

ANNEXURE- 1



DEPARTMENT OF SOCIOLOGY

FACULTY OF ARTS

THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA
VADODARA – 390 002

January 10, 2012

Dr. M. Sreedevi Xavier
Associate Professor

TO WHOM IT MAY CONCERN

Ms. Minni, K. T. is a Ph. D. student of this Department working under my guidance. Her Ph. D. topic is: ***“Health and Illness among the Geriatric of Gujarat: A Sociology of Health Study”***. May I request you to kindly provide her with the preliminary information required for the study? Once we finalize the sample to be studied, we would like to come back to your organization in order to collect the data in detail. Your cooperation is appreciated.

Thanking you,

Yours truly,

(Dr. M. Sreedevi Xavier)
Research Guide

Signature of the student
(Ms. Minni, K. T.)

ANNEXURE- 2



DEPARTMENT OF SOCIOLOGY

FACULTY OF ARTS

THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA
VADODARA – 390 002

25 October, 2011

Dr. M. Sreedevi Xavier
Associate professor

TO WHOM IT MAY CONCERN

Ms. Minni, K. T. is a Ph. D. student of this Department working under my guidance. May I request you to allow her to use your library facilities provided by the library/ institute for the purpose of her research study? If it is required to pay, she will do the same. I request you to provide, if possible, some concessional rates for Xeroxing, since she is not having any scholarship.

Thanking you,

Yours truly,

(Dr. M. Sreedevi Xavier)
Research Guide

(Ms. Minni, K. T.)
Signature of the student

ANNEXURE- 3

INTERVIEW SCHEDULE

GENERAL INFORMATION

Date _____

1. NAME: _____
2. ADDRESS: _____
3. DISTRICT: _____
4. CITY/ TOWN: _____ VILLAGE: _____

BACKGROUND

5. SEX: MALE ----- FEMALE -----
6. AGE: -----
7. RELIGION: _____
8. CASTE: _____ SUBCASTE: _____ S. C: 9.
TRIBE: _____ SUB TRIBE _____

10. EDUCATIONAL QUALIFICATION:

ILLITERATE ----- UPTO MATRICULATE----- GRADUATE ----- P OST -
GRADUATE ----- PROFESSIONAL-----

11. MARITAL STATUS:

MARRIED---- WIDOWED ---- SINGLE ----- SEPARATED ----- DIVORCED----
LIVE-IN- RELATIONSHIP-----

12. TYPE OF STAY:

NUCLEAR FAMILY----- JOINT FAMILY ----- OLD AGE HOME -----

13. TYPE OF OLD AGE HOME:

NGO RUN ----- SPIRITUAL BASED ----- PRIVATE----- NRI RUN ----- CASTE

BASED----CLASS BASED----- TRUST RUN----- ANY OTHER -----

14. PROFESSION/ OCCUPATION:

BEFORE RETIREMENT _____

AFTER RETIREMENT _____

15. ENGAGED IN ACTIVITY ----- DISENGAGED -----

16. SUFFERING FROM ANY ILLNESS: _____

17. NUMBER OF CHILDREN:

MALE----- FEMALE-----

18. NUM BER OF GRAND CHILDREN:

MALE----- FEMALE-----

19. FINANCIAL CONDITION:

ECONOMICALLY DEPENDENT ----- ECONOMICALLY INDEPENDENT----

20. REGULAR EXERCISE:

YES ----- NO----- SOMETIMES-----

21. ACCESS TO HEALTH CARE:

YES----- NO -----

22. TYPE OF FOOD EATEN:

VEGETARIAN----- NON- VEGETARIAN -----

SPECIFIC QUESTIONS

SOCIO- CULTURAL ASPECTS EFFECTING THE HEALTH AND ILLNESS

BACKGROUND

Q.NO		
1	In what month and year were you born	(1) _____ (2) Don't Know Month (3) _____ (4) Don't Know Year
2	How old are you now	(1) _____ (2) Don't Know
3	What is your current marital status	(1) Never Married (2) Separated (3) Widowed (4) Live-in-relationship
4	For how many years have you been married or living together	(1) _____ (2) Don't Know
5	Have you always lived in this place	(1) Yes (2) No
6	How long have you been living in this Place	(1) _____ (2) Don't know
7	Where were you living before	(1) In another country (2) In another City (3) In another state (4) In another village (5) In another OH

DWELLING OR HOME

10	Is this House where you live...?	(1) Owned by self (2) Owned by someone else in the family (3) On rent (4) Others
12	How many rooms does this house have, excluding bathrooms and toilets	

