Appendix

TOOL FOR DATA COLLECTION

A SOCIOLOGICAL STUDY OF HEALTH IN THE MISHING TRIBE OF GOLAGHAT DISTRICT IN ASSAM

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Household Schedule No: ……..

INTERVIEW SCHEDULE

I: Personal Information

1. Name of the Head of the Household :
2. Village/ Town :
3. Locality :

II: Social Background

A. General

4. Sub-clan :
5. Religion :
6. Type of Family : (a) Joint (b) Nuclear
7. Family Size : 1-4 (small), 5-8 (medium), above 8 (large).

C. Economy

17. What is your occupation?
    (a) Cultivation (b) Service (c) Business
18. Do you possess any land in the Village? (a) Yes (b) No
19. Do you possess any land in the Town: (a) Yes (b) No.
20. If yes, what is the total size of land? (in Bigha/ Katha)

Size of land	Homestead land	Agricultural land		Total
		Cultivable	Non cultivable	
In Village				
In Town				
Total Land				

21. What crops are grown? Kharif----------
    Rabi----------
    Other----------
22. How do you cultivate the land?
23. By whom is the annual income/ business managed?
    (a) Male (b) Female (c) Both
24. How do you spend your annual income?
    (i) Total expenditure on health? Rs. ..... (Last year)
    (ii) Total expenditure on education? Rs. ..... (Last year)

25. Do you spend any income for maintaining good health? (a) Yes (b) No ☐
26. If yes, how?
27. Do you use fertilizers in your crops? (a) Yes (b) No ☐
28. If yes, what are these?
29. Do you use any insecticides and pesticide in your paddy fields? (a) Yes (b) No ☐
30. If yes, what are these?
31. Do you think that insecticides and pesticides affect Health? (a) Yes (b) No ☐
32. If yes, how?

D. Social Interaction

33. Are the people in your community divided into the poor and the rich? (a) Yes (b) No ☐
34. If yes, how are divided?
34. What is its impact upon your family members?
35. Whether interaction is permitted between the classes? (a) Yes (b) No ☐
36. If yes, in which aspects?
37. If no, why?
38. Is hierarchy present on the basis of clans in your society?
(a) Yes (b) No ☐
39. If yes, whether interaction is possible between the clans?
(a) Yes (b) No ☐
40. If yes, in which aspects?
41. Does this interaction affect your family? (a) Yes (b) No ☐
42. If yes, how?
43. If no, is there any conflict between the clans? (a) Yes (b) No ☐
44. If yes, why?
45. Does interaction take place with other caste people? (a) Yes (b) No ☐
46. If yes, in which aspect?
47. If no, why?
48. Whether this interaction affects health? (a) Yes (b) No ☐
49. If yes how?
50. What are the preventive measures taken up by your family?

E. Living Style

51. Please state the ownership of your house:
(a) Own (b) Rented (c) Rent-free house (d) Any Other..... ☐
52. House Type:
(a) Kuccha (b) Pucca (c) Semi- Pucca (d) Assam Type ☐
(e) RCC (f) Other.....
53. No. of living rooms excluding kitchen and bathroom? .....
54. Separate Kitchen: (a) Yes (b) No ☐
55. Electricity facility: (a) Yes (b) No ☐
56. If no, what means of lighting do you have?
(a) Kerosene (b) Electricity (c) Candle (d) Gobar Gas (e) Other..... ☐
57. What type of fuel do you use for cooking purpose?

(a) L.P.G. (b) Chula (c) Kerosene (d) Fire wood (e) Any other..... ☐

58. Where from do you get this?

59. If other then LPG, do you have proper way to manage the wastes?
(a) Yes (b) No ☐

60. If no, do you think that these wastes (e.g. smoke) can affect health?
(a) Yes (b) No ☐

61. If yes, how?

62. What means of lighting do you have?
(a) Kerosene (b) Electricity (c) Candle (d) Gobar Gas (e) Other..... ☐

63. Do you reside permanently here? (a) Yes (b) No ☐

64. If yes, since how long? .....

65. If no, what is your original native place?

66. Why did you come to reside here?

F. Religion

67. What religious activities do you perform in your family?

68. What are the purposes of performing these?

69. What are the festivals you celebrate in a year?

70. What spirits are believed in these festivals?

71. How do these do?

72. What rites and rituals are performed by you in a year?

73. What spirits are believed in these rites and rituals?

74. What are the purposes of these rites and rituals?

75. Is there any religious activity performed in your family due to the illness of any member of family? (a) Yes (b) No ☐

76. If yes, what kind of activity?

77. What are the outcomes?

78. Do you avail services from *Miboo*? (a) Yes (b) No ☐

79. If yes, what are the rituals performed by him in your family?

80. Where from he come?

81. Do you avail services from *Bej*? (a) Yes (b) No ☐

82. If yes, what are the rituals he performs in your family?

83. Where does he come from?

G. Media exposure

84. Do you subscribe any Newspaper? (a) Yes (b) No ☐

85. If yes what Newspaper(s) do you read?

(a) The Assam Tribune.	☐	(f) Asomiya Pratidin.	☐
(b) The Times of India	☐	(g) Amar Asom.	☐
(c) The Hindustan Times	☐	(h) Asomiya Khabor	☐
(d) The Telegraph	☐	(i) Dainik Agradoot.	☐
(e) The Sentinel	☐	(j) Any other.	☐

86. How frequently do you read it?

87. What topics do you read in a Newspaper?
88. Do you read any health related topics in Newspapers? (a) Yes (b) No
89. If yes, what are these?
90. Do you subscribe any magazine? (a) Yes (b) No
91. If yes, which magazine do you read?
    (a) India Today (b) North East Sun
    (c) Sunday (d) Health
    (e)Competition Success (f) Competition Refresher
    (g) Women's Era (h) Film fare
    (i) Any Other .....
92. How frequently do you read it?
93. Do you listen radio programmes? (a)Yes (b) No
94. What is the frequency of listening radio?
    (a) Less than1 hour (b) 1-2 hours (c) More than 2 hours
95. Which programs do you listen most? (a) News (b) Music (c) Educational
    (d) Health Related Programmes (e) Others.
96. If you listen health related programmes, then, what are these programmes?
97. Do you watch television programmes? (a) Yes (b) No
98. Frequency of watching T.V.:
    (a)Less than 1 hour (b) 1-2 hours (c) 3-4 hours (d) More than 4 hours
99. What type of programmes do you watch on T.V?
    (a) News (b) Sports (c) Dance (d) Mythological programme
    (e) Serials (f) Music (g) Films (h) Children programme
    (i) Health Related programme (j) All.
100. If health related, what are these programmes?

H. Marriage

101. What type of marriage has taken place in your family?
    (a) Conventional (b) By Court Marriage (c) In Temple
102. Which one is preferred most and why?
103. What are the functions performed in marriage ceremony?
104. Is there any spouse in your family from any other community? (a) Yes (b) No
105. If yes, who is he/ she? .....
106. And from which community? .....
107. Is there any divorce case taken place in your family? (a) Yes (b) No
108. If yes, reason for the divorce? .....
109. Is there any case of re-marriage in your family? (a) Yes (b) No
110. If yes, what is it? .....
111. Do you take bride price? (a) Yes (b) No
112. If yes, how much? .....
113. Why do you take bride price?

I. Polity

114. Are you a member of Kebang, Youth club, Murong? (a) Yes (b) No

115. If yes, of which one? .....
116. What is your role in the organization?
117. What are the main functions of these organizations?

III: Conception of Health, Disease & Etiology

118. When do you feel that you are healthy?
119. When do you feel that you are not healthy?
120. In your view what causes a good health?
121. In your view what are the causes of not being healthy?
122. What do you do when you do not feel healthy?
123. What do you do to remain healthy?

IV: Status of Health

124. Is there any one in your family suffering from any disease? (a) Yes (b) No ☐
125. If yes who are they?
126. What type of disease(s)? .....
127. Since how long? .....
128. Has any one of the members inherited it? (a) Yes (b) No ☐
129. If yes, who inherited the disease? .....
130. When did the illness start? .....
131. Why did the illness start?
132. How long did it continue?
133. Did you/ he go for any treatment? (a) Yes (b) No ☐
134. If yes, where did you/ he go?
135. Why did you/ he go there?
136. Did you/ he go for traditional healer *(Bej)*? (a) Yes (b) No ☐
137. If yes, where did he belong?
138. Did the healer give any medicine(s)? (a) Yes (b) No ☐
139. If yes, what are these?
140. Did you/ he take the medicine? (a) Yes (b) No ☐
141. If yes did it cure you/ him? (a) Yes (b) No ☐
142. Did the Bej take any remuneration? (a) Yes (b) No ☐
143. If yes, how much? .....
144. Has smallpox occurred in your family? (a) Yes (b) No ☐
145. What are the cause(s) of smallpox?
146. Is there any spirit responsible for this? (a) Yes (b) No ☐
147. If yes, what is it?
148. What type of treatment is more effective for smallpox?
(a) Herbal (b) Homeopathy (c) Allopathic (d) Ayurvedic (e) Traditional ☐
149. Why is it effective?
150. Did any death case occur in your family during last 10 years?
(a) Yes (b) No ☐
151. If yes, who is he/ she?

