Sri G.V.G. Visalakshi College For Women (Autonomous) Extension Activities (2014 - 2015) Health Care

1. Name and Address of the Responder	nt: Aarus	nugam,	
	1/316 No	ost Strock	£3
	Kalla	1	
2. Age of the Respondent: a)15-20	'b)21-25	c)26-30 d)Abo	ve 30
3. Religion:			
a) Hindu b) Christian	c) Muslim		,9 v **
4. Social Status:	•		
a) BC b) MBC 5. Gender: Female/Male	c) SC/ST.		
6. Nature of Family:			
e) Nuclear b) Joint		5	,
7. Marital Status:a) Never Marriedb) Currently Mar	ried c) Wido	wed d) Divorced e) S	Separated
8. Educational Status:			
a) Illiterate (**) Primary 9. Occupation:	.c) Secondary	d) Literate	
a) Employed b) Non-Employed 10. Age at the time of Marriage:	d .		
a) Below 14 years b) 15-17 years	e) More than	18 years	
11. Number of children			
a) No issue b) one	e) Two	d) Three	e) More than three.
	1000 - 10		

2. Family size:	
→2-4 members 'b) 5-8 members '	
3. Monthly Income of the respondent:	
) Below Rs.1500 ' b) 1501-3000 e) above 3000	
4.Weight: 79 kg	
5. Health status:	
) Poor b) Average c) Good	
6. Type of illness:	
Bronchial Disease b) Body Aches c) Heat Exhaustion	
) Injuries e) Women Specific Disease — Finil	
7. Seeking care: a) Yes b) No	
8. Distance from residence to health institution:	
) Less than 1 Km b) 1-5 Km c) above 5 Km	
9. Choice of Health Care services:	
Government Hospital b) Private Hospital c) Self Treatment	
0. Quality of Treatment in private/ Government Hospital:	
) Average b) Poor e) Good d) No idea	
1. Reasons for choosing the Hospital:	
Affordability b) Distance c) Timely attention	
) Quality e) System of Medicine f) Facility is well Known	
Elder decision h) others	
2. Total Medical Expenditure per month:	
Below Rs. 500 b) Rs. 501-1000 c) above Rs. 1000	
3. Source of Finance:	
Current income b) Past Savings c) Borrowing from Relatives and friends	
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	24. Health awareness of Respondent:
	a) Children Immunization b) Solf c) Regular consumption of vegetables
100	d) Regular Consumption of fruits e) Regular consumption of milk f) Sufficient food intake
	25. Awareness about Health Insurance: a) Aware b) Not Aware.
1	26. What type of Physique you are blessed with?
	a) Healthy b) Obesity c) Normal d) Weak/skinny
	27. Have you visited hospital in last 6 months? a) Yes b) No
	28. Do you prefer exercise in your daily routine? a) Yes b) No c) Sometimes
0	29. If yes, then how many times a week? a) Once b) Twice c) Thrice
7	30. If No, then what is the reason?
	a) back of time b) Lack of motivation c) Lack of facility d) No barriers
	31.During a typical week, how many days do you eat breakfast?
	a)T-2 days b)3-4 days c)above 5 days
	32. How many times you take meal per day?
	a) 1 time b) 2 times c) 3 or more times
	33. How many portions of fruit and vegetables do you eat in a typical day?
	a) 5 or more b) Between 2 and 4c) Lass than 2 '
CD	34.Do you limit the amount of refined sugar in your diet?
-17	(sugar, sweets, biscuits, chocolate, cakes)
	a)Yes b)No
1.	35. How often do you enjoy coffee and tea in a day?
	a) After every meal b) Once a day c) Never
	'36. Cause of stress: a) Studies b) Family c) Friend d) Other/ not known
Ţ.	37. What you do usually when you are under stress?
	a) Kin your meal b) Start over eating c) Stay normal

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a) 5 or more b) Between 2 and 4.—c) Less than 2.—
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(sugar, sweets, biscuits, chocolate, cakes)
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a) After every meal b) Once a day c) Never
'36. Cause of stress: a) Studies b) Family c) Friend d) Other/ not known
37. What you do usually when you are under stress?
8) Skip your meal b) Start over eating c) Stay normal

8. How many hour	s do you sleep	a day?					
Less than 7	by 10	•	c) More than 10				
.How many hours		meal before			7 (a)		
l hr	b)2hrs		c) Mo	re than 2 hours.			
How many litres	of water do yo	ou drink ev	ery day?				
1-3 litres	b) 3-5 litre	Š .	c)abov	e 5 litres			
In a typical week Household? (Ple	0-1 days/we	wer for eac	h item)	3-4days/week			
Break Fast	~						
Lunch	. ~						
Dinner			✓ (3)				
Your personal ar	d family histo	ry			- 1 m 1		
History		Yes	No	Don'	t Know		
Diabetes			~		· · · · · · · · · · · · · · · · · · ·		

Heart disease
Thyroid
Obesity

High Blood Pressure

43. Do you use any tobacco in any form?

b) Used to smoke tobacco but have quit

-a) Never used tobacco

c) Still use tobacco