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**ANNEXURE I**

**RESPONDENT NO. \_\_\_\_\_**

**INTERVIEW SCHEDULE**

**“HEALTH SEEKING BEHAVIOUR OF TOBACCO RELATED  
CANCER PATIENTS” A STUDY OF CACHAR DISTRICT**

**MRS. DEBRANI CHANDRANI CHOUDHURY**

**RESEARCH SCHOLAR**

**SUPERVISOR:**

**DR. M. GANGABHUSHAN**

**ASSISTANT PROFESSOR, DEPTT.OF SOCIAL WORK**

**CO-SUPERVISOR:**

**DR. B. S. GUNJAL**

**ASSOCIATE PROFESSOR, DEPTT.OF SOCIAL WORK**



**SOCIAL WORK DEPARTMENT**

**ASSAM UNIVERSITY, SILCHAR**

## Interview Schedule

### PERSONAL INFORMATION

#### I. SOCIO-DEMOGRAPHIC PROFILE:

1. Name of the Hospital: .....
2. Hospital Registration no.: .....
3. Name: .....
4. Address: .....
5. Age: .....
6. Date of Birth: .....
7. Sex:      a) Male (    )      b) Female (    )
8. Place of birth: ..... (urban/rural)
9. Caste: 1) ST (    )    2) SC (    )    3) OBC (    )    4) GEN (    )  
8) any others (    ) .....
10. Religion: 1) Hindu (    )    2) Muslim (    )    3) Christian (    )  
8) any others (specify).....
11. Mother tongue: 1) Bengali (    ) 2) Assamese (    )    3) Mizo (    )  
4) Hindi (    ) 8) Any others (specify) .....
12. Types of family: 1) Nuclear (    )    2) Joint (    )    3) Separated (    )  
8) Any others (specify).....

13. Education: 1) Illiterate ( ) 2) literate ( ) 3) Primary ( ) 4) Middle ( ) 5) Secondary ( ) 6) College & above ( ) 8) Any others (specify).....

14. Family income: 1) Below Rs. 5000 ( ) 2) Rs. 5001-10000 ( ) 3) Rs. 10001 and above ( )

15. Occupation: .....

16. Are you employed/working: 1) Yes ( ) 2) No ( ) 8) Any other specify, .....

17. If yes, state the nature of employment: 1) Government ( ) 2) NGO ( ) 3) Self employed ( ) 4) Business ( ) 8) Any others (specify) .....

18. If not, state the reasons: 1) Personal/Family ( ) 2) Medical reason ( ) 3) Closure of establishment ( ) 8) Any other (specify) .....  
Give details: .....

19. Marital status: 1) Married ( ) 2) Unmarried ( ) 3) Widowed ( ) 4) Divorced ( ) 5) Separated ( ) 8) Any others (specify) .....

20. What was your age at the time of your marriage? .....

21. Are you staying /living together with your family? 1) Yes ( ) 2) No ( )

22. If, living away, how long has it been now? .....

Give reason: .....



23. Family Composition:

Sl. No.	Name of the family member	Relation With the Respondent	Age	Sex	Marital Status	Education	Occupation	Income	CP#

# Any other member in the family suffering from cancer.

24. Types of Dwelling: 1) Rental ( ) 2) Own ( ) 3) Given by other ( )  
 8) any other (specify) .....

25. Types of house: 1) Made of bamboo ( ) 2) Assam type room ( ) 3)  
 Brick & slab ( ) 4) Thatched hut ( ) 8) Any other (specify) .....

26. Facilities available in your house: 1) Electricity ( ) 2) Water supply ( ) 3) T.V ( ) 4) Radio ( ) 5) steel Chula ( ) 6) Mud Chula ( ) 7) LPG ( ) 8) Any other (specify) .....
27. Sources of Drinking water: 1) Open Well ( ) 2) Hand pump ( ) 3) Common water Tank ( ) 4) Pond ( ) 5) Supply tap water ( ) 8) Any other (specify) .....
28. Do you boil or filter water for drinking? 1) Yes ( ) 2) No ( )
29. If yes, then 1) Boiled ( ) 2) Filtered ( ) 3) Boiled or Filtered ( ) 4) Untreated ( ) 5) Treated ( ) 8) Any others (specify).....
30. Latrines: 1) Personal kachha/pucca ( ) 2) Common constructed by Panchayat ( ) 8) Any others specify, .....
31. Do you have BPL card? 1) Yes ( ) 2) No ( )
32. Do you have Ration card? 1) Yes ( ) 2) No ( )
- If yes, what type.....

## **II. HISTORY OF PAST ILLNESS:**

1. Did you ever suffered from any diseases like Malaria, Tuberculosis, Hepatitis, Typhoid Bronchial/Asthma, Cancer, etc. 1. Yes ( ) 2. No ( )
2. If, Yes specify: .....

