

Department of Applied Research
The Gandhigram Rural Institute-Deemed University
Gandhigram-TamilNadu

INTERVIEW SCHEDULE

Schedule No :

Date :

Identification Data

ESHG Name :

Name :

Ward/Council/Street :

Panchayat/ Municipality :

District :

Personal Data

1. Age : a. 60-69 b. 70-79 c. 80+
2. Sex : a. Male b. Female c. Transgender
3. Religion/Community : a. Hindu b. Christian c. Muslim
d. Other
4. Literacy : Yes/ No
5. Educational Qualification : a. SSLC b. Degree c. Pre-Degree
d. Post Graduation e. Technical Qualification
f. Other
7. Type of Family : a. Nuclear b. Joint
8. Marital Status : a. Married b. Unmarried c. Widow
d. Widower e. Separated
9. Assets : a. House b. Land
c. Ration Card d. Voter's ID Card
e. ATM Card f. Passport
g. Motor vehicle h. Mobile i. Other

HEALTH

10. How would you rate your health?
a. Very good b. Good c. Moderate d. Bad e. Very bad

11. Health condition
a. Diabetes Heart disease b. High and Low Blood pressure,
c. Other diseases d. More than one disease

12. Do you see a physician on a regular basis (i.e., at least once in three month)?
Yes/ No

- 12.1. If Yes, where do you go?
a. Government Hospital b. Private Hospitals
c. Medical Camps d. Other

13. Do you utilize the Vayomithram plan of Government of Kerala?
Yes/No

- 13.1. If Yes, who assist you for getting the benefit of Vayomithram plan?
a. Asha Workers b. ESHG Members,
c. Advertisement, d. Other sources

14. ACTIVITIES OF DAILY LIVING

- 14.1. Do you usually feed yourself without any difficulty and completely on your own? Yes/No

14.1.1. If No, who assist you to feed yourself?

- 14.2. Do you usually dress and undress yourself without any difficulty and completely on your own? Yes/No

14.2.1. If No, who assist you to dress and undress yourself?

- 14.3. Do you usually use toilets & bathrooms without any difficulty and completely on your own? Yes/No

14.3.1. If No, who assist you to use toilets & bathrooms

- 14.4. Do you usually move in and out of bed without any difficulty and completely on your own? Yes/No
 14.4.1. If No, who help you to move in and out of bed?
- 14.5. Do you usually, prepare meals without any difficulty and completely on your own?
 a. Yes, without any difficulty and completely on my own
 b. No, with difficulty but completely on my own
 c. No, not completely on my own
 d. Do not prepare meals
15. How much money you spend for your health (monthly)?
 a. <500 b. 500-1000 c. 1000-2000 d. 2000>
16. Did you attend any health education class for the last one year Yes/No
 16.1. If Yes, Who organized the programme?
 a. Government Agencies
 b. Non-Governmental Agencies
17. Who informed about the programme.
 a. ASHA workers b. ESHG Members
 c. Advertisement d. Other Sources
18. Did you attend awareness programmes on healthy ageing? Yes/No
 18.1. If Yes, who provided the programme
19. Care services offered by the groups
 a. Arranging medical camp b. Home care service
 c. Pain and palliative care d. Other services
20. Did your group support when you are not good in your health? Yes/No
 20.1. If Yes, type of support offered
 a. Physical support b. Economic support
 c. Mental support d. Emotional support
21. Type of health insurance do you have?

PARTICIPATION

22. Do you have any position in your group
- a. President b. Secretary
 - c. Treasurer d. Other important position
23. Activities of your group
- a. Small Scale Business b. Giving financial assistance to group members
 - c. Social Services d. Other
24. Small Scale Business of your group
- a. Petty shop business b. Fish vending
 - c. Fishing d. Other
25. Services/volunteer work offered by your group?
26. Observation of special days for elders? Yes/No
- 26.1. If yes, what are the days you are observing?
- a. World Elders Day
 - b. World Elder Abuse Awareness Day
 - c. Other important days
27. Programmes on special days?
- a. Rally b. Awareness Programmes
 - c. Meetings d. Cultural programmes
28. Membership in other institutions?
- a. Senior Citizens Associations b. Recognised political parties
 - c. Women's group, d. Welfare Associations
29. Community based programmes participated by you?
- a. Festivals & Celebrations b. Sports
 - c. Spiritual / Pilgrimage Programmes d. Others (details)

30. Do you aware about the welfare programmes for elders? Yes/No

30.1. If Yes, Please specify what are they?

- a. Old Age Pension
- b. Senior Citizen (Maintenance, Care and Protection) Act-2007
- c. National Policy on Older Person
- d. Other

31. Outing/trips with your group? Yes/No

31.1. If Yes, What kind of places did you visit with them?

- a. Spiritual b. Tourist Places
- c. Relatives in the group d. Other Places

32. What are the religious activities do you take part?

33. New habits after join the group? Yes/No

33.1. If Yes, Please specify

34. Exposure to Mass Media

Media	Programmes/Types	Time/Duration
Newspaper	Malayalam/ English	
Television	News Channels/ Serials/ Cinema/ Sports/ Other Programmes	
Books	Short Stories/Novel	
Magazines/Journals	Malayalam/English	

