

APPENDIX - I

Shivaji University, Kolhapur
Department of Geography

M.Phil.in Medical Geography

QUESTIONNAIRE - 1

GEO-MEDICAL STUDIES OF SOME DISEASES OF PUNE DIVISION
OF MAHARASHTRA STATE

1. Name of the Primary Health Centre with Address :
2. Name of the Doctor with qualifications : Dr. (Mr.Mrs.Miss) -
Age -
3. Number of staff in the PHC : Total No. -

Doctors	Nurses	Midwives	Compounders	Metrons	Cl.St.	Other if any
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4. Number of patients visiting the Primary Health Centre :
 - a) Total number of daily patient visiting PHC :
 - b) Number of patients visiting the PHC (from last Jan.: 91 to 31st Dec.91) Season and diseasewise

[Handwritten Signature]

Sr. No.	Name of the Disease	No. of patients visiting PHC for the treatment during														
		Summer season Feb. to May		Rainy season Jun to Sept.		Winter season Oct. to Jan		Total patients yrs.		Total religion wise		Others				
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	M.	C.	J.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		

- 1 Fever
- 2 Cough, cold and Headache
- 3 Malaria
- 4 Dysentery & Diarrhoea
- 5 Pneumonia
- 6 Influenza
- 7 Typhoid
- 8 Respiratory disease
- 9 Child disease
- 10 Diseases related to pregnancy and maternity common diseases
- 11 Heart diseases
- 12 Tuberculosis
- 13 Cancer
- 14 Leprosy
- 15 Tetanus
- 16 Asthama
- 17 Cholera

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
18	Ureñial diseases													
19	ENT diseases													
20	Eye diseases													
21	Dental diseases													
22	Kidney diseases													
23	Skin diseases													
24	Mental phycho- logical diseases													
25	Allergy													
26	Rabies Hydrophobia													
27	Other (Spe.name)													
Total														

5. Percentage of patients visiting the PHC from a particular region :

Sr. No.	Region from which patients are visiting	Percentage of patients visiting (yearly)
1	Local	
2	Within the taluka	
3	Within the Dist.	
4	Outside the Dist.	
Total		100%

6. Facilities available in the PHC

- (a) i) No. of beds :
- ii) No. of common halls/Ward :
- (b) Does the PHC provide any special facility to the patients : Yes / No
If Yes, state the name of the facility
- (c) List of special equipments in the PHC :

7. Any other remarks (specifically suggested by the Doctor) :

Signature of Doctor / Seal
