

6. Number of years and months practicing as RHCP

1. Years _____

2. Months _____

7. From whom/ where did u learn medical treatment?

8. How many trainings of this kind did you receive in the past?

BLOCK B: Practice Related Questions

1. Do you have your own chamber?

1. Yes

2. No

2. What is the major system of medicine you practice?

1. Allopathy

2. Homeopathy

3. Ayurveda

4. Unani

5. Siddha

6. Others _____
(mention)

3. Do you practice any system of medicine other than your major system?

1. Yes

2. No

4. If the answer of question no (3) is 'yes', what is the other system of medicine that you practice?

1. Allopathy

2. Homeopathy

3. Ayurveda

4. Unani

5. Siddha

6. Others _____
(mention)

5. How many patients do you see daily?

6. How much do you earn from your practice daily?

7. How many patients did you see in last one week?

8. Do you go on a call?

1. Yes

2. No

9. How many times did you go on a call in last one week?

10. Do you provide the services mentioned here?

a. Injection

b. Stitching

c. Bandage

d. Teeth removal

e. Pregnancy test

f. Helping in delivery

- g. Blood test
- h. Measuring pressure
- i. Measuring pulse
- j. Others _____
(Mention)

11. Is there any other RHCP in your village or neighbouring village?

- 1. Yes
- 2. No
- 3. Don't know

12. If the answer of question no (11) is 'yes', how many RHCPs are there in your village?

13. Have you discussed your practice (or medical treatment) with any of them in last three months?

- 1. Yes
- 2. No

14. Do you provide medicine to your patients?

- 1. Yes, always
- 2. Yes, most of the times
- 3. Yes, sometimes
- 4. No, only give prescription

15. If the answer of the question no. (14). is '1', '2' or '3' then, do you keep a stock of medicine with you?

- 1. Yes
- 2. No

16. Do you have a fridge to store medicine?

- 1. Yes
- 2. No
- 3. Store in other's refrigerator

17. Where do you buy your medicines from?

- 1. Medicine shop
- 2. Dealer of medicine
- 3. Others _____
(mention)

BLOCK C: Treatment Practice Related Questions

1. Tell me the most frequent disease/ physical illness for which patients come to visit you (record maximum five diseases/illnesses)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

2. Did you get any case in last three months which you found complicated?

- 1. Yes
- 2. No

3. If the answer of question no (2) is 'yes', then how

- many such cases came to you in last three months? _____
4. Recount in details about the case (in case he/she encountered more than 1 case, ask about the case which he/she found most difficult)
- a) What was the case? _____
- b) What did you exactly do?
1. Treated myself
 2. Referred to other doctor after primary treatment.
 3. Referred directly without doing any treatment
- c) If you treated, what did you do and what type of medicine did you provide? _____
- d) If you referred, where did you refer?
1. To the nearest PHC/ sub centre
 2. To sub divisional or district hospital
 3. To private qualified doctor
 4. Others _____
(mention)
5. Did you receive a patient with breathing trouble in last one month?
1. Yes
 2. No
 3. Can't remember
6. If the answer of question no (5) is 'yes', then how many such cases came to you in last one month? _____
7. If the answer of question no (5) is 'yes', then what did you do with those patients?
1. Treated myself
 2. Referred to other doctor after doing primary treatment.
 3. Referred directly without doing any treatment
8. If the answer of the question no 7 is (1) or (2) then what medicines did you provide?
1. _____
 2. _____
 3. _____
9. If the answer of the question no 7 is (2) or (3) then where did you refer?
1. To the nearest PHC/ sub centre
 2. To sub divisional or district hospital
 3. To the private qualified doc
 4. Others _____
(mention)
10. Do you know the possible reasons for breathing
1. Asthma

- problems? (Tick if the respondent mentions the reasons mentioned here)
4. Anemia
5. Psychogenic – origin from _____ reaction to acute stress
2. Heart disease
3. Acute manifestation of respiratory
6. Others _____
(Mention _____)
11. Did you receive a patient with stomach problem in last one month?
1. Yes
2. No
3. Can't remember
12. If the answer of question no (11) is 'yes', then
2. Referred to other doctor after doing primary treatment.
3. Referred directly without doing any treatment
13. Do you know the possible reasons of stomach problems? (Tick if the respondent mentions the reasons mentioned here)
1. Gastritis and ulcer
2. Worm
3. Stone in gallbladder
4. Diarrhea
5. Appendicitis
6. Dysentery
7. Stone in kidney
8. Others _____
(Mention)
14. Do you administer drip?
1. Yes
2. No
15. Do you administer Intravenous injection?
1. Yes
2. No
16. Do you know about Syntocin injection?
1. Yes
2. No
17. When / under what circumstances will you administer Syntocin injection?
- _____
18. Do you know about Epidocine injection?
1. Yes
2. No
19. When / under what circumstances will you administer Epidocine injection?
- _____