35. Does your group support any elders? Yes/No

35.1. If Yes, Explain the nature of support you have given

36. Did your group compromise/involve in a group member's familial problem/issue? Yes/No

36.1. If Yes, Explain the involvement

37. Was there any objection from your family to join the group? Yes/No

37.1. If Yes, explain

38. Do you believe that your group will be acted as a voice for you in your family and society?

SECURITY

39. Sources of Livelihood

a. Pension b. Daily labour c. Depended on Family Income d. No Source

40. Income (Monthly)

a. <2500 b. 2500-5000
c. 5000-7500 d. 7500 - 10000

41. Type of Labour

a. Petty shop business b. Fish vending
c. Fishing d. Other, Please specify e. No job

42. Type of Pension

a. Old Age Pension b. Widow Pension
c. Retd. Govt Employee pension d. Disability Pension

43. Do you get the pension regularly? Yes/ No

44. **Living Arrangements**

a. Living Alone b. Living with Spouse
d. Living with Children e. Living with Relatives
f. Living at Old Age Home g. Living with Others

45. Availability of care and support

a. On time b. Prompting
c. Delayed d. Not all 5. Neglect

46. Dependency

Nature of Dependency	IN	PD	FD	Depending whom	Reason
1. Personal Hygiene 2. Eating 3. Dressing and Undressing 4. Controlling urinary and fecal discharge					
Physical & Transportation					
Economic Dependency					

IN – Independent, PD - Partly Dependent, FD - Fully Dependent

47. Do you have a bank account? Yes/No

47.1. If yes, who operate the account?

47.2. Nature of Account

48. Do you usually manage your financial matters without any difficulty and completely on your own?

Yes, without any difficulty and completely on my own

No, with difficulty but completely on my own

No, not completely on my own

Do not prepare meals

49. Did you support your family with the help of your group? Yes/No

49.1. Type of support offered?

a. Financial support b. Mental support

c. Physical support d. Other support

50. Apart from convene for meeting, when do you meet together?

a. Pilgrimage

b. Tours

c. Visits

d. Community Function

e. Morning walk

f. Evening

g. Prayer

h. Other times

51. Assistance from Government/Non-Government Organization to your group?

Yes/No

51.1. If yes what type of assistance has got to your group?

52. Your opinion about Old Age Homes/ Villages?

53. Do you support the concept of Old Age Homes/Village in your place? Yes/ No

54. Homage paid the members who have expired?

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LIFE SATISFACTION SCALE FOR ELDERLY (Draft)

General Information

Name of the respondent :

Name of the Group :

Instructions

1. Please give response to all items
2. To express your degree of agreement towards the given statement, put a tick (√) mark in the most appropriate box against each statement

SI No	Statement	Response		
		Agree	Indifferent	Disagree
1.	I have got many opportunities in my life			
2.	Many good things will happen in my life again			
3.	My health is in better condition			
4.	I feel like I have aged a lot			
5.	I feel like life has become tough			
6.	My age has not affected my action			
7.	I enjoy my life			
8.	I always feel that I am alone			
9.	Old age is an age of boredom			
10.	I enjoy my leisure time			
11.	I have planned my future well			
12.	I get distressed very easily			
13.	Nobody cares for me			
14.	I feel that my life is a failure			
15.	My life has not been like what I planned			

SI No	Statement	Response		
		Agree	Indifferent	Disagree
16.	I am satisfied with my family life			
17.	Spirituality gives me satisfaction			
18.	I am satisfied with my life that I lead before			
19.	Even minor things disturbs me			
20.	I am in a very important state of my life now			
21.	Sometimes I am so disturbed that I cannot sleep			
22.	Many decisions that I have made in my life is mistake			
23.	My life is highly eventful			
24.	Compared with others, I am much better			
25.	I feel like nobody wants me			
26.	As age increases people becomes less potential			
27.	I am fed up with my daily activities			
28.	Group activities gives me happiness			
29.	When I work in group, I feel protected			
30.	I am still same like when I was in younger age			
31.	Group activities gives me satisfaction			
32.	Many things that I do is really boring			
33.	I feel that my life is meaningless			
34.	I can be active for many more years			
35.	Group activities gives me more recognition in family			
36.	I feel more safe in the group			
37.	Old age associations are needed in our place			
38.	My family doesn't like me joining in the group			
39.	Old age homes are needed in our place			
40.	Only death is remaining as a resort for me			

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LIFE SATISFACTION SCALE FOR ELDERLY (FINAL)

General Information

Name of the respondent :

Name of the Group :

Instructions

1. Please give response to all items
2. To express your degree of agreement towards the given statement, put a tick (√) mark in the most appropriate box against each statement

SI No	Statement	Response		
		Agree	Disagree	Neutral
1.	I have got many opportunities in my life			
2.	My health is in better condition			
3.	I feel like I have aged a lot			
4.	My age has not affected my action			
5.	Old age is an age of boredom			
6.	I enjoy my leisure time			
7.	I have planned my future well			
8.	I am satisfied with my family life			
9.	Spirituality gives me satisfaction			
10.	Even minor things disturbs me			
11.	Sometimes I am so disturbed that I cannot sleep			
12.	I feel like nobody wants me			
13.	As age increases people becomes less potential			
14.	I am fed up with my daily activities			

SI No	Statement	Response		
		Agree	Disagree	Neutral
15.	When I work in group, I feel protected			
16.	Group activities gives me satisfaction			
17.	Many things that I do is really boring			
18.	I feel that my life is meaningless			
19.	Group activities gives me more recognition in family			
20.	Old age associations are needed in our place			

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LIFE SATISFACTION SCALE FOR ELDERLY (FINAL)

പൊതു വിവരങ്ങൾ

പേര് :

ഗ്രൂപ്പിൻറെ പേര് :

നിർദ്ദേശങ്ങൾ

1. എല്ലാ പ്രസ്താവനകൾക്കും പ്രതികരണം നൽകുക
2. ഓരോ പ്രസ്താവനക്കും ഒരു √ ചിഹ്നം ഉപയോഗിച്ചു പ്രതികരണം നൽകുക

ക്രമ നമ്പർ	പ്രസ്താവന	പ്രതികരണം		
		അംഗീകരിക്കുന്നു	അംഗീകരിക്കുന്നില്ല	അഭിപ്രായം ഇല്ല
1.	എനിക്കു ജീവിതത്തിൽ ഒരുപാടു അവസരങ്ങൾ ലഭിച്ചിട്ടുണ്ട്			
2.	എൻറെ ആരോഗ്യം വളരെ മെച്ചപ്പെട്ടതാണ്			
3.	ഒരുപാടു പ്രായമായതുപോലെ തോന്നുന്നു			
4.	എൻറെ പ്രായം പ്രവർത്തിയെ ബാധിച്ചിട്ടില്ല			
5.	വാർദ്ധക്യ കാലം വിരസതയുടെ കാലമാണു			
6.	ഒഴിവു സമയം ഞാൻ ആസ്വദിക്കാറുണ്ട്			
7.	മുന്നോട്ടുള്ള ജീവിതം ഞാൻ ശരിയായി ആസൂത്രണം ചെയ്തിട്ടുണ്ട്			
8.	എൻറെ കുടുംബജീവിതം സംതൃപ്തമാണ്			
9.	ആത്മീയത എനിക്കു സംതൃപ്തി നൽകുന്നു			
10.	ചെറിയ കാര്യങ്ങൾ പോലും എന്നെ അലോസരപ്പെടുത്തുന്നു			
11.	ചില സമയങ്ങളിൽ ഊണാൻ കഴിയാത്തവിധം ഞാൻ അസ്വസ്ഥനാണ്			

ക്രമ നമ്പർ	പ്രസ്താവന	പ്രതീകരണം		
		അംഗീകരിക്കുന്നു	അംഗീകരിക്കുന്നില്ല	അഭിപ്രായം ഇല്ല
12.	ആർക്കും വേണ്ടാത്ത ആളായി തോന്നാറുണ്ട്			
13.	പ്രായം കൂടുമ്പോൾ കഴിവില്ലാത്തവരായി മാറുന്നു			
14.	ദിനചര്യകളിൽ മുഷിച്ചിൽ തോന്നാറുണ്ട്			
15.	ഗ്രൂപ്പിൽ പ്രവർത്തിക്കുമ്പോൾ കൂടുതൽ സംരക്ഷണം ഉള്ളതുപോലെ തോന്നുന്നു			
16.	ഗ്രൂപ്പ് പ്രവർത്തനം എനിക്കു സന്തോഷം നൽകുന്നു			
17.	ഞാൻ ചെയ്യുന്ന കാര്യങ്ങൾ പലതും മടുപ്പിക്കുന്നതാണ്			
18.	ജീവിതത്തിനു അർത്ഥം ഇല്ലാത്തതു പോലെ തോന്നാറുണ്ട്			
19.	ഗ്രൂപ്പ് പ്രവർത്തനം എനിക്കു കൂടുമ്പോഴിൽ കൂടുതൽ അംഗീകാരം നൽകുന്നു			
20.	വ്യഭ സഞ്ചനകൾ നാട്ടിൽ ആവിശ്യമാണ്			

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FORMAT FOR FOCUS GROUP DISCUSSION

Venue:

Date:

Time:

Name of the Village:

Name of VLF:

No. of Participants:

Participants present:

Moderator:

I. Topic for discussion

1. Formation of ESHG
2. Initial responses towards ESHG
3. Role of VLF and DLF
4. Programmes and activities
5. Link with NGOs and Government
6. Availability of welfare programmes
7. Attitude of family towards ESHG
8. Support from public
9. Opinion about establishing similar programmes all over Kerala
10. Future programmes

II. Participant comments:

III. Suggestions and recommendations: