CHRISTIAN MEDICAL COLLEGE

VELLORE – 632 004, TAMIL NADU, INDIA

DEPARTMENT OF DISTANCE EDUCATION &
RURAL UNIT FOR HEALTH & SOCIAL ACTION

ANNEXURE 1
(To be filled by the candidate)

A. PERSONAL

Fill-up/tick wherever appropriate:		
A1. Your Name		
A2. No. of members in your family		A3. What do you do when your family members fall sick?

A4. Details of your Family members							
Relation to you	Age	Staying with you		Relation to you	Age	Staying with you	
Spouse		**Yes☐**	**No ☐**	Parent		**Yes ☐**	**No☐**
Child 1		**Yes ☐**	**No ☐**	Parent		**Yes ☐**	**No☐**
Child 2		**Yes ☐**	**No ☐**	others		**Yes ☐**	**No☐**
Child 3		**Yes ☐**	**No ☐**	others		**Yes ☐**	**No☐**
Child 4		**Yes ☐**	**No ☐**	others		**Yes ☐**	**No☐**

B. HEALTH:

B1. Write 3 common illnesses seen in your locality:

a)

b)

c)

Fill-up/tick wherever appropriate:						
B2	Is there a hospital in your locality?	**Yes ☐**	**No ☐**			
B3	How far is the nearest hospital?	**Less than 5 km ☐**	**5-20 km ☐**	**More than 20km ☐**		
B4	If it is a private hospital, how big is it?	**Clinic /Dispensary ☐**	**With admission facilities ☐**			
B5	If it is a government hospital, how big is it?	**Sub-centre ☐**	**PHC ☐**	**Taluk Hospital ☐**	**District hospital ☐**	
B6	Is there a doctor available all the 24 hours at this hospital?	**Yes ☐**	**No ☐**			
B7	When people fall sick in your locality, where do they go first for treatment?	**Poojari ☐**	**Traditional practitioners ☐**	**Nurse ☐**	**Hospital ☐**	
B8	How many traditional practitioners are there in your locality?	**1**	**2**	**3**	**4**	**More than 4**
B9	How much do the traditional practitioners usually charge the people for treatment?	**less than Rs.20 ☐**	**Rs.20 -50 ☐**	**Rs.50-100 ☐**	**Rs.100-200 ☐**	**More than Rs.200 ☐**
B10	Do pregnant women in your locality have any form of check up during pregnancy?	**Yes ☐**	**No ☐**			
B11	If yes, who does the check up?	**Health worker ☐**	**Nurse ☐**	**Doctor ☐**		

B12	Do pregnant women in your area get calcium and iron tablets during pregnancy and breast feeding?	**Yes** ☐					**No** ☐					
B13	Where do majority of the pregnant women deliver in your locality?	**Home** ☐					**Hospital** ☐					
B14	Who conducts the deliveries at home?	**Village women** ☐			**Health worker** ☐				**Nurse** ☐			
B15	Do many women die during childbirth in your locality?	**Yes** ☐						**No** ☐				
B16	How many women have died during childbirth in your locality in the last one year? *(approximately)*	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
B17	Do children get regular vaccination?	**Yes** ☐						**No** ☐				
B18	How many babies have died during or soon after delivery in your locality in the last one year?	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
B19	How many children (1-10 years of age) have died in your locality in the last one year? *(approximately)*	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
B20	What is the usual cause of the death in these children?											
B21	What do you know about National Rural Health Mission (NRHM) and the health benefits available through NRHM?											

B22. Do you think there are wrong practices / beliefs among the people in your area related to the following? If so, what are they?

Related to food	
Related to diseases	
Related to Pregnancy and delivery	

C. SOCIAL

Please tick the single most appropriate answer for each of the questions - ***about people in your locality:***						
C1	What is the main occupation of the people?	**Agricultur e**		**Others*(specify)***		
C2	How many people have a house of their own?	**Few** ☐		**Many** ☐		**Most** ☐
C3	How many people have land of their own?	**Few** ☐		**Many** ☐		**Most** ☐
C4	How many people have cattle of their own?	**Few** ☐		**Many** ☐		**Most** ☐
C5	How many people **Smoke** in your locality?	**Few** ☐		**Many** ☐		**Most** ☐
C6	How many people consume **Alcohol**?	**Few** ☐		**Many** ☐		**Most** ☐
C7	How many people take **Drugs** in your locality?	**Few** ☐		**Many** ☐		**Most** ☐
C8	How many people **Gamble** in your locality?	**Few** ☐		**Many** ☐		**Most** ☐
C9	How many people borrow money from money lenders?	**Few** ☐		**Many** ☐		**Most** ☐
C10	Is domestic violence (husband beating wife etc.) common in your area?			**Yes** ☐		**No** ☐
C11	How many schools are there in your location and within	**None**	**1**	**2**	**3**	**4 or more** ☐

	10 km area?	☐	☐	☐	☐	

D. TRAINING

D1. Write 1 or 2 incidents in your life or ministry that made you feel that you need this type of training? (Attach more pages if you need)

Fill-up/tick wherever appropriate:			
D2. Have you received any medical/health training in the past?		**Yes** ☐	**No** ☐ **(If No, Please Do not fill up the section from D3 TO D11)**
D3. If yes, give these details:	a) By whom was the training given?		
	b) For how many days?		
	c) Was it useful?	**Yes** ☐	**No** ☐
	If yes, Explain how it was useful:-		
D4. Are you presently involved in any medical work in your locality?		**Yes** ☐	**No** ☐

D5. If yes, give the details:					
	a)How many patients do you see in a month?	**Less than 5 patients** ☐	**5-10 patients** ☐	**10 -20 patients** ☐	**More than 20** ☐
	b) Where do you see these patients?	**At Your home** ☐	**When visiting villages** ☐	**After church service** ☐	**Other places** ☐ ***(specify)***
	c) How do you get the medicines that you need to give to the patients?				

	d) How do you supply medicines for the patients?	**From your own stock** ☐		**Ask them to buy outside** ☐	
	e) Do you charge them any money?	**for medicine only** ☐	**for your service only** ☐	**For both service & medicine** ☐	**No charge** ☐
	f) What do you do when you have doubts?				
	g) Where do you refer your patients and how?				
	h) Do you have contact with any doctor with whom you have a good relationship so as to refer your patients			**Yes** ☐	**No** ☐

D6. Do you give any sort of health education to the people in your area?	Yes ☐	No ☐
D7. Do you feel that you need more skills while treating people who come to you?	Yes ☐	No ☐
D8. If yes, state what skills will be useful for you?		
D9. What are the health related activities you are engaged with presently?		
D10. How much time do you spend in a week on health – related activities?		
D11.Have you come across any opposition / hindrances when involving yourself with health related activities? Write in detail about 1or 2 incidents:(attach more pages if you need)		

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E. Which diseases among those listed below are seen in your locality?

Please tick the appropriate column:				
No.	**Name of Disease**	**Very Common**	**Common**	**Rare**
1	Malaria	☐	☐	☐
2	Typhoid	☐	☐	☐
3	TB	☐	☐	☐
4	Fever	☐	☐	☐
5	Loose motion	☐	☐	☐
6	Eye infections	☐	☐	☐
7	Skin problems	☐	☐	☐
8	Ear Discharge	☐	☐	☐
9	Jaundice	☐	☐	☐
10	Heart attack	☐	☐	☐
11	Gas Problem/Acidity	☐	☐	☐
12	White discharge	☐	☐	☐
13	Menstrual problems	☐	☐	☐
14	Worms in the stomach	☐	☐	☐
15	Headache	☐	☐	☐
16	High BP	☐	☐	☐
17	Diabetes	☐	☐	☐
18	Mental problems	☐	☐	☐
19	Malnourished Children	☐	☐	☐
20	AIDS	☐	☐	☐
21	Genital infections	☐	☐	☐
22	Fits	☐	☐	☐
23	Paralysis	☐	☐	☐
24	Snake bites	☐	☐	☐
25	Scorpion bites	☐	☐	☐
26	Dog bites	☐	☐	☐
27	Other insect/animal bites (specify)			
28	Any other(specify)			
29	Any other(specify)			
30	Any other(specify)			