20. Do you know about Decadon injection? 1. Yes
2. No
21. When / under what circumstances will you administer Decadon injection? _____
22. Do you know about Deriphilin injection? 1. Yes
2. No
23. When / under what circumstances will you administer Deriphilin injection? _____
24. Do you prescribe / provide antibiotics in course of your treatment? 1. Yes
2. No
25. Tell me the names of 3 antibiotics which you use most frequently 1. _____
2. _____
3. _____
26. When you prescribe antibiotics what conditions /characteristics of the patients do you consider before deciding about the dose? 1. Weight
2. Age
3. Others _____
(Mention)
27. How many patients did you refer to government facility/ private doctor in last one month? _____
28. Do you think that referring your patient to other places may harm your reputation and earning? 1. Yes
2. No
29. If yes, why? 1. _____
2. _____
3. _____
30. If no, why? 1. _____
2. _____
3. _____

BLOCK D: Maternal and Child Health Care Related Questions

1. Do pregnant women generally come to visit you? 1. Yes
2. No
2. Has any pregnant mother come to see you about pregnancy related matters in last one month? 1. Yes
2. No
3. If the answer of question no (1) is 'yes', then if a pregnant woman comes to you for check up, what do you do? 1. Do some primary check up
2. Refer her to government facility after doing initial check up

3. Refer her to private qualified doctor

after doing initial checkup.

4. Others _____ (mention)

4. If you do the check up yourself,
what are the things that you examine?

1. _____

2. _____

3. _____

4. _____

5. _____

5. Can you identify high risk mother
(pregnant women)?

1. Yes

2. No

6. What will be the symptoms that you will
consider for identifying the high risk mother?
(Tick if the respondent mentions the
reasons mentioned here)

1. Anemia

2. Bloating

3. Short height

4. Pulse

5. Low body weight

6. High blood pressure

7. Jaundice

8. Others _____

(mention)

7. If the answer of question no (5) is 'yes', then,
if a high risk mother visits you
suggestion will you give her?

1. Will not give any suggestion

2. Will refer her to the nearest what
PHC/SC

3. Will refer her to government

hospital

4. Will refer her to private qualified

doctor

5. Others _____ (mention)

8. Do you know the minimum number of check ups
that a pregnant mother needs to receive from a health
care provider during pregnancy?

9. Do you know the name of injections that a pregnant
mother needs to receive during pregnancy?

10. Do you know the name of tablets that a pregnant
mother needs to take daily?

11. (If respondent can give the right answer of any one of the above 3 questions then ask).

Do you think that all pregnant women in your area
complete this essential antenatal care of package?

1. Yes

2. No

12. If the answer of the question no 11 is(2) then, do you think that you can do something to bring these women under the coverage of the essential antenatal package provided by the government?
1. Yes
2. No
13. If the answer of the question no 12 is (1) then tell me how can you help?
(Record maximum two steps)
1. _____
2. _____
14. Is home delivery still practiced in your area?
1. Yes
2. No
15. Do you think that you can do something to stop home delivery or to improve institutional delivery in your area?
1. Yes
2. No
16. If the answer of the question no 15. is (1) then tell me how can you help?
(Record maximum two steps)
1. _____
2. _____
17. Did mothers of young children (one year or less) visit you in last three months for health problems of their children?
1. Yes
2. No
3. Can't remember
18. Do you know how many doses of BCG a newborn needs to receive in first one year?

19. Do you know how many doses of OPV a newborn needs to receive in first one year?

20. Do you know how many doses of DPT a newborn needs to receive in first one year?

- 21.(If respondent can give the right answer of any one of the above 3 questions then ask). Do you think that all children (below 1 year age) receive these vaccinations?
1. Yes
2. No
22. (If the answer is '2' then ask) Do you think that you can help in bringing all children under immunisation coverage?
1. yes
2. no
3. Don't Know
23. If the answer of the question no.12 is yes then how?
1. _____
2. _____

BLOCK E: Liver Disease and Hepatitis B Related Questions

1. Are you familiar with liver disease?
1. Yes
2. No
2. Do you know the possible reasons for liver disease?
1. Yes
2. No
3. If the answer of the question no 2. Is (1) Then what are the reasons?(Please check whether respondent can give the reasons mentioned here)
1. Virus infection
2. Obesity
3. Excessive alcohol drinking
4. Water borne
5. Others _____

- (mention)
4. If the answer of the question no 1. Is(1) then, what symptoms will you consider if you suspect somebody is having liver disease?
1. _____
2. _____
5. Have you heard about Hepatitis B?
1. Yes
2. No
6. What kind of disease is it?
1. Liver
2. Heart
3. Kidney
4. Others
7. If yes, have you heard about any other type of hepatitis apart from hepatitis B?
1. Yes
2. No
8. If yes, see whether respondent can tell the names mentioned here
1. Hepatitis A
2. Hepatitis C
3. Hepatitis E
4. Hepatitis D
5. Others _____

(mention)

9. If the answer of the question no 5 is yes, then tell me if following could be possible routes for Hepatitis B transmission?
- a. Unsterilized injection
b. Contaminated blood
c. Sneezing
d. Coughing
e. Sharing utensils
f. Sharing bed
g. Sharing towel
h. Sharing razor
i. Sharing tooth brush
j. Others _____
- (mention)

BLOCK F: Tuberculosis Related Questions

1. Are there people in your area who are suffering from tuberculosis?
1. yes
2. No
2. Do you have any idea whether all of them are undergoing treatment and regularly taking medicines?
1. yes
2. No
3. Do you think that you can help to draw this type of patients towards the health centre?
1. Yes
2. No
4. If the answer of the question no 3. Is(1) then, then how will you help to draw this type
1. _____

of patients towards the health centre
(record maximum two types of help)

2. _____

BLOCK G: Relation with Panchayat and ANM Worker

1. Do you personally know the ANM/Health workers working in your area?
 1. Know all of them
 2. Know most of them
 3. Know some workers
 4. Don't know anyone

2. In last one month, how many times did you go to the Sub-Centre or , PHC in your area(not in connection of your illness or illness of your family members) ? _____

3. If you went, what was the reason ? (record maximum 3 requirements)
 1. _____
 2. _____
 3. _____

4. Did your Gram Panchayat organize any meeting to discuss the health issues in last three months?
 1. Yes
 2. No
 3. Don't know

5. If the answer of the question number 4 is yes, were you ever invited to attend such meeting?
 1. Yes
 2. No

BLOCK H: Training Related Questions

(only for those who went through the training)

1. How did you come to know about this Liver foundation training programme?

2. How far did you think that this training is necessary for you?
 1. Was very necessary
 2. Was moderately necessary
 3. Not so much necessary
 4. Didn't need at all
 5. Difficult to say

3. Name of the three things which you expected to learn from this training?(record maximum three)
 1. _____
 2. _____
 3. _____

4. How far did you learn about those three things in this training?
 1. Learned very well
 2. Learned moderately
 3. Couldn't learn very well
 4. Learned nothing
 5. Difficult to say

5. Tell me about three things which you found very important in this training? (record maximum three)
1. _____
2. _____
3. _____
6. What were the loopholes which you have found in this training programme? (record maximum three)
1. _____
2. _____
3. _____
7. Tell me the name of three practical knowledge which you didn't know before training but after training your knowledge has improved
1. _____
2. _____
3. _____
8. Do you have any suggestion for improvement of this training? (record maximum three)
1. _____
2. _____
3. _____
9. Do you want to take this type or any other type of training in future?
1. Yes
2. No
3. Can't say
10. If yes, then what kind of training you want to get? (record maximum three)
1. _____
2. _____
3. _____
11. Did you have to face any professional difficulties during this training session?
1. Yes
2. No
3. Can't say
12. If yes then what kinds of difficulties you have faced during this training session? (record maximum two)
1. _____
2. _____

BLOCK I: Capacity and Attitude of the Respondent

1. Capability of the respondent :
1. Very capable
2. Moderately capable
3. Less or not capable
4. Difficult to assess
2. Attitude of the respondent :
1. Very cooperative
2. Moderately cooperative
3. Less or not cooperative

4. Difficult to assess

3. Date of interview (Day/ Month/ Year) :

4. Name of interviewer:

5. Signature of Interviewer:

Patient and his/her family

Identification

1. Roll number: _____
2. Name of block: _____
3. Name of Gram Panchayat: _____
4. Code of Gram Panchayat: _____
5. Name of village: _____
6. Number of Gram Sansad: _____
7. Name of RHCP: _____
8. Roll no of RHCP: _____
9. Name of respondent: _____

BLOCK A: Some Primary Information

1. Type of respondent: _____
1. Pregnant woman
2. Mother of a child
3. Others _____ (mention)
2. If the answer of the question no 1 is '3' then sex of the respondent
1. Male
2. Female
3. Age of the respondent _____
4. Educational qualification of the respondent: _____
5. Main occupation of the respondent: _____
6. Name of the head of the household: _____
7. The relation of the respondent
1. Respondent himself

2. Head of the household's husband/ wife
 3. Married Son/ daughter of head of the household
 4. Wife/husband of married son/ daughter
 5. Unmarried son/daughter
 6. Grandson/ granddaughter
 7. Father/mother/father-in-law/ mother-in-law
 8. Brother/sister/brother-in-law/ Sister-in-law/other relatives
 9. Maid servant/caretaker/having no blood relation
 8. Roll no of respondent: _____
 (Copy from block B)
 9. Main occupation of head of the household: _____
 10. Total number of family members: _____

BLOCK B: Family Members' Disease, Treatment and Other Information

Serial No (a)	Name (b)	Sex (c)	Age (d)	Relation with head of the household (e)	Educational Qualification (f)	Occupation (g)	When did he/she fall sick last time (h)	Whom did he/she visit first (i)	Any other provider consulted (j)
1									
2									
3									
4									
5									
6									
7									
8									

9									
10									

(b) Start from head of the household. There is no need to write surname (c) Sex: Male-1, Female-2. (d) Age: completed in years. The children whose age are below one year write 0; (e)The relation with head of the household (see the code of question no 7; Block A) (f)Education: for the children of the age below 6 educational qualification remains blank (h) Last week-1, . In last 2 week-2, . In last one month-3, In last three months-4, More than three months-5.(i) and(j) no treatment = 0, RHCP – 1; Another RHCP – 2;Sub Centre or PHC – 3; Sub Divisional/State General or District Hospital – 4; (qualified) Private Doctor – 5; Others –6

BLOCK C: The Recent Practice of RHCP

1. When did you visit the RHCP last time?
 1. In last 7 days.
 2. In last 2 weeks
 3. In last one month
 4. In last 3 month
 5. More than 3 months ago

2. For whom did you visit the RHCP?
 1. For myself
 2. For my child
 3. For others _____
(mention)

BLOCK D: If You Have Visited RHCP for Yourself or for Your Family Members Then Provide The Following Information

1. What was the illness for which you visited RHCP?
(Ask only pregnant women)
 1. Pregnancy related problem
 2. Other problem

- 2 What was the illness for which you visited RHCP?
(Note maximum 3)
 1. _____
 2. _____
 3. _____

3. Do you think that your illness was severe
(or is it still present)?
 1. Yes
 2. No
 3. Don't know

4. What is the present condition of your illness
treatment?
 1. Improved still continuing treatmentand

2. Has not improved so far but still continuing treatment
3. completed treatment and recovered
4. Completed treatment but did not improve
5. Others _____

(mention)

5. If the answer of the question number (4) is 2 or 4 do you think to visit any other health provider for treatment?

1. Yes
2. No
3. Has not decided

6. How many visits to RHCP have you made so far in connection with your illness? (or he treated you on call)

7. Did he/she explain to you about the illness and its reasons?

1. Yes
2. No
3. Don't remember

8. Did he/she advise you how to avoid such illness in future?

1. Yes
2. No
3. Don't remember

9. Did he/she provide all the medicines?

1. Yes, totally
2. Major part
3. Partly
4. Nothing

10. How much price you had to pay (including medicine) to RHCP?

1. Last visit _____
2. Second last visit _____
3. Third last visit _____

11. Did you pay the price at a time/ in installments to RHCP?

1. At a time
2. In installment

12. Did you give him rice, pulses or vegetables apart from money?

1. Yes
2. No

13. What do you think about the price charged by RHCP?

3. Charge less
4. Don't know

1. Charge too much
2. Charge fair

14. Are you satisfied with the treatment provided by the RHCP?

1. Satisfied
2. Ok
3. Not satisfied

4. Can't say

15. Where will you visit in case of similar health problem in future?

1. To the same RHCP
2. To another RHCP
3. To the nearest Sub health / or primary health centre

4. To government hospital
5. To private qualified doctor
6. Others _____
(mention)

BLOCK E: If You Have Visited the RHCP for Your Child then Provide the Following Details:

1. What was the illness of your child for which you visited the RHCP? (record maximum 3)

1. _____
2. _____
3. _____

2. Do you think that your child's illness was severe (or is it still present)?

1. Yes
2. No
3. Don't know

3. What is the present condition of your child's and treatment?

1. Improved still continuing

illness

2. Has not improved so far but still continuing treatment
3. completed treatment and recovered
4. Completed treatment but did not improve
5. Others _____

4. If the answer of the question number (3) is 2 or 4, do you think to visit any other health provider for treatment?

- (mention)
1. Yes
 2. No
 3. Has not decided

5. How many visits to RHCP have you made so far in connection with your child's illness? (or he treated your child on call)

6. Did he/she explain to you about your child's illness and its reasons?

1. Yes
2. No
3. Don't remember

7. Did he/she advise you how to avoid such illness in future?

1. Yes
2. No
3. Don't remember

8. Did he/she provide all the medicines?
1. Yes, totally
 2. Major part
 3. Partly
 4. Nothing
9. How much price you had to pay (including medicine) to RHCP?
1. Last visit _____
 2. Second last visit _____
 3. Third last visit _____
10. Did you pay him/her at a time/in installment?
1. At a time
 2. In installment
11. Did you give him rice, pulses or vegetables apart from money?
1. Yes
 2. No
12. What do you think about the price charged by RHCP?
1. Charge too much
 2. Charge fair
 3. Charge less
 4. Don't know
13. Are you satisfied with the treatment provided by the RHCP?
1. Satisfied
 2. Ok
 3. Not satisfied
 4. Can't say
14. Where will you visit in case of similar health problems of your child in future?
1. To the same RHCP
 2. To another RHCP
 3. To the nearest Sub health / or primary health centre
 4. To government hospital
 5. To private qualified doctor
 6. Others _____
(mention)

BLOCK F: The Restrictions of RHCP:

1. Did it ever happen in last one year that RHCP could not cure your/ your child's/ family member's disease?
1. Yes
 2. No
 3. Don't know
2. If the answer is 'yes' who was the member? (Record the roll number of that member from block B)
- _____
3. What was his/her illness?
1. _____
 2. _____

3. _____

4. Where did you finally visit for treatment?
1. To another RHCP
 2. To the nearest PHC/ sub Center
 3. To government hospital
 4. To qualified private doctor
 5. Others _____ (mention)

BLOCK G: Hepatitis B Related Questions

1. Have you heard about the disease named Hepatitis?
 1. Yes
 2. No

2. If the answer of the question number (1) is '1' then what kind of disease is it
 1. Liver
 2. Heart
 3. Kidney
 4. Others

3. If the answer of the question number (1) is '1' then, have you heard about the disease named Hepatitis B?
 1. Yes
 2. No

4. Do you know about the possible reasons of Hepatitis B?(record maximum three reasons)
 1. _____
 2. _____
 3. _____

5. If the answer of the question number (1) is '2' then, do you know about liver disease?
 1. Yes
 2. No

6. If the answer of the question number (5) is '1' then do you know about the possible reasons of liver disease?(record maximum three reasons)
 1. _____
 2. _____
 3. _____

BLOCK H: Government Health Services and Quality of RHCP:

1. What were the reasons for which you did not go to your nearest sub health centre / PHC?(record maximum three reasons)
 1. _____
 2. _____
 3. _____

2. Do you really think that your RHCP has necessary educational qualification to provide you health care?
 1. Yes
 2. No
 3. Don't know

2. Name of block: _____

3. Name of ; GP: _____

4. Code of GP: _____

5. Name of ANM worker: _____

BLOCK A: Some Important Information

1. Age: _____

2. How long have you been working as ANM worker? _____

3. How long have you been working at this PHC/ sub centre? _____

BLOCK B: The Relation with RHCPs and Their Cooperation

1. Do you know the RHCPs of your area?
1. Yes, know all of them
2. Know only one RHCP/ some RHCPs
3. Don't know anyone

2. Do you think that RHCP can really cure disease?
1. Yes
2. No
3. Can't say

3. In your opinion, what are the reasons that encourage people to visit RHCP for treatment? (record maximum three)
1. _____
2. _____
3. _____

4. Do you take any help from RHCP in your organised health campaign or health awareness programme?
1. Yes
2. No

5. If the answer is yes then what kind of help usually you get? (record maximum five)
1. _____
2. _____
3. _____
4. _____
5. _____

6. Do you think that RHCP can do something to bring pregnant women under the coverage of the essential antenatal package?
1. Yes
 2. No
 3. Don't know
 4. All take antenatal care at right time
7. If the answer of the question no (6) is 'yes' then how? (record maximum two)
1. _____
 2. _____
8. Do you think that RHCP can be useful in the implementation of institutional delivery in your area?
1. Yes
 2. No
 3. Don't know
 4. Every mother gives birth of her child at hospital
9. If the answer of the question no (8) is 'yes' then how? (record maximum two)
1. _____
 2. _____
10. Do you think that RHCP can be useful in bringing all children under immunization coverage?
1. Yes
 2. No
 3. Don't know
 4. Every child receives these vaccinations
11. If the answer of the question no (10) is 'yes' then how? (record maximum two)
1. _____
 2. _____

BLOCK C: Treatment Related Information

1. Do you think that a good training can help RHCPs to improve their services?
1. Yes
 2. No
 3. Difficult to assess
2. If the answer of the question no (1) is 'yes' then what things they should learn from this kind of training?
1. _____
 2. _____
 3. _____

BLOCK D: Capacity and Attitude of the Respondent

1. Capability of the respondent :
1. Very capable
 2. Moderately capable
 3. Less or not capable
 4. Difficult to assess

2. Attitude of the respondent :

- 3. Less or not cooperative
- 4. Difficult to assess

- 1. Very cooperative
- 2. Moderately cooperative

3. Date of interview(Day/ Month/ Year) : _____ / _____ / _____

4. Name of interviewer:

5. Signature of Interviewer:

GRAM PANCHAYAT

Identification

1. Roll number:
2. Name of block: 1. Dubrajpure; 2. Sainthia; 3. Mayureswar II
3. Name of Gram Panchayat(GP):
4. Code of Gram Panchayat:
5. Number of Gram Sansad
6. Name of village:
7. Name of GP member:

BLOCK A: Some Primary Information

1. Sex
1. Male
2. Female
2. Age (In years) _____
3. Educational qualification (In years) _____
4. How long you have been doing as a GP member?
(If it is less than a year note '0') _____
5. Is there any RHCP in your area?
1. Yes
2. No
6. If the answer of the question no (5) is 'yes' then, how many RHCPs you know well from your area? _____
7. Among them, tell me the name of RHCP whom you know most? _____
8. Roll number of that RHCP _____
9. What is your opinion about his/her treatment?
1. Very good
2. Good
3. Average
4. Poor

- 5. Very poor
- 6. Can't say

BLOCK B: Utilisation of Health Services

1. In last three months did you fall sick for which you needed to take some medicines?

- 1. Yes
- 2. No
- 3. Don't remember

2. If the answer of the question no (1) is 'yes', then what was the illness?

3. Where did you visit first?

- 1. Had taken medicine myself
- 2. To the RHCP
- 3. To the PHC/Sub Health Centre
- 4. To the sub divisional or district Hospital
- 5. To the qualified private doctor
- 6. Others _____

4. After your treatment did you have to visit further to another health provider?

- 1. Yes
- 2. No

5. If the answer of the question no (4) is 'yes' where did you visit?

- 1. To the RHCP
- 2. To the PHC/ Sub health centre
- 3. To the sub divisional or district Hospital
- 4. To the qualified private doctor
- 5. Others _____

6. If you don't use the rural health care service, what is the reason? (record maximum 3 reasons)

- 1. _____
- 2. _____
- 3. _____

BLOCK C: The Role of RHCPs

1. Do you think that RHCPs can help the health workers in some matters?

- 1. Yes
- 2. No
- 3. Can't say

2. If the answer of the question no (1) is 'yes' then tell me what types of help they can do? (record maximum three)

- 1. _____
- 2. _____
- 3. _____

3. Do you think that a good training by a group of qualified doctors can help RHCPs to improve their practice?
- 1. Yes
 - 2. No
 - 3. Can't say.

BLOCK D: Capacity and Attitude of the Respondent

1. Capability of the respondent :
- 1. Very capable
 - 2. Moderately capable
 - 3. Less or not capable
 - 4. Difficult to assess
2. Attitude of the respondent :
- 1. Very cooperative
 - 2. Moderately cooperative
 - 3. Less or not cooperative
 - 4. Difficult to assess
3. Date of interview(Day/ Month/ Year) : _____ / _____ / _____
4. Name of interviewer:
5. Signature of Interviewer: