

Form No. -----

Area Code.....

Date-----

**A Study of Health Seeking Behavior Among Nomads in Rural Delhi and Gurgaon**

**INTRODUCTION AND INFORMED CONSENT**

My name is -----and I am a student of International Institute of Health Management Research (IIHMR), New Delhi. We are conducting a survey about health behavior and also health facility usage. Your coordination is highly appreciable.

Q 1.1 Name of Respondent .....

Q 1.2 Age.....

Q 1.3 Gender:        Male    ( )                      Female    ( )

Address:            -----

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Q 1.4- Q 1.6 Total No. of members in Family:

Adult	
Children up to 5 year	
Children above 5 year	
Total	

Sr. No.																										
Q 2.1	Marital status	---Unmarried      ---Married      ---Divorced      ---separated      ---widow																								
Q 2.2	Qualification	---Illiterate      ---Primary      ---Secondary      ---Graduation and above																								
Q 2.3	Religion																									
Q 2.4	Occupation	---Unemployed      --- Daily wages      ---Part time Job      ---Self employed      --- Employed      other .....																								
Q 2.5	Income per month (in Rs.)	---Up to 2000      --- 2000 to 5000      ---5000 to 10000      ---10000& above																								
Q 2.6	For how long you live here	--- < 1 year      --- 1-2 year      --- 2-5 year      --- >5 year																								
Q 2.7	Do you have BPL card	--- Yes      ---No																								
Q 2.8	Do you have RSBY Card	--- Yes      ---No																								
Q 2.8a	If YES, then how many times you have used this (RSBY Card)	---1 time      ---2 time      ---3 time      --- not used																								
	<b>IMMUNIZATION</b>																									
Q 3.1	Does your child has undergone immunization	--- Yes      ---No																								
Q 3.2	If Yes, for which vaccine	<p>1. Don't Know what has given      2. Given Some vaccination</p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>BCG</td> <td></td> <td></td> </tr> <tr> <td>DPT</td> <td></td> <td></td> </tr> <tr> <td>Oral Polio</td> <td></td> <td></td> </tr> <tr> <td>DPT</td> <td></td> <td></td> </tr> <tr> <td>Hepatitis B</td> <td></td> <td></td> </tr> <tr> <td>Measles ( Khasre ka tika )</td> <td></td> <td></td> </tr> <tr> <td>Vitamin A</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	BCG			DPT			Oral Polio			DPT			Hepatitis B			Measles ( Khasre ka tika )			Vitamin A		
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Q 3.3	Do you have child immunization Card?	--- Yes      ---No																								
Q 3.4 & Q 3.4a	If No, Why Not	--- No knowledge about it      ----No one has told us      ---Very complex process to get it      Other.....																								
Q 3.5	Do you think immunization is important for child	--- Yes      ---No																								
Q 3.6	If No, Why	-----																								
Q 3.7	If yes, Why	-----																								

	<b>Exclusive Breast Feeding (EBF)</b>	
Q 4.1	Do you think breast feeding is important for child	--- Yes ---No
Q 4.2	When breast feeding should be started	--- Immediately after birth --- Within an hour --- Within 24 hour --- After 24 hour ---Don't Know
Q 4.3	For how long child should be, only on breast feeding	--- First six month --- For one year --- Up to 2 year --- More than 2 year ---Don't Know
Q 4.4	When supplementary food should be given along with breast milk	--- Within first six month --- 6 month- 1 year --- 1 Year - 2 year --- Above 2 year
Q 4.5	Who told you about child feeding	--- Family elders --- Community people --- AWW --- ANM --- NGO worker --- Doctor --- Others-----
	<b>Health Practice</b>	
Q 5.1 & Q 5.1a	When you fall ill where you go for consultation (Check up)	---Stay at Home only ---Government facility { i) SC ii) phc iii) chc iv) dist. Hosp. } ---Private Hospital ---Sometime to Private and Sometime to Govt ---Local Healer Other-----
Q 5.2	How much you spend per month on illness/medication	---Less than Rs. 200 ---Rs 200- Rs 500 ---Rs 500- Rs 1000 ---Rs 1000- Rs 1500 --- More than Rs 1500
Q 5.3	At time of delivery where you go	---Stay at home only ---Government Hospital ---Private hospital ---Family member Call dai
Q 5.4	Any health scheme by government	---Yes --- No
Q 5.4a	If yes, which one	
	<b>HYGIENIC PRACTICES</b>	
Q 6.1	How often your child get illness	---Very rare ---Once in a month ---Once in three month Other.....
Q 6.2	Child sometimes affected with Diarrhea	---Yes ---No
Q 6.3 & Q 6.3a	If yes , Cause of diarrhea	---Dirty hand --- From Other child ---Dirty food ---Dirty water ---Don't know ---Other-----
Q 6.4 & Q 6.4a	What you do when your child get affected by diarrhea	---Nothing, it get overcome by its own ---Takes to doctor ---Giving sugar+salt+water solution ---Giving ORS (Oral rehydration Solution) --Giving medicine taken from nearby chemist ---Other-----
Q 6.5	Do you wash hand before preparing food	---Yes ---No --- Sometimes
Q 6.6	Does your child wash hand before taking food	---Yes ---No --- Sometimes
Q 6.7	Do you think hand wash with soap is important	---Yes ---No
	<b>FACILITY AVAILABILITY</b>	
Q 7.1	How much distance you travel for getting health treatment	---Less than 1 km --- 1-2 km --- 2-5 km ---More than 5 km

Q 7.2	Do anyone has organized Health awareness camp in your locality in past six month	---Yes	---No
Q 7.3	Do Anganwadi Worker visited your locality in past one month	---Yes	---No
Q 7.4	Do you send your child to Anganwadi centre for study and mid day meal	---Yes	---No
Q 7.5	Do any other Nurse (ANM)/ Doctor visited your community in past three month	---Yes	---No
Q 7.6 & Q 7.6a	If Yes, who	---Nurse	---Doctor Other.....
<b>Antenatal Care</b>			
Q 8.1	Where you go for antenatal care (check up during pregnancy)	---Don't go	---Government facility ---Private facility ---Local healers Others.....
Q 8.2	Do you have taken IFA tablet during pregnancy	---Yes	---No ---Taken for some Days
Q 8.3	How many Tetanus Injection administered to your body during pregnancy	---One	---Two ---Three ---None
Q 8.4 & Q 8.4a	Where you have delivered	---At home only	---Govt. facility ---Private facility Other.....
Q 8.5	Who assisted your delivery	---Dai	---Nurse ---Doctor ---No one --- Family member
<b>Migration</b>			
Q 9.1 & Q 9.1a	How often do you migrate from one place to other	---Within one year	---Between 1-2 year ---Between 2- 3 year --- Don't Migrate other-----
Q 9.2 & Q 9.2a	Why	---In search of work	---It's our tradition Other.....
Q 9.3 & Q 9.3a	Are you willing to continue migrating or want to stay at one place for long	---Continue to migrate	---Want to stay at one place for long ---It depend upon work Other -----
Q 9.4	Do you get special health benefits from government	---Yes	---No
Q 9.5	Do you find difficulty in utilizing government health facility	---Yes	---No --- Sometime --- we don't go to Govt. health facility
Q 9.6 & Q 9.6a	What type of difficulty	---We don't know about government health facility here	--- Its Crowded ---Health facility staff don't entertain us well --- It's very far from our residence Other.....
Q 9.7 & Q 9.7a	Health facility you prefer to visit during illness	---Home remedies	---Local Healer ---Govt. Facility ---Private facility Other.....