SOCIAL RELATIONS

13	How is your relationship with other members in the family?	(1) V Good (2) Good (3) Bad (4) V Bad (5) Ok
15	Are you happy with your living arrangement	(1) Yes (2) No
16	If you were to change your living arrangement, where would you prefer to stay and why?	(1) Stay Independently (2) With children (3) With relatives (4) In old age home
17	Do you have your spouse with you?	(1)Yes (2) No
20	How do you travel around	(1) Own vehicle (2) Public transport (3) Relatives vehicle (4) Taxi (5) Others Specify.....
21	Do you feel uncomfortable while travelling by public transport	(1)Yes (2) No
22	Who takes care of your basic daily needs if necessary	(1) Self (2) Wife (3) Children (4) Relatives (5) Friends (6) Care taker (7) Others, specify
23	Do you visit your relatives?	(1)Yes (2) No
24	How often	(1) Daily (2) Once a week (3) Once a month (4) Once a year (5) Others, Specify (6) Never (7) Not fixed, whenever possible
25	Do the relatives visit you?	(1)Yes (2) No
26	Do you have friends?	(1)Yes (2) No
27	Do you meet them often?	(1)Yes (2) No (3) Sometimes
28	Do you share your personal problems and worries with them?	(1)Yes (2) No
29	Do they suggest solutions for it?	(1)Yes (2) No

SOCIO - CULTURAL

30	Are you in any kind of caste related occupation?	(1)Yes (2) No
31	If in agriculture do you engage in manual labour?	(1)Yes (2) No
32	How many hours do you work in a day?	
33	Who takes care of you during illness?	(1) Spouse (2) Relatives (3) Friends (4) Children (5) Care taker (6) Others, specify
34	If in an organization, does your family visit you?	(1)Yes (2) No
35	If yes, how often?	(1) Daily (2) Once a week (3) More than once a week (4) Once a month (5) Once a year (6) Never (7) Others, Specify _____
36	Is your partner in a position to look after you in case you fall sick?	(1)Yes (2) No
37	Who takes care of your food and washing?	(1) Spouse (2) Children (3) Relatives (4) Self (5) Maid (6) Others' specify
38	Case of a widow, is there any kind of restriction on your movement and food?	(1)Yes (2) No
39	Have your status in the family and society changed after your partner's demise?	(1)Yes (2) No
40	Have your role in the family changed?	(1)Yes (2) No
41	If yes, what are the changes?	(1) Less respect (2) Avoidance (3) Sympathy (4) Restrictions (5) Others, Specify

42	Are you included in the decision making process?	(1)Yes (2) No
43	Are you happy with the locality of your house?	(1)Yes (2) No (3) Ok
44	In rural areas, would you like to stay in town?	(1)Yes (2) No
45	How many of your children are staying with you?	(1) All (2) None (3) One
46	Have any of your children migrated to other places?	(1)Yes (2) No
47	What is the reason for their migration?	(1) Economic (2) Better lifestyle (3) Other, specify
48	Do you visit your children in other towns or countries?	(1)Yes (2) No
49	Would you like to go and stay with them?	(1)Yes (2) No
50	How often do you stay with them	(1) Frequently (2) Once in a while (3) Never (4) Others, specify
51	Do the children treat you with respect?	(1)Yes (2) No
52	Do you have property or land	(1)Yes (2) No
53	Have you partitioned it among your children	(1)Yes (2) No
54	If yes, are you satisfied with the distribution	(1)Yes (2) No
55	Where there any kind of conflict during the process	(1)Yes (2) No
56	Did you experience any kind of stress during the process	(1)Yes (2) No
57	Are the children happy with their share	(1)Yes (2) No

58	At present is there any kind of conflict between you and your children regarding the property	(1)Yes (2) No
60	How often have you found that you could not cope with all the things that you had to do	(1) Never (2) Sometimes (3) Fairly often (4) Very often
62	How often have you found that you could not cope with all the things that you had to do?	(1) Never (2) Almost never (3) Sometimes (4) Fairly often (5) Very often
63	All things considered, how satisfied are you with your life. Would you say you are ...?	(1) Very satisfied (2) Satisfied (3) Neither satisfied nor dissatisfied (4) Dissatisfied (5) Very dissatisfied
66	Have you attended any public meeting in which there was discussion of local or school affairs?	(1) Yes (2) No
67	Have you met personally with someone you consider to be a community leader?	(1) Yes (2) No
68	Have you attended any club or organizational meeting?	(1) Yes (2) No
69	Have you had friends over to your home?	(1) Yes (2) No
71	Did you socialize with coworkers outside of work?	(1) Yes (2) No
73	... how often do you go out of this house/building to attend social meetings, activities, programs or events or to visit friends or relatives?	(1) Less than once per week (2) Once per week (3) Two to 3 times per week (4) About once per month (5) Less than once per month (6) Never

ENVIRONMENTAL RISK FACTORS / WATER AND SANITATION

74	What type of floor does your house have	(1) Hard Floor (2) Earth Floor
75	What type of wall does your house have	(1) Cement, Brick, Wood (2) Mud (3) Plastic Sheet (4) Metal Sheet (5) Other
76	What is the main source of drinking water in your house	(1) Piped water through water connection (2) Community pipe (3) Covered tube well (4) Covered dug well (5) Uncovered dug well (6) Rain water harvesting (7) Stagnant water source (Pond, dam, Lake etc) (8) River, Stream (9) Tanker
77	How long does it take to get there, get water and come back	(1) Less than 5 minutes (2) 30 min or less (3) 60 min or less (4) 90 min or less (5) More than 90 min
78	Are there at least one bucket of water per person	(1) yes (2) No
79	What type of toilet facility do you have in your house	(1) Flush Toilet (2) Covered dry latrine (3) Uncovered dry latrine (4) Open field or area (5) Other
80	How far is the toilet facility from your dwelling	(1) Within property/ used by single household (2) Yard used by multiple house holds
81	What type of fuel does your household use	(1) Gas (2) Electricity (3) Kerosene (4) Wood (5) Animal dung (6) Other
82	What type of cooking stove is used	(1) Open fire or stove without

	in your house	chimney (2) Open stove or fire with chimney (3) Gas stove (4) Cook outside the house (5) Other
83	Where is cooking usually done?	(1) In a room used for living or sleeping (2) In a separate room used as kitchen (3) Outdoor (4) Other

**ECONOMIC ASPECTS EFFECTING THE HEALTH AND ILLNESS
PERMANENT INCOME INDICATORS (ASSETS)**

84	Does your home have electricity?	(1) Yes (2) No
85	Do you have any motorised vehicle	(1) Car (2) Bike/ Scooter
86	Do you have a bicycle	(1) Yes (2) No
87	Do you have Phone	(1) Land line (2) Mobile (3) None
88	Do you have a refrigerator	(1) Yes (2) No
89	Do you have a television	(1) Yes (2) No
90	Do you have a computer	(1) Yes (2) No
91	Do you have a radio	(1) Yes (2) No

**TOTAL INCOME FOR THE HOUSEHOLD IN THE LAST 12 MONTHS
(PREVIOUS TO TODAY) FROM PAID WORK OR OTHER SOURCES.**

92	Do you have a regular source of income	(1) Yes (2) No
93	What is the source of your income	(1) Pension/ P.F/ Social Security (2) Wage/ Salary from Job (3) Earnings from selling something (4) Rent from anywhere (5) Interest from dividends/

		fixed deposits (6) others
94	About how much does this source provide you in the last 12 months	(1) _____ (2) Don't know
95	Do you have any additional source of income	(1) Yes (2) No
96	About how much additional income did you get these last 12 months other than your main source	(1) _____ (2) Don't know
97	How many people depend on your income	(1) _____
98	Is your income sufficient to cover your daily living needs and obligations	(1) Yes (2) No
99	What would you say your household financial situation is?	(1) Very good (2) Good (3) Moderate (4) Bad (5) Very Bad

HOUSEHOLD EXPENDITURE

100	In the last 30 days , how much did your household spend in total	(1) _____ (2) Don't Know
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In the last 30 days, how much did your household spend on?

101	Kitchen groceries	(1) _____ (2) Don't Know
102	Housing, Gas, Electricity, water, telephone, fuel etc	(1) _____ (2) Don't Know
103	Health care	(1) _____ (2) Don't Know
104	Insurance premium	(1) _____ (2) Don't Know
105	All others (weddings, Parties etc)	(1) _____ (2) Don't Know
106	Health care that required staying overnight in a hospital or health facility?	(1) _____ (2) Don't Know

107	Health care by doctors, nurses, or trained midwives that did not require an overnight stay?	(1) _____ (2) Don't Know
108	Health care by traditional or alternative healers (use other local names)?	(1) _____ (2) Don't Know
109	Dentist	(1) _____ (2) Don't Know
110	Medications or Drugs	(1) _____ (2) Don't Know
111	Glasses, Hearing Aids, Prosthetic Services etc	(1) _____ (2) Don't Know
112	Diagnostic and laboratory tests	(1) _____ (2) Don't Know

In the last 12 months, which of the following financial sources did your household use to pay for any health expenditure?

113	Current income of any household members	(1) Yes (2) No (3) Don't Know
114	Savings (e.g. bank account)	(1) Yes (2) No (3) Don't Know
115	Payment or reimbursement from a health insurance plan	(1) Yes (2) No (3) Don't Know
116	Sold items (Jewelry, Furniture etc)	(1) Yes (2) No (3) Don't Know
117	Family members or friends from outside the household	(1) Yes (2) No (3) Don't Know
118	Borrowed from someone other than a friend or family	(1) Yes (2) No (3) Don't Know
119	Other Specify:	(1) Yes (2) No (3) Don't Know

FAMILY AND KIN (TRANSFERS IN)

120	In the last 12 months, has anyone in the household received any financial or in-kind assistance from you (children and siblings who do not live	(1) yes (2) No
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	with you)	
121	What type of assistance did they receive	(1) Money (2) Food (3) Clothing (4) Help with medicines/ health care (5) Transportation (6) Others
122	About how much would this assistance amount to over the last 12 months	(1) _____ (2) Don't know
123	Do you consider This assistance as income that you can count on in the future	(1) Yes (2) No (3) Don't know

COMMUNITY TRANSFERS AND ASSISTANCE

124	In the last 12 months, have you received any financial or in- kind assistance from family or relatives	(1) YES (2) No
125	What type of assistance did you receive	(1) Money (2) Food (3) Clothing (4) Help with medicines/ health care (5) Transportation (6) Others
126	About how much would this assistance amount to	(1) _____ (2) Don't know
127	In the last 12 months, have you received any financial or in- kind assistance from any clubs, groups in your community	(1) YES (2) No
128	What type of assistance did you receive	(1) Money (2) Food (3) Clothing (4) Help with medicines/ health care

		(5) Transportation (6) Others
129	About how much would this assistance amount to	(1) _____ (2) Don't know
130	Can you count on these kind of help in the future	(1) Yes (2) No (3) Don't know
131	In the last 12 months , have you received any financial or in- kind assistance from the govt	(1) Yes (2) No
132	What type of assistance did you receive	(1) Money (2) Food (3) Clothing (4) Help with medicines/ health care (5) Transportation (6) Others
133	About how much would this assistance amount to	(1) _____ (2) Don't know
134	Can you count on these kind of help in the future	(1) Yes (2) No (3) Don't know

WORK HISTORY AND BENEFITS

135	Have you ever, in your life worked from which you received payment in money or goods	(1) Yes (2) No
136	What is main reason that you have never worked	(1) Homemaker/ Caring for family (2) Couldn't find a job (3) Do unpaid work/ voluntary work (4) Health problems (5) Did not have the economic need (6) Other specify: _____ (7) Don't know
137	Are you currently working for pay	(1) Yes (2) No

138	At what age did you start working for pay	(1) _____ (2) Don't Know
139	Who is your current employer	(1) Govt (2) Self- employed (3) Employer
140	How many days a week do you work in your job	(1) _____ (2) Don't Know
141	How many hours a day do you work in your job	(1)Hrs _____ (2)Don't Know
142	How long have you been in this job	(1) _____ (2)Don't Know
143	In this job, do you receive any of the following benefits	(1) No benefits (2) Pension (3) Medical services (4) Food or provisions (5) Cash bonuses (6) Other, Specify: _____ (7) Others
144	Have you worked at more than one job over the last 12 months	(1) Yes (2) No
145	If stopped working , what is the reason for that	(1) Retirement (2) Health problems (3) My family did not want me to work (4) I wanted to stop working (5) Don't Know
146	At what age did you stop working	(1) Years _____ (2) Don't Know
147	How many years ago did you stop working	(1) Years _____ (2) Don't Know
148	Are you actively looking for work	(1) yes (2) No
149	Why are you looking for work now	(1) Need money (2) Wants to be active (3) Wants to feel useful (4) Help my family (5) Other,

		Specify: _____ (6) Don't Know
150	Have you undergone any kind of surgery	(1) yes (2) No
151	How much have been spend on it	
152	Who paid it	(1) Self (2) Relatives (3) Friends (4) Charity (5) Others, Specify
153	Will you be able to afford a surgery if another emergency occurs	(1) yes (2) No
154	Do you have enough income to sustain yourself	(1) yes (2) No
155	Whom do you depend for your sustenance	(1) Children (2) Relatives (3) Friends (4) Community (5) Charity (6) Others, Specify
156	Who pays to the doctor in case of illness	(1)Self (2) The organization (3) Charity (4) Children (5) Relatives (6) Friends (7) Others, specify
157	Do you have to pay to the old age home to stay here	(1) yes (2) No
158	How much did you Pay	
159	Is the money paid for	(1) Month (2) Year (3) Lifetime (4) Others, specify
160	Who made the payment?	(1) Self (2) Children (3) Relatives (4) Others, specify
161	Are you getting pension	(1) yes (2) No
162	Is it enough for you to live comfortably?	(1) yes

		(2) No
163	If self employed, do you keep aside for health care?	(1) yes (2) No
164	Are you suffering from any occupational related health issues	(1) yes (2) No
165	Were you compensated for it	(1) yes (2) No
166	If yes, did it cover your treatment expenses	(1) yes (2) No
167	Do the company you are working in give medical benefits	(1) yes (2) No
168	Is there a set limitation in the amount that can be claimed for medical	(1) yes (2) No
169	Do you enjoy the medical benefits after the superannuation	(1) yes (2) No
170	If no, will you lose it if you take up another job	(1) yes (2) No

EFFECTS OF PHYSICAL PROBLEMS ON HEALTH AND ILLNESS HEALTH STATUS

171	In general, how would you rate your health today	(1) Very good (2) Good (3) Moderate (4) Bad (5) Very bad
172	In the last 30 days , how much difficulty did you have with your household activities	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme
173	In the last 30 days, How much difficulty did you have with moving around	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme

174	In the last 30 days, how much difficulty did you have in vigorous activities	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme
175	In the last 30 days, how much difficulty did you have with self- care	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme
176	In the last 30 days, how much bodily discomfort did you have	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme
177	How much difficulty do you have concentrating or remembering things	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme
178	How much difficulty do you have with personal relationships or participation In the community	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme
179	In the last 30 days, how much of a problem did you have in dealing with conflicts and tensions with others	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme
180	In last 30 days, how much of a problem did you have with breathing, shortness of breath at rest	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme
181	Problem of breathing, shortness of breath while climbing uphill or stairs	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme
182	Last 30 days how much of a problem did you have sleeping	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme
183	In the last 30 days how many times have you felt lack of rest or tiredness	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme
184	In the last 30 days how much of a problem did you have with worry or anxiety	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme
185	When was the last time you had your eyes examined by a medical professional	(1)Never (2) Within last 12 months (3) 1-2 years ago (4) 3-4 years ago

		(5) 5 or more years ago
186	Do you use Glasses To see far away	(1) Yes (2) No
187	Do you use Glasses to see close up	(1) Yes (2) No
188	Do you have difficulty in seeing and recognizing a person or object from a distance	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme
189	Do you have difficulty in seeing and recognizing objects at arms length	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme
190	Do you wear a hearing aid	(1) yes (2) No
191	Do you have difficulty in hearing someone talking on the other side of the room in a normal voice	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme
192	In the last 30 days ,how much difficulty have you had with urinating or controlling your urine	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme
193	In the last 30 days how much difficulty have you had with defecating, constipation	(1) None (2) Mild (3) Moderate (4) Severe (5) Extreme

RISK FACTORS

194	Have you ever smoked tobacco or chewed tobacco	(1) Yes (2) No
195	Do you currently smoke or chew tobacco	(1) Yes, Daily (2) Yes, Not daily (3) No
196	For how many years have you been smoking or chewing tobacco	(1) _____ (2) Don't Know
197	Have you ever consumed alcohol	(1) Yes (2) No

198	Have you consumed alcohol in the last 30 days	(1) Yes (2) No
199	How frequently do you have alcohol in a week	(1) Daily (2) Once a week (3) More than twice a week (4) Not every week
200	How many servings of fruit do you have on a day	(1) _____ (2) Don't Know
201	How many servings of vegetables do you have a day	(1) _____ (2) Don't Know

