

MEDICAL GEOGRAPHY

* QUESTIONNAIRE *

1. Name of the village _____ Taluka _____ Dist. _____
2. House No. _____
3. Number of family members _____
Male _____ Female _____ Children (below 15 Yrs) _____ Total _____

I) DISEASE TYPE NO. OF DEATHS

- i) Whether the elder were sick last year in your family?
Yes / No. If yes by what disease ? _____
ii) Whether the children were sick last year in your
family ? Yes / No. If yes by what disease ? _____
iii) In which season your family members gets affected
with any of the disease ?

	<u>Name of the disease</u>	<u>Season</u>
(a)	-----	-----
(b)	-----	-----
(c)	-----	-----

- iv) If there anybody expired in your family within last
5 years ? Yes / No . If yes with what disease

_____ No. of persons _____

- a) Male _____
b) Female _____
c) Children _____

II) TREATMENTS

- i) Whether you approach doctor for normal disease like cough, cold and fever ? Yes/No . If no what other alternative treatment you give for such normal disease.
- ii) Is there any Government dispensary in your village ?
Yes/No . If not which Govt. hospital do you visit ?
Name of the place _____ Distance _____ kms.
- iii) Do you take treatment from private doctor ?
Yes/No. If yes, How far the private dispenseries is from your place _____. Name of the place _____ Dist. ____ km.
- iv) (a) Do you take medicine from non qualified doctor from your village ? Yes/No
(b) Do you take Ayurvedik and Herble medicine Yes/No.
If yes from Whom ? Name _____
- v) Whether you avoid to go to Doctor. when you sick ?
Yes/No. If yes, reasons for avoiding
a) Do not affords to pay doctors fee.
b) Prescribed medicine are costly.
c) Do not possess money when sick.
d) Any other reason
('a' 'b' 'c' give tick mark against the proper reason)
- vi) From where you purchases the prescribed medicine.
Name of the place _____ Distance _____ kms.

III) GENERAL

- i) What type of diet you take at your home ?
(a) For lunch - rice/roti/chapati/curry/vegetable/any other
(b) For Dinner- rice/roti/chapati/curry/vegetable/any other
(Give tick mark where necessary).

ii) Do you take non-veg. Yes/No.

If yes, of What type ?

a) Only fish b) Only mutton c) Fish and mutton

(Give tick mark where necessary)

A) No. of the persons who takes only vegetarian ____.

B) No. of the persons who take vegetarian/non-veg. both

C) How many times you take non-veg. in the month ?

Daily / No. of times in the week ____ . Once in a week / Once in the fortnight / Once in a month.

(Give tick mark where necessary)

iii) Anybody from your family has bad habits. Yes / No .

If yes _____

	<u>Type of habit</u>	<u>No. of persons</u>
a)	-----	-----
b)	-----	-----
c)	-----	-----

iv) From where you obtain drinking water ?

Well / Tank / Lake / River

(Give tick mark where necessary)

If water is impure what precaution do you take for purification (especially in rainy and draught season)