital
 - iii) Private Nursing Home
9. System of medicine preferred:
- i) Allopathic
 - ii) Homoeopathic
 - iii) Ayurvedic
 - iv) Quack
 - v) Others

10. Reasons for the preference of the system

10. System of medicine used frequently :

- i) Allopathic
- ii) Homoeopathic
- iii) Ayurvedic
- iv) Quack
- v) Others

12.Reasons for not using the preferred system :

13. No. of visit to the hospital :

14.Type of medical treatment given:

15.Does the patient continue the treatment?

- Yes
- No

16.Reasons for not continuing the treatment?

D. Problems/Difficulties faced due to the Disease

1. Major complaints / signs & symptoms :

2. Duration :

3. Restriction of work due to the disease :

4. Distance from SMCH:

5. Can the patient discuss the disease openly?

- Yes
- No

If no, why not?

6. Do the other family members consider the patient's gynecological problems as disease that should be given medical concern?

- Yes
- No

7. Does the patient prefer female doctors to male ones to discuss about the gynecological problems?

- Yes
- No

8. Reason for preferring female doctors?

9. Any other remarks:

Place:

Date:

Signature of the Interviewer

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