PHYSICAL ACTIVITY

202	Do you do any kind of exercise	(1) Yes (2) No
203	Body mass	(1) Normal (2) Fat (3) V. Fat (4) Lean (5) V. Lean
204	How many meals do you have	(1) One (2) Two (3) Three (4) More than three
205	Do you have any gynecological problems	(1) Yes (2) No
206	Have you undergone any surgery related to it	(1) Yes (2) No
207	When did you last go for a check- up for the same	
208	Have you heard about HIV/AIDS	(1) Yes (2) No
209	Are you able to sleep well at night	(1) Yes (2) No
210	Do you have any kind of constant disturbance from your surroundings	(1) Yes (2) No
211	Do you have resident/ visiting doctor	(1) Yes (2) No

	in your old age home	
212	If you are working does your work involve sitting or standing for long hours	(1) Yes (2) No
213	Does your work involve vigorous activities	(1) Yes (2) No
214	Do you travel daily	(1) Yes (2) No
215	What do you do during your leisure time	(1) Engage in some activity (2) Inactive (take rest)
216	Have you ever been diagnosed with diabetes (high blood sugar)?	(1) Yes (2) No
217	Have you ever been treated for it?	(1) Yes (2) No
218	Have you been taking insulin or other blood sugar lowering medications in the last 2 weeks	(1) Yes (2) No
219	Are you following a special diet, exercise regime or weight control program for diabetes	(1) Yes (2) No
220	At what age did you get it	(1) Yes (2) No
221	Do you have a medical history of diabetes in your family	(1) Yes (2) No
222	Do you suffer from any of the illness	(1) B.P (2) Heart Disease (3) T.B (4) Any kind of Cancer (5) Lung Disease (6) Kidney Failure (7) Parkinson's disease
223	Are you taking treatment for it	(1) Yes (2) No
224	When was it diagnosed	(1) _____ (2) Don't Know
225	How do you deal with it physically	(1) Ok (2) good (3) Bad (5) Not

	and emotionally	very well (6) Don't Know
226	Does your family support and take care of you when you are ill	(1) yes (2) No (3) Sometimes
227	When was the last time that you needed health care?	(1) In the last 30 days (2) Between 1 month and less than 1 year ago (3) Between 1 year and less than 2 years ago (4) Between 2 years and 5 years ago (5) More than 5 years ago (6) Never
228	The last time, did you get health Care when you needed it?	(1) Yes (2) No
229	Which are the reasons why you did not get health care?	(1) Could not afford the cost of the visit (2) No transport available (3) Could not afford the cost of transport (4) You were previously badly treated (5) Could not take time off work or had other commitments (6) The health care provider's drugs or equipment are inadequate (7) The health care provider's skills are inadequate (8) You did not know where to go (9) You tried but were denied health care (10) You thought you were not sick enough (11) Other, Specify _____
230	Where did you go most often over the last 12 months when you felt sick or needed to	(1) Private doctor's office (2) Private clinic or health care facility (3) Private hospital (4) Public clinic or health care facility (5) Public hospital (6) Charity or

	consult someone about your health?	church run clinic (7) Charity or church run hospital (8) Traditional healer [use local term] (9) Pharmacy or dispensary (10) Other, specify _
231	Over the last 12 months, was there ever a time you stayed overnight in a hospital or other type of long-term care facility for your own healthcare?	(1) Yes, A Hospital (2) Yes, long term care facility (3) No
232	Over the last 12 months, how many different times were you a patient in a hospital/long term care facility for at least one night?	(1)Times _____ (2) Don't Know
234	Who paid for this Hospitalization?	(1)Respondent (2) Spouse/partner (3) Son/daughter (4) Other family member (5) Non-family member (6) Private insurance (7)Hospitalization was free (8) Others
235	About how much did you (or a family/household member) pay out-of-pocket for this Hospitalization?	
236	Thinking about your last hospital stay, how much did you (or your family/household members) pay for:	(1) Doctor's fee _____(2) Medicines _____3) Tests _____(4) Transport _____(5) Others, specify_____
237	Overall, how satisfied were you with the care you received	(1) Very satisfied (2) Satisfied (3) Neither satisfied nor

	during your last hospital stay?	dissatisfied (4) Dissatisfied (5) Very dissatisfied
238	What was the outcome of your visit to the hospital? Did your condition...	(1)Get much better (2) Get better (3) No change (4) Get worse (5) Get much worse
239	Was this the outcome/result you had expected/wanted?	(1)yes (2) no
240	In total, how many times did you seek medical care or consultation in the last 12 months?	
241	Which was the last health care provider you visited?	(1) Medical doctor (including gynecologist, psychiatrist, ophthalmologist, etc) (2) nurse/midwife (3)Dentist (4) Physiotherapist (5)Traditional medicine practitioner (use local name) (6) Pharmacist, druggist (7) Don't know
242	Thinking about your last visit, How did you get there?	(1) private vehicle (2) public transportation (3) taxicab (4) bicycle (5) walked (6) don't know
243	About how long did it take you to get there?	
244	In general, how satisfied would you say you are with the way health care is run in your country? Would you say you are...	(1) Very satisfied (2) Satisfied (3) Neither satisfied nor dissatisfied (4) Dissatisfied (5) Very Dissatisfied

ORGANIZATION (HEALTH) QUESTIONS

245	How clearly the health care providers explained things to you	(1) Good (2) V. Good (3) Moderate (4) Bad (5) V. Bad
246	Where you given enough time to ask questions about your health problems or treatment	(1) Good (2) V. Good (3) Moderate (4) Bad (5) V. Bad
247	How would you rate the cleanliness of the rooms inside the facility, including the toilets	(1) Good (2) V. Good (3) Moderate (4) Bad (5) V. Bad
248	How would you rate the amount of space in the waiting and examination rooms	(1) Good (2) V. Good (3) Moderate (4) Bad (5) V. Bad
249	Are you satisfied with the way health care system is run in our country	(1) Very satisfied (2) Satisfied (3) Neither satisfied nor dissatisfied (4) Dissatisfied (5) Very Dissatisfied

SOCIO-PSYCHOLOGICALASPECT OF HEALTH AND ILLNESS

250	Do you go to spiritual gatherings	(1) Yes (2) No
251	Do you engage in any recreational activities	(1) Yes (2) No
252	Do you go for movies	(1) Yes (2) No
253	Do you have get together with your friends	(1) Yes (2) No
254	Do your children spare enough time with you	(1) Yes (2) No

255	Are you included in family get-togethers	(1) Yes (2) No (3) Sometimes
256	Do you watch television	(1) Yes (2) No
257	Do you feel neglected or left out by family members	(1) Yes (2) No
258	Who are you close with	(1) Spouse (2) son (3) Daughter (4) Siblings (5) Friends (6) Others, specify
259	Do you get upset, angry, or irritated over minor issues	(1) Yes (2) No
260	Are you forgetful, does it in any way effect your activities	(1) Yes (2) No
261	Do you feel scared when you fall ill	(1) Yes (2) No
262	With whom do you share your personal worries and expectations	(1) Spouse (2) son (3) Daughter (4) Siblings (5) Friends (6) Others, specify
263	Have you ever faced any kind of abuse from anyone	(1) Yes (2) No
264	What kind of abuse	(1) Physical (2) Verbal (3) Psychological
265	Are you abused by your family members	(1) Yes (2) No
266	Did you tell about the incident to anyone	(1) Yes (2) No
267	If no, why	(1) Fear (2) Stigma (3) Family Status (4) Others, specify
268	Do you feel depressed	(1) Yes (2) No

269	Have you ever taken medication for depression	(1) Yes (2) No
270	Did you feel depressed after your superannuation	(1) Yes (2) No
271	Are you happy in your present job	(1) Yes (2) No
272	Are you happy in this old age home	(1) Yes (2) No
273	Do you miss your family	(1) Yes (2) No
274	Do you like it when your children visit you in your old age home	(1) Yes (2) No
275	How often do they visit you	(1) Very often (2) often (3) once in a while (4) Never
276	Do they call you r write to you	(1) Phone (2) Letter (3) None
277	Whose decision was it to come to an old age home	(1) Spouse (2) son (3) Daughter (4) Siblings (5) Friends (6) Others, specify
278	If not yours are you angry with your children/ relatives for your predicament	(1) Yes (2) No
279	Do you feel bad when you have to depend on others for your basic needs if necessary	(1) Yes (2) No
280	Do you have any particular hobby or interest	(1) Yes (2) No
281	Do you engage in your interest or hobby	(1) Yes (2) No
282	Are your requirements and needs fulfilled by your family	(1) Yes (2) No

INTERVIEW SCHEDULE OF ORGANIZATIONAL ROLE, ACHIEVEMENT AND POLICIES

HOSPITALS

1	What is the basic consultation fees of the hospital	
2	Do you give concession to geriatric patients	(1) Yes (2) No
3	Do you have in patients	(1) Yes (2) No
4	Do you have geriatric ward	(1) Yes (2) No
5	Is the hospital geriatric friendly	(1) Yes (2) No
6	Do the hospital have enough seating arrangements	(1) Yes (2) No
7	ON rush days do you give preference to geriatric patients	(1) Yes (2) No
8	What are the facilities that you provide to your patients	(1) Canteen (2) Drinking water (3) Lavatory (4) Television/ Magazines (5) Others, specify
9	Is the hospital crowded	(1) Yes (2) No
10	Is it well organized/ prompt	(1) Yes (2) No
11	Is it well maintained, neat and clean	(1) Yes b (2) No
12	Which are the common diseases, ailments, complaints that the geriatric patients have	(1) Fever/ Cold (2) Breathlessness (3) Body/ Joint pain (4) Hypertension (5) Heart disease (6) Lung infection (7) Urinary infection (8) Indigestion (9) Tiredness (10) Diabetes (11) Others, specify
13	Do you have a pharmacy in your hospital	(1) Yes (2) No
14	Do the geriatric patients get any concession on medicine	(1) Yes (2) No

15	Do you take emergency cases	(1) Yes (2) No
16	Do you have a resident doctor	(1) Yes (2) No
17	Is it a multi specialty hospital	(1) Yes (2) No
18	Is your hospital equipped to deal with complicated cases	(1) Yes (2) No

OLD AGE HOME

1	Do you charge your inmates	(1) Yes (2) No
2	If yes how much	
3	How many inmates do you have	
4	How many people work here	
5	What are the facilities that you provide to your inmates	
6	Is it neat and clean	(1) Yes (2) No (3) Somewhat
7	Do you have a doctor for your organization	
8	Does he stay in the organization	(1) Yes (2) No
9	How many times does he come to the organization	(1) Daily (2) Weekly once (3) Once a month (4) Others, specify
10	Is the doctor specialized in geriatric	(1) Yes (2) No
11	Do you have a nurse/ care taker	(1) Yes (2) No
12	Do you provide the inmates with medicines for minor ailments	(1) Yes (2) No
13	Do you provide recreational facilities	(1) Yes (2) No

14	Do you have any specific rules for the inmates	(1) Yes (2) No
15	Do you organize counseling sessions for inmates	(1) Yes (2) No
16	Who takes care if a resident falls very sick	(1) Self (2) Relatives (3) Care taker (4) other inmates
17	What are the main reasons for the residents coming to old age homes	(1) Homeless (2) Intergenerational conflict (3) Companionship (4) Others, specify

VILLAGE/TOWN GENERAL INFORMATION

Q.N O		
1	Name of the state	
2	Name of the district	
3	Name of the Village/ Town	
4	No. of households	
5	Total population	
6	Has the population of the village grown or decreased over the past ten years	
7	No. of Elderly population	
8	No. of widow in elderly population	
9	No. of widower in elderly population	
10	No. of unmarried single in elderly population	
11	Which are the sources of livelihood for house holds	(1) Own farm activities (2) Casual labour (3) Long term agri. Employee (4) Salaried mployment Business/ trade /manufacturing

		(5) Others, specify
12	Is this village electrified	(1) Yes (2) No
13	What percentage of the households have electricity	
14	No. of hospitals in the town / village	
15	No. of health centers in the town/ village	
16	Here in your PHC do you have a	(1) Doctor (2) Nurse (3) Medicines (4) Simple diagnostic tests
17	How far would a person have to travel in order to receive	(1) Major surgeries (2) Injections (3) Treatment of broken bones (4) Treatment of chronic illness (5) Minor illness
18	Would this be a pvt or govt hospital	(1) Pvt (2) Govt
19	No. of health awareness programmes conducted in the last one year	
20	Source of water	(1) Piped water (2) Hand pump (3) Protected wells (4) Open well (5) Ponds, wells, canals, streams (6) Others, specify
21	Do you have shortage of water in any of the months	
22	G. Cleanliness	(1) V. Good (2) Good (3) V. Bad (4) Bad (3) Ok
23	What type of waste disposal system do you have	(1) Open (2) Closed
24	Drainage facility	(1) Closed drains (2) Open drains (3) None
25	No. of Medical stores	
26	Type of dwelling	(1) Crowded (2) Sparsely Populated (3) Ok (4) Well planned
27	The village is accessible by	(1) Katcha Road (2) Pucca Road

28	Do people migrate from your village	(1) Yes (2) No
29	Where do they migrate	(1) Same state (2) Other state (3) Other country
30	What age are most of the people who migrate	(1) 15-35 (2) 36-50 (3) 50 above