152. At what age? .....
153. What is the cause of death?
154. Is there any death case of mother at the time of birth during last 10 years?
(a) Yes (b) No
155. If yes, how many cases?
156. Whether death case occurred in home or in hospital?
157. What is the cause of death?
158. Is there any death case of children of 0-6 years old during last 10 years?
(a) Yes (b) No
159. If yes how many cases? .....
160. At what ages? .....
161. If yes, who is he/ she? (a) Male child (b) Female child
162. Is there any death case of children of 0-1 years old during last 10 years?
(a) Yes (b) No
163. If yes, how many cases? .....
164. Whether male child or female child? .....
165. What are the causes of death?
166. Is there any specific disease suffered by male and female? (a) Yes (b) No
167. If yes what are the specific diseases for man?
168. Why these are specific for man?
169. What are the specific diseases for women?
170. Why these are specific for women?

V: Health Indicators

171. What is the Annual Income of your Family (In Rs.)? .....
172. Is it sufficient for the whole family? (a) Yes (b) No
173. If no, how can you provide nutritional food to the family members?
174. Is there any malnutritional case in your family? (a) Yes (b) No
175. If yes, who is he/ she?
176. Do you or other employed members of your family get wages or salary regularly?
(a) Yes (b) No
177. If no, why?
178. Is your working place safe and protected? (a) Yes (b) No
179. Whether proper light available at your work place? (a) Yes (b) No
180. How many members of your family are non-worker?
181. How do they manage their daily living?
182. What is the preferred age of marriage in your family?
183. Does any marriage take place in your family out of preferred age?
(a) Yes (b) No
184. If yes, does any health problem occur due to this? (a) Yes (b) No
185. If yes, what is it?
186. Do you follow any cultural practice for good health? (a) Yes (b) No
187. If yes, what is it?

188. How does it help to maintain good health?
189. Do you follow any religious practice for good health? (a) Yes (b) No ☐
190. If yes, what it is?
191. How does it help to maintain good health?
192. Do you have Cattle/Piggery shed inside the house? (a) Yes (b) No ☐
193. If yes, do you think that this can pollute air or environment? (a) Yes (b) No ☐
194. If yes, how?
195. How does it affect health?
196. What measures are adopted to control this?
197. Whether nutritional foods are provided for pregnant women? (a) Yes (b) No ☐
198. If yes, are these effective? (a) Yes (b) No ☐
199. How?
200. If no, does any health problem of mother and child occur?
(a) Yes (b) No ☐
201. If yes, what is it?
202. Whether available health centres in your area are sufficient for you?
(a) Yes (b) No ☐
203. If no, where do you go for treatment?
204. If yes, whether doctors and staffs are sufficient? (a) Yes (b) No ☐
205. Do you go there for treatment? (a) Yes (b) No ☐
206. If no, why?
207. Where do you go for treatment?
208. Why?
209. Whether medicines are available there? (a) Yes (b) No ☐
210. If no, from where you get the medicine?
211. How many children of your family are in school? .....
212. Is there any drop out children in your family? (a) Yes (b) No ☐
213. If yes, how many? .....
214. In which class they are drop out? .....
215. No. of male and female drop out child. Male: Female:

VI: Health Seeking Behaviour

Whether Members of your Family -------

216. Wash hands before meal? (a) Yes (b) No ☐
217. If yes, how?
218. If no, why?
219. Do the children wash hands before meal? (a) Yes (b) No ☐
220. If yes, how?
221. Do they consume uncooked vegetables? (a) Yes (b) No. ☐
222. If yes, what kind of vegetables?
223. Reason behind that? Please elaborate.
224. Are the utensils cleaned regularly? (a) Yes (b) No ☐

225. If yes, then, how?
226. What are the reasons?
227. Is the household floor cleaned regularly? (a) Yes (b) No ☐
228. If yes, then, how?
229. What are the reasons?
230. Who cleans the floor?
231. Do you all use foot wears? (a) Yes (b) No ☐
232. When?
233. What are the reasons?
234. Do you all brush teeth regularly? (a) Yes (b) No ☐
235. If yes, what type of brush is used?
236. If not, then, why not?
237. What is the routine of taking bath?
(a) Twice a day (b) Once a day (c) On alternate day
(d) Once in three days (e) Once in Five days (f) Once a week. ☐
238. Why do you take bath?
239. If not regularly, then, why not?
240. Type of latrine facility in your house: ☐
(a) Sanitary (b) Non-sanitary (c) Open Defecation.
241. Provision of urinal facility: (a) Yes (b) No ☐
242. Separate toilet for male/female in the house: (a) Yes (b) No ☐
243. Source of drinking water:
(a) Ring well (b) Deep tube well (c) Kuccha well
(d) Pond (e) River (f) Other..... ☐
244. Method of purifying drinking water:
(a) Strain by cloth (b) Water fitter (c) Boiling
(d) Electronic purifier (f) Precipitation (g) Alum
(h) Any other..... (i) None ☐
245. Why do you use purified water?
246. Do your family members take - (a) Veg (b) Non-veg (c) Both
(d) Some are veg, others are non-veg (e) Most are non-veg few are veg. ☐
247. Why do you or your family members take veg/ non-veg food?
248. If Non-veg, what is taken?
(a) Fish ☐ (b) Egg ☐ (c) Mutton ☐ (d) Chicken ☐ (e) Pork ☐
249. What are the veg foods taken by your family members?
250. Have you ever vaccinated your children? (a) Yes (b) No ☐
251. If no, why not?
252. If yes, why?
253. How do you cook vegetable items?
254. How do you cook non-vegetable items?
255. Do you check up your health regularly? (a) Yes (b) No ☐
256. If yes, why?

257. If yes, after how many days do you go for the next check up?
258. When did you go for last check up? .....
259. Where did you go? (a) Private practitioner (b) Govt. practitioner ☐
260. If private, why did you go there?
261. If govt. why did you go there?
262. Did you find any symptoms of disease? (a) Yes (b) No ☐
263. If yes, what is it?
264. Do you all use Mosquito Net? (a) Yes (b) No ☐
265. If yes, why?
266. Taking Milk or Curd:
(a) Daily (b) Weekly (c) Occasionally (d) Never ☐
267. From where do you get it?
268. Why do you take milk? What happens if you take milk?

269. Taking Pulses:
(a) Daily (b) Weekly (c) Occasionally (d) Never ☐
270. From where do you get it?
271. How do you take Green and Leafy Vegetables?:
(a) Daily (b) Weekly (c) Occasionally (d) Never ☐
272. How do you take Chicken, Meat or Fish?:
(a) Daily (b) Weekly (c) Occasionally (d) Never ☐
273. From where do you get it:
274. Do you take eggs:
(a) Daily (b) Weekly (c) Occasionally (d) Never ☐
275. From where do you get it?
276. Do you take fruits? (a) Yes (b) No ☐
277. If yes, how often? (a) Daily (b) Weekly (c) Occasionally (d) Never ☐
278. From where do you get it?
279. What are the reasons?
280. What kind of drink do you take?
(a) Local made ☐ (b) Country Liquor ☐ (c) Foreign Liquor ☐
281. On what occasions?
282. Who takes it? (a) Male ☐ (b) Female ☐
283. How much taken?
284. What are its effects?
285. What are its physical effects?
286. What are its economic effects in the family?
287. What are its moral effects in the family?
288. Do you know about the immunization programme, e.g., Polio etc.?
(a) Yes (b) No ☐
289. If yes, has it taken place in your area? (a) Yes (b) No ☐
290. If yes, did you take your children there? (a) Yes (b) No ☐

291. If no, why not?
292. Do you and married family members control child birth? (a) Yes (b) No ☐
293. Why do you control child birth?
294. Have you ever faced any epidemic (malaria, diarrhea, dengue etc.) in your area?
(a) Yes (b) No ☐
295. If yes, when?
296. What is it?
297. What are the causes of this epidemic according to you?
298. What are its impacts?
299. How can this epidemic be controlled?
300. Do you believe any mantras, amulets and magic for treatment?
(a) Yes (b) No ☐
301. Do you or your family members practise any taboos for good health?
(a) Yes (b) No ☐
302. If yes, what are these?
303. During menstrual period do your female family members use separate house/room?
(a) Yes (b) No ☐
304. If yes, what are the reasons?
305. If not, does it affects physically or any other way?

VII: Health Care System

306. What type of treatment do you prefer most?
(a) Herbal (b) Homeopathy (c) Allopathic (d) Ayurvedic ☐
307. What is the reason?

308. If traditional, whether these are available in your area? (a) Yes (b) No ☐
309. If yes, what are these?
310. Who prepared it?
311. How is it prepared?
312. Who collects the medicines?
313. How are the medicines prepared?
314. How are these used?
315. What is the charge of medicine?
316. What are the effects of the medicine?
317. What mantras are practiced in your family for treatment?
318. Why?
319. Who performed it?
320. What are its effects?
321. What amulets are performed in your family for treatment?
322. What magics are practiced in your family for treatment?
323. Did the doctor/ medicineman prescribe any medicine? (a) Yes (b) No ☐
324. If yes, did you use the medicines/ herbals and perform rituals regularly?
(a) Yes (b) No ☐

325. Do you go for private practitioner? (a) Yes (b) No ☐
326. If yes/ no, why?
327. Do you prefer home remedies? (a) Yes (b) No ☐
328. If yes/ no, why?
329. Do you prefer modern allopathic treatment? (a) Yes (b) No ☐
330. If no, why not?
331. If yes, why not others (especially traditional)?
332. Are you benefited from it? (a) Yes (b) No ☐
333. Does any one in your family prepare herbal Medicine? (a) Yes (b) No ☐
334. If yes, what is it?
335. For what purpose is it prepared?
336. How, is it used?
337. For what kind of diseases?
338. Does any body of your family members go for such type of treatment?
(a) Yes (b) No ☐
339. How do the *Bej* of your village help in your medical treatment?
340. Do you believe that diseases happened due to supernatural causes?
(a) Yes (b) No ☐
341. If yes, what are these?
341. Do you think these are curable by treatment? (a) Yes (b) No ☐
342. If yes, by what kind of treatment?
343. If mantras/ magic, who conduct this?
344. Does he/ she get any remuneration from you? (a) Yes (b) No ☐
345. Do you practice magic to cure disease? (a) Yes (b) No ☐
346. If yes, for what type of disease?
347. Do you perform religious practices to cure disease? (a) Yes (b) No ☐
348. If yes, for what type of disease?
349. Did it cure after performing that? (a) Yes (b) No ☐
350. If not, what did you do next?
351. What foods or related practices are prohibited in your family?
352. Why these are prohibited?
353. What kind of diseases is more prevalent in your area?
354. Why this is more prevalent?
355. How are the spirits responsible for disease?
356. What are the spirits you believe?
357. Which spirit is responsible for what disease?
358. What are the effects of weather on health in your family?
359. What are the effects of excessive exposure to sun or rain or cold on health in your family?
360. What are the effects of physical contact on health in your family?
361. Do you perform *Dabur* for honouring, worshiping and appeasing spirit, ghost, deities, gods or goddesses? (a) Yes (b) No ☐
362. What are the rituals of this performance?

363. Do you perform *Dotgang,* for honouring, worshiping and appeasing spirit, ghost, deities, gods or goddesses? (a) Yes (b) No ☐

364. What are the rituals of this performance?

365. Do you perform *Urom Apin*, for honouring, worshiping and appeasing spirit, ghost, deities, gods or goddesses? (a) Yes (b) No ☐

366. What are the rituals of this performance?

367. Do these ceremonies cure people from disease? How?

368. How frequently do you visit to the health centres located in your area?

369. If regularly, for what purpose?

370. If not regular, then, why not?

371. Do you think that people from your area do not go there for Regular Medical Checkup due to more distance? (a) Yes (b) No ☐

372. Did you get any service from ASHA? (a) Yes (b) No ☐

373. If yes, what are these?

374. Where does she belong to? .....

375. What are the duties performed by ASHA?

376. How do you avail these?

377. According to you, which type of treatment is the best?

(a) Herbal (b) Allopathic (c) Ayurvedic (d) Homeopathic ☐

378. Why?

379. Do you think allopathic treatment reduces the popularity of traditional medicine? (a) Yes (b) No ☐

380. If yes, how?

381. Do your family members go for allopathic treatment? When?

382. If not, why?

383. Do your family members go for homeopathic treatment? When?

384. If not, why?

385. Do your family members go for Ayurvedic treatment? When?

386. If not, why not?

387. Do your family members go for herbal treatment? When?

388. If not, why not?

389. Do your family members go for magico-religious treatment? When?

390. If not, why not?

391. How does it help you?

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