

A. Profile of the Healers

Sl.	Survey questions	
1.	District	
2.	Block	
3.	Village	
4.	Name of the Respondent	
5.	GPS location	
6.	Age	
7.	Gender (specify)	
8.	Educational Qualification- Illiterate, Primary (1-5), Middle (6-8), Matric (8-10), Higher Secondary (11-12), Graduate, Post graduate	
9.	Marital Status-Unmarried, Married, Separated, Divorced, Widow/widower.	
10.	Family type (Joint, nuclear, extended)	
11.	Number of Children	
12.	Total family members:	
13.	Religion (Hindu, Muslim, Buddhist, Sikhism, Christian others (specify)	
14.	Caste/Tribe	
15.	Occupation/income source	
16.	Average earning per month	
17.	House type- (Kachha, Pucca, Semi pucca, Juggi Jhopadi) (<i>observation</i>)	
18.	Sanitation facility (Yes/No)	
19.	Water facility/supply (Yes/No)	
20.	Drainage facility (Yes/No)	
21.	Electricity- (Yes/No) (<i>observation</i>)	
22.	Bank (Yes/No) if no write distance	
23.	Market (Yes/No) if no write distance	
24.	Household asset (Write details of the assets in the households)	

S. No.	Survey questions	Write appropriate code wherever applicable
1	How will you define health and illness? Brief description	
2	Since when you are engaged in traditional healing? Less than 1 year-1, nearly 5 years-2, 5-10 years -3, more than 10 years-4	
3	What kind of healing you do? Herbal, magic, faith, any other?	
4	From where and why did you learn the healing practices?	
5	What are the sources of your medicine?	
6	Do you possess/ refer to any written document for treatment?	
7	How you detect diseases a) observing patient symptom b) laboratory test c) any other	
8	What ailments they come to you? Bone setting-1, muscle/nerves dislocation-2, general health problems like fever, etc-3, pregnancy related-4, any other (specify)	
9	Details of the ingredient or formulation to be filled in the following tabular column:-	
10	Any specific collection methods of the ingredients viz; medicinal plants/ animal/ minerals/ others. Specify (Yes/No)	
11	Shelf life of the formulation: (i) Powder (ii) Decoction (iii) Paste (iv) Infusion (v) Cream/Ointment	
12	Preservation of the drug (Yes/No) If preservatives used? Specify.	
13	Method of preservation adapted?	

14	Precautionary measure adopted while preparing/ administering the formulations	
15	Any diet or other restriction during medication:	
16	How many numbers of patients the TH have treated?	
17	How many numbers of patients the TH have cured/healed?	
18	How much was the cost of the medicine preparation?	
19	Patient visit from (Tick <input type="checkbox"/>) a. Within Village b. Outside Village c. District d. State e. Outside state f. Outside country:	
20	How much % of patients visits the TH for follow-up cases?	
21	How do you assess the trend in patients for traditional treatment (Up/Down/Constant)	
22	Do you think illness/disease is caused due to supernatural or natural causes than biological causes?	
23	Do you believe the changes in lifestyle of the present generation causes emergence of new diseases among the community? Reasons for belief?	
24	Traditional Treatment knowledge transferred to anyone (in Numbers): a) Relationship:	

	b) Community users: c) Commercial use:	
25	Is this occupation monetarily viable?	

Patient profile

S. No.	Survey questions	Write appropriate code wherever applicable
C.1	Name of the patient:	
C.2	Age:	
C.3	Gender:	
C.4	Marital status:	
C.5	Education:	
C.6	Occupation:	
C.7	Village:	
C.8	Block:	
C.9	District:	
C.10	GPS location	
C.11	For which ailment you are consulting the traditional healer?	
C.12	Symptom of the ailment:	
C.13	When did this health issue begin?	
C.14	Duration of the treatment- Course of the treatment	
C.15	How many days it took to cure the ailment?	
C.16	When did the traditional medicine based treatment started?	
C.17	What form of treatment have you availed for this ailment?	
C.18	Have you been treated with traditional medicine in the past? (Yes/No):	
C.19	If yes, what ailments have you been treated earlier with traditional medicine:	

C.20	Is your ailment cured? a) Partially b) Fully c) Not at all	
C.21	Any side effect during medication?	
C.22	How did you come to know about the traditional healer?	
C.23	Fees required for the treatment	
C.24	Satisfaction level on the treatment: a) Satisfied b) Partially satisfied c) Not satisfied	
C.25	For any ailment, will you visit the healer again or refer the healer to others? (Yes/No)	
C.26	Name and Address of Traditional Healer consulted:	

Healers Name:

Sl. No.	Name of Disease	Local name of Ingredients (Botanical name/zoological/mineral name/others)gim	Part Used	Detailed method of Preparation (Formulation)	Route of administration (Internal/ External)	Dosage Child: Adult: Old:	Toxicity or Side-effects

