

INTERVIEW SCHEDULE

(Use Tick $\sqrt{\quad}$ mark in the box and Yes/No option for appropriate answer)

I assure that your information will be used only for research purpose and all information provided by you will be kept confidential.

1. Name of the Respondent:
2. Belief in: Bathouism/Hinduism/Christianity/Others.....
3. Village.....
4. PHC Block:
5. Name of Head of family.....
6. Details of family members of the household:

Codes: Sex: Male:1 & Female:0 Marital status: Unmarried: 0 Married: 1 & others: 2
Occupation code: Govt. Employee: 1, Farmer: 2, Casual Labour: 3 Business: 4, Unemployed: 5, Retired: 6

Sl. No.	Name	Sex	Age	Relation With head of Household	Education Level/ attainment	Occupation	Marital Status
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

7. Does your family possess cultivable land? Yes / No
- a) If yes, specify in bigha.....

8. Does the household own any livestock? Yes / No

If yes, please specify

A) Cow..... B) Buffalo..... C) Goat..... D) Pig.....

E) Hen..... F) Duck

9. Please give the approximate monthly income of your household from *regular sources*?

A) Less than 2000.00 B) 2,000 -5,000

C) 5,000-10,000 C) 10,000-15,000

D) 15,000-20,000 E) 20,000-25,000

F) 25,000 -30,000 G) 30,000 and above

10. How much does your family spend in last month on food?

11. Would you tell about your household monthly expenditure other than food?.....

12. Type of House: (Put tick mark after observation)

A) Thatched B) Tin Roofed

C) Semi-pucca D) Pucca

13. System opted for defecation:

A) Septic Tank B) Pit C) Any Others

14. What is the source of your drinking water?

A) Well B) Tube well

C) PHE Water supply D) River water

E) Pond H) Others.....

15. Do you have water filter system in your family? Yes/No

16. Does the house have separate room/house for kitchen? Yes/No

17. What is the source of cooking food?

A) Firewood B) LPG

C) Kerosene D) Others.....

18. What is your family's food habit?

A) Vegetarian

B) Non-vegetarian

19. Do you possess the following amenities at home?

(Use √ for yes and write the quantity/approximate amount spend as per available/applicable)

Facility	Yes/ No	Quantity/ Amount Spend monthly		Facility	Yes/ No	Quantity /Amount Spend monthly	
		No.	Rs.			No.	Rs.
A) Electricity		---		B) Solar			
C) Inverter				D) Charging light			
E) Radio				F) TV			
G) Electric fan				H) Refrigerator			
I) Washing Machine				J) Bi-cycle			
J) Two wheeler				L) Three Wheeler			
M) Four Wheeler				N) Water pumpset			
O) Power tiller				P) Tractor			
Q) Computer/ Laptop				R) Mobile Phone			
S) Landline Phone				T) Paid DTH/Cable			
U) Internet				V) News paper			

21. Is there any Sub Centre in your village?

Yes/No

22. Name of your nearest PHC/SHC/MPHC/SD:

23. What is the distance to nearest PHC/SHC/MPHC/SD from your home approximately?

A) 0- 1 Km. B) 2-3 K C) 4 Km and Above

24. What is the distance from your home to CHC approximately?Km

25. How can you reach to the nearest PHC?
- A) On foot B) Bi-cycle
- C) Rickshaw D) Two- wheeler
- E) Three wheeler F) Four wheeler
- G) If any other, specify (e.g Public transport,)
26. How much time does it take to reach the reference health centre?
27. Whether doctor is available in your nearest health centre? Yes/No
28. Whether staff nurse is available to provide your required health service? Yes/No
29. Whether pharmacist is available in your health centre? Yes/No
30. Whether any or more member(s) of your household suffered from any illness in last 12 month? Yes/No
31. If No., skip to Serial No. 43, if yes, would you give the details about the illness and treatment of each member.

Codes: *Illness: Acute: **1**, Chronic: **0**,

Gravity of Illness: Mild:1**, Somewhat serious:**2** & Severe: **3**

*** PHC: **1**, Otherwise: **0**

Only for reference to the interviewer: Type of Illness: Cough, Flu, Sore throat, Fever, Headache, Accidental injuries, Burn, Pain, Dysentery, Stomach problem, Malaria, Jaundice, Blood pressure, Diabetes

Who suffered from illness? (Transcribe the Name and serial no. from table of Q. No.6)	Illness*	No. of Illness episode	What is the Type of illness according to you?	What was the Gravity of illness to your perceive**	Duration	Did you/he/she go to the PHC for treatment of illness? 1=Yes 2=No	If No, where did you/he/she go for treatment for illness? ***

32. Whether registration is required to get treatment at PHC? Yes/No
33. Did you pay registration fee? Yes/No
 a) If yes, how much Rs.
34. Did you face any difficulty in registration process? Yes/No
35. How much time does it take get *consultancy*?
- A) Below 30 minutes B) 30-60 minutes
 C) 60- 90 minutes D) 90-120 minutes
36. Whether prescribed medicines are supplied from the PHC during the visit?
- A) Not at all B) Partial C) All
37. Are you satisfied with the overall service of the health personnel in the health centre? Yes/No
38. Are you satisfied with the cleanliness in the health centre? Yes/No
39. Do you think that the present timing for health service rendered by the PHC convenient? Yes/No
40. Do you suggest other people to go at PHC for availing health care service? Yes/No
41. Do you think that existing healthcare facilities in your area satisfactory?
- A) Yes B) No (If no, please mention reason(s))
- A) No specialist doctor available
 B) No adequate health facilities available
 C) Improper location of health centre
 D) Any other.....

Thanks for your cooperation.
 All information provided by you will be kept confidential.