3. How long has this illness lasted? .....
4. Does the illness effected your daily activities. 1. Yes ( ) 2. No ( )
5. If, Yes then how? .....
6. Where did you approach for the treatment? .....
7. How much you have spent on the treatment? .....
8. What are the most common childhood illnesses in your family? .....  
.....
9. What are the most common adult illnesses in your family? .....  
.....

**III. AWARENESS:**

1. In your opinion, why do people get sick? .....
2. Do you feel we are responsible for keeping yourself unhealthy? .....
3. How do you maintain good health? .....
4. Specify: .....
5. Do you take any measures to prevent from being sick? .....
6. What are the measures? Specify .....
7. Do you have any knowledge about cancer? .....
8. Specify: .....

9. What are the sources that you have come to know about cancer? 1) Newspapers ( ) 2) Magazines ( ) 3) Friends ( ) 4) TV ( ) 5) ANM ( ) 8) Any others, Specify: .....
10. Do you know what are the signs or symptoms of cancers? .....
11. Do you know the various types of cancer? .....
12. In your opinion, how serious cancer is? 1) Serious ( ) 2) Very serious ( ) 3) Some what serious ( )
13. Are you aware about the various services related to cancer treatment? 1) Yes ( ) 2) No ( )
14. If yes, what are they, specify? .....
15. What are the healthcare services available in your community? .....
16. Are you satisfied with the services of the health centers in your community? 1) Yes ( ) 2) No ( )
17. If not satisfied, why? .....
18. How often you avail the health center services in your community? .....
19. Would you like to talk with social worker or counselor to help you? .....

**IV. FOOD HABITS:**

1. What is your stable diet? 1) Rice ( ) 2) wheat ( ) 8) Any others( )
2. Are you vegetarian or non-vegetarian? .....
3. Before you got sick what was your frequency of consumption of food?  
.....
4. Amount of consumption of food? .....
5. Have you ever taken fermented food? .....
6. Have you ever taken smoked food? .....
7. Other food items consumed by you, specify? .....
- 1) Dry ( ) 2) Fried ( ) 3) Spicy ( ) 8) Any others ( )
8. How often you take fruits? What are these? .....
9. Do you take any beverages? .....
- 1) Tea with milk ( ) 2) Black tea ( ) 3) Coffee with milk ( )
- 4) Black coffee ( ) 5) Milk ( ) 8) Any others ( )

**V. TOBACCO HABITS:**

1. Do you at present, or did you in past have any habit of taking tobacco, areca nut or any mixture containing either a) Chewing in the past ( ) b) Chewing at present ( ) c) Never ( )

2. If yes, at what age did you started? .....

3. If stopped at what age? .....

4. Duration of chewing (yrs): .....

5. Frequency of chewing in a day: .....

6. How long do you retain the quid in mouth? .....

7. Usual practice after chewing the quid.

1) Spitting ( ) 2) Swallowing ( ) 3) Both ( ) 4) Remain in mouth  
( )

8. Do you retain quid during night or sleep?

1) Yes, always or most often ( ) 2) No ( ) 3) Yes, not always ( )

9. Do you at present or did you in the past have any habit of smoking

tobacco? 1) Used to smoke in the past ( ) 2) Smoking at present ( )

3) Never ( )

10. If yes, at what age did you started? .....

11. If stopped at what age? .....

12. Duration of smoking (yrs): .....

13. Frequency of smoking in a day? .....

14. Do you at present, or did you in past have any habit of taking nasal

tobacco? 1) In the past ( ) 2) At present ( ) 3) Never ( )

15. If, yes, at what age did you started? .....

16. If stopped at what age? .....
17. Duration of habit (yrs): .....
18. Frequency in a day: .....
19. Have you ever taken alcohol?
- 1) In the past ( ) 2) At present ( ) 3) Never ( )
20. If, yes then started at what age? .....
21. If stopped at what age? .....
22. Duration of habit (yrs): .....
23. Frequency in a day? .....

## **VI. DIGNOSIS & TREATMENT:**

1. How did you come to know that you are suffering from cancer?
2. What was your reaction when you have come to know that you are having cancer? 1) Shocked ( ) 2) Feared ( ) 3) Accepted ( ) 4) Depressed ( ) 8) Any others ( )
3. What was the first symptom that made you to approach a doctor?  
.....
4. How long you are suffering form cancer? .....
5. Where have you been diagnosed? .....

6. What is the type of cancer you are suffering from? .....
7. After diagnosis/detection, did you immediately approach a doctor?
  - 1) Yes ( ) 2) No ( ) 8) Any others, specify .....
8. If yes, did you approach: 1) Registered Medical practitioner ( ) 2) Private Medical practitioner ( ) 3) Self medication ( ) 4) Use of home remedies ( ) 8) Any other, specify .....
9. If delayed then for what reasons? .....
10. Where did you first approach the doctor? 1) Govt. Hospital ( ) 2) Private Hospital ( ) 8) Any others, specify.....
11. What was the prescription/ medication made by the doctor? .....  
.....
12. How long you have continued the treatment .....
13. Whether you are satisfied with the treatment? 1) Yes ( ) 2) No ( )
14. What are the various problems you confront during treatment?  
.....
15. If not satisfied or discontinued, why? 1) Shifted to any doctor ( ) 8) Any others, specify .....
16. After diagnosis did you go for treatment in time or delayed?
  - 1) Yes ( ) 2) No ( )
17. Since how long you are under treatment? .....



18. Do you find any type of side effects of the treatments?

1) Yes ( ) 2) No ( )

19. If, yes what are they.....

20. How often did you visit your doctor? .....

21. If you don't visit frequently why? 1) Too far ( ) 2) Only bread earner ( )  
3) lack of Conveyance ( ) 4) Other reasons .....

22. How long will be the treatment process? .....

23. In your opinion can cancer be cured? 1) Yes ( ) 2) No ( )

24. What are the suggestions given by the doctor?

.....  
.....

25. Whether you are following the suggestions given by the doctor?

1) Yes ( ) 2) No ( )

26. If no, give reasons .....

## **VII PROBLEMS DUE TO ILLNESS:**

1. Whether your income hampered due to the illness? 1) Yes ( ) 2) No ( )

2. Did you lost your job due to this illness? 1) Yes ( ) 2) No ( )

4. Did your movements become restricted due to this illness? 1) Yes ( ) 2)

No ( )

5. Did your food consumption decreased due to this illness?

1) Yes ( ) 2) No ( )

6. Are you facing any problems while doing household works due to this illness? 1) Yes ( ) 2) No ( )

7. If, yes specify? .....

8. Are you facing any problems regarding rearing children?

1) Yes ( ) 2) No ( )

9. Whether you are facing any problems regarding social life participation?

1) Yes ( ) 2) No ( )

10. If, yes specify? .....

11. What initiative you took to resolve this problem? .....

### **VIII SOCIAL SUPPORT:**

1. Whether you have disclosed about your illness to the family members?

1) Yes ( ) 2) No ( )

2. If not, why? 1) Due to fear of rejection ( ) 2) Due to fear of breaking relation ( ) 8) Any other reasons ( )

3. How far these illnesses affect your family life?

4. Did you ever face any discrimination in family/ society/ community, any set up? (Elaborate) .....
5. What was the reaction of your family members and how they supported you? .....
6. Who is the major decision maker about your healthcare? .....
7. Do your relatives support you in getting treatment? .....

**IX FINANCIAL MATTERS:**

1. What are the monthly expenses on your treatment?  
1) Doctors fees ( ) 2) Medicines ( ) 3) Conveyance ( )
2. How you are managing the required money? .....
3. Did you get financial assistance for your treatment from any source?  
1) Yes ( ) 2) No ( )
4. Have you borrowed money from anyone? 1) Yes ( ) 2) No ( )
5. If yes, from whom and the rate of interest? .....
6. Time limit to return the money? 1) Within a week ( ) 2) Within a month ( ) 3) Within 6 months ( ) 8) Any others ( )
7. How much you have spent for the treatment till now? .....

**X ATTITUDES TOWARDS ONESELF:**

1. What behavioral changes you found in yourself

2. What belief do you have regarding the cause of this common disease?

3. With whom you would like to talk about the disease and feel free?

1) Doctor ( ) 2) Medical Worker ( ) 3) Parents ( ) 4) Spouse ( )

5) Close friends ( ) 8) Any others ( )

4. Any suggestions for cancer patients:

.....  
.....

**ANNEXURE II**

**Guide**

**“HEALTH SEEKING BEHAVIOUR OF TOBACCO REALATED CANCER  
PATIENTS” A STUDY OF CACHAR DISTRICT**

**MRS. DEBRANI CHANDRANI CHOUDHURY  
RESEARCH SCHOLAR**

**SUPERVISOR:**

**DR. M. GANGABHUSHAN  
ASSISTANT PROFESSOR  
DEPTT.OF SOCIAL WORK**

**CO-SUPERVISOR:**

**DR.B.S.GUNJAL  
ASSOCIATE PROFESSOR  
DEPTT.OF SOCIAL WORK**



**SOCIAL WORK DEPARTMENT  
ASSAM UNIVERSITY, SILCHAR**

## **Guide**

1. What is Cancer?
2. What are the types of cancer?
3. What are the sites of cancer related to tobacco?
4. What are the causes of cancer?
5. What are the stages of cancer
6. What are the risk factors for cancer?
7. What are signs and symptoms of cancer?
8. How cancer is diagnosed?
9. What are the treatments for cancer?
10. How much the treatment costs?
11. What are the side effects?
12. What are the constraints of effective treatment?
13. How it can be prevented?
14. What are lifestyle-related risk factors for cancer?
15. What are the behavioural changes after diagnosis?
16. What are the patients beliefs regarding this diseases?

