

APPENDIX - I

SHIVAJI UNIVERSITY, KOLHAPUR
DEPARTMENT OF GEOGRAPHY
M.Phil. in Medical Geography

QUESTIONNAIRE - 1GEOGRAPHICAL ANALYSIS OF SOME DISEASES IN SINDHUDURGA DISTRICT

1. Name of the primary health centre with address :
2. Name of the Doctor with qualification : Dr. (Mr Mrs Miss)
Age -
3. Number of staff in the PHC : Total No.

 Doctors Nurses Midwives Compounders Metrons Clerical staff Others if any

4. Number of patients visiting the PHC :
- a) Total number of daily patient visiting PHC :
- b) Number of patients visiting the PHC (from last January 87 to 31st Dec. 87) season & disease wise

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

- 1 Fever
- 2 Cough, cold and Headache

Conti..

1	2	3	4	5	6	7	8	9	10	11	12	13	14
3	Malaria												
4	Dysentery & Diarrhoea												
5	Pneumonia												
6	Influenza												
7	Typhoid												
8	Respiratory disease												
9	Child disease												
10	Diseases related to pregnancy & Maternity common diseases												
11	Heart diseases												
12	T.B.												
13	Cancer												
14	Leprasy												
15	Tetanus												
16	Asthama												
17	Cholera												
18	Urenial diseases												
19	ENT diseases												
20	Eye diseases												
21	Dental diseases												
22	Kidney diseases												
23	Skin diseases												
24	Mental/Phy- chological diseases												
25	Allergy												
26	Rabies Hydro- phobia												
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 Tehsil	
3	Within the District	
4	Outside the District	
Total		100%

6. Facilities available in the PHC

- (a) 1) 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 :
- i)
- ii)

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

Signature of Doctor / Seal