

APENDIX-I

Household Survey Questionnaire

(Confidential and for Research Purpose only)

Questionnaire No. _____

A. Geographical Information

Village:

Gaon Panchayat:

Block:

Subdivision:

District:

B. General Information

Name of the Head of the Household (HoH):

C. Details of the Household

Sl. No	Relation with the HoH (1)	Sex (2)	Age (3)	Marital Status (4)	Education Level (5)	Personal Status (6)	Occupation (7)	Monthly income (Rs) (8)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Column 1: Self-1; Spouse of the HoH-2 ; Son / daughter-3 ; Son / daughter in law-4 ; Father/mother/father-in-law/ mother-in-law-5 ; Brother / sister -6; Other relatives-7 ; Other non-relatives-8

Column 2: Male-1; Female-2

Column 4: Single-1; Married-2; Widowed-3; Divorced/Seperated-4

Column 5: Illiterate-1; Primary passed-2; High School passed-3; Higher secondary passed-4; Graduate-5; Post Graduate and above-6

Column 6: Child-1; House wife-2; Student-3; Retired and non-workers (Old and disabled)-4; Unemployed-5; Employed-6; Self-employed-7

Column 7 & 8: Cultivator-1; Agriculture labourer-2; Non-agricultural labourer-3; Business and self-employed-4; Service (Public /Private)-5; other (specify)-6.

Does the household belong to BPL category? Yes-1; No-2; Does not know-3	
Type of Ration Card: Yes-1; No-2; APL-3; Others-4	
MNREGS enrollment: Yes-1; No-2	
If yes, No. of man-days worked in last six months: _____	
Income earned (in Rs.) during last six months _____	

D. Demography:

i) Was there any child birth in the household during 2010, 2011, 2012, 2013, 2014 (from 1st Jan to 31st Dec)? Yes No

If yes

Details of birth:

Serial No. of birth	Date of birth	Sex
1		
2		
3		

ii) Was there any death of infant (age below 1 year) in your household during 2010, 2011, 2012, 2013, 2014 (from 1st Jan to 31st Dec)? Yes No

If yes,

Details of birth:

Serial No. of death	Date of death	Sex	Age at death (years and month)	Cause of death	Place of death Residence: 1 Hospital: 2
1					
2					
3					

iii) Did you register the birth or death in your family? Yes No

iv) Was there any usual death in your household during 2010, 2011, 2012, 2013, 2014 (from 1st Jan to 31st Dec)? Yes No

If yes,

Details of death:

Serial No. of death	Date of death	Sex	Age at death	Cause of death	Place of death Residence: 1 Hospital: 2
1					
2					
3					

E. Education-related Information

Sl. No.	Facility	Yes-1; No-2	Number	Distance from residence
1	Primary School			
2	ME/MV School			
3	High School			
4	Higher Secondary			
5	College			

Enrolment status

	Male	Female	Total
Total No. of children eligible for enrolment (6-11 years)			
Total No. of children enrolled in class-I			
No of years expect to continue formal education			

Educational Dimension

Indicators	Questions	Yes-1; No-2
Years of schooling	If no household member has completed 5 years of schooling	
Children enrolled	If any school-aged child is out of school in years 1 to 8	
	If any school-aged child is out of school in Class 1 to 8	

F. Health-related Information

Serial No.	Information	Score
1	If all the children vaccinated/immunised as per schedule, give 1 and 0 otherwise	
2	If all births of existing below 15 children are in hospital/health centre/nursing home/medical supervision, give 1 and 0 otherwise	
3	Almost always visit doctor/rural health centre /hospital during sickness or ailment of any family member, give 1 and 0 otherwise	
4	If regularly using drinking water from a safe source ,such as govt. deep tube well ,personal tube well, govt. supply, piped water; give 1 and 0	

	otherwise	
5	If the household found to be using dug well, pond or river water when Govt. PHC supply water is actually available in the neighbourhood, give 1 and 0 otherwise	
6	Safe sanitation facility with proper sanitary chamber (septic tank), give 1 and 0 otherwise	
7	If all the children below 15 have a Govt. RHC health card, give 1 and 0 otherwise	
8	Regular consumption of tobacco products by at least one adult, give 1 and 0 otherwise	
9	Regular consumption of alcohol by at least one adult, give 1 and 0 otherwise	
10	Whether pregnant women have taken necessary medical treatment in case of all pregnancies in the household during last five years, give 1 and 0 otherwise	
11	If household members are chronicle ill due to diarrhoea/gastro-intestinal diseases, give 0 and 1 otherwise	
12	If household members are chronicle ill due to cough/cold/lung infections, give 0 and 1 otherwise	
13	Frequent occurrence (every month) of fever, give 0 and 1 otherwise	
14	If household members suffering from Malaria , give 0 and 1 otherwise	
15	If household members suffering from T B, give 0 and 1 otherwise	

G. Break-up of Family Expenditure:

Sl. No.	Heads	Expenditure (Rs. Per month)
1	Food	
2	Fuel (Cooking)	
3	Clothing	
4	Education	
5	Health	
6	Electricity Bill	
7	Telephone/Mobile Bill	
8	Recreation & religious activities	
9	Pocket money (Children, Wife & old age)	
10	Travelling expenses	
11	Others	
	Total	

H. Chart of Food Consumption

Sl. No.	Items	Quantity	Purchased-1 Domestically grown-2	Price Value (Monthly)
1	Rice			
2	Dal (Pulse)			
3	Potato			
4	Vegetables (Cabbage, tomato, ladies fin-			

	ger, brinjal etc)			
5	Spices (onion, ginger, garlic, dhanian etc)			
6	Oil (mustard, refined)			
7	Salt			
8	Sugar/Molasses			
9	Tea/Coffee			
10	Atta/Maida			
11	Ghee			
12	Egg			
13	Milk			
14	Meat (Pig, Chicken, Broiler, Duck etc)			
15	Mutton			
16	Fruits			
17	Others			

I. Housing Information

House type Pucca-1; Semi-Pucca-2; Pucca-kutchha-3; Kutchha-4	
Total number of room in the household	
Plinth area of the house (in square foot)	
The floor of the house Dirty-1; Clean-2	
The floor of the house is made of Soil-1; RCC-2; Bamboo/wooden-3	
Distance from home to the nearest town (Urban Area)	
Sanitation facility (latrine/ bathroom) Pucca-1; Semi-Pucca-2; Kutchha-3; Open/outside-4	
Presence of piped water into toilet or washing areas yes-1; No-2	
Source of drinking water Tap-1; Well-2; Hand-pump-3; Tube well-4; River/Pond-5; Others-6	
What is the most common source of domestic fuel Wood-1; Kerosene-2; Gas (LPG)-3; Others (specify)	

J. Assets-related Information

Serial No	Information	Score
1	If the household has agricultural land under ownership of head of the household (HOH) at least of the category of small self-employed in agriculture according to agricultural census, India (<i>1 hectare</i>), give 1 and 0 otherwise	
2	If the household has farm animals other than cow/buffalo/bullock, give 1 and 0 otherwise	
3	If the household has livestock, give 1 and 0 otherwise	
4	If the household has at least one bicycle, give 1 and 0 otherwise	
5	If the household has Motorbike, give 1 and 0 otherwise	

6	If the household has T V set, give 1 and 0 otherwise	
7	If the household has Mobile, give 1 and 0 otherwise	
8	If the household has computer/laptop, give 1 and 0 otherwise	
9	If the household has at least one LIC, give 1 and 0 otherwise	
10	If the household has post office savings bank account, give 1 and 0 otherwise	
11	If the household has car, give 1 and 0 otherwise	
12	If the household has tractor, give 1 and 0 otherwise	
13	If the household has inverter, give 1 and 0 otherwise	
14	If the household has Fridge, give 1 and 0 otherwise	
15	If the present residence is under the ownership either the head of the household or any other member, give 1 and 0 otherwise	

K. Transport and Communication

Type of road is Soil-1; Sand and stone-2; Metalled-3; None-4	
If the household has electricity connection, Yes-1; No-2	
Do you have access to radio/television? Yes-1; No-2	
Do you have facility of post office? Yes-1; No-2	
Do you regularly read news paper? Yes-1; No-2	
Distance from home to the nearest urban centre (in K.M.)	
Time taken to reach the nearest urban centre (in minutes)	

L. Economic Conditions related to Loans and Savings

Have you received any loan? Yes-1; No-2							
Sources of loan	Name of institution	Amount of loan	Interest (%)	Purpose of loan	Year of loan	Whether instalments are regularly paid	If no, give reasons

Do you have savings Bank Account? Yes-1; No-2	
Do you have Post Office Account? Yes-1; No-2	
Do you have Life Insurance policy? Yes-1; No-2	

M. Details of Land Utilisation

Do you possess land? Yes No If yes,

- Total Area under Homestead : _____ (bigha)
- Total area under cultivation : _____ (bigha)
- Total area under leased : _____ (bigha)
- Total area under barren land: _____ (bigha)
- Others (specify) : _____ (bigha)

Total land owned (a+b+c+d+e):

N. Economics of crops (Annual)

Crop	Area Sown (bigha)	Total Production (kg)	Own Consumption (kg)	Total Sale (kg)
Rice				
Oil seeds				
Vegetables				
Others (Specify)				

O. Economics of Livestock (Annual) and Milk (Monthly)

	Livestock				Milk	
	Number	Sold (Number)	Total Cost (Rs)	Total Income livestock sold (Rs)	Production of Milk (Litre)	Total Income in Milk Sold (Rs)
Cow						
Buffaloes						
Goats						
Poultry						
Pigs						
Duckery						
Others						

P. Participation of Working Women

Whether working age group women are working? Yes-1; No-2							
If yes, then nature of occupation Cultivator-1; Agriculture labourer-2; Non-agriculture labourer-3; Self-employed-4; Service (Public /Private)-5; Other (specify)-6.							
Monthly earning 1000-2000:1, 2001-4000:2, 4001-6000:3,6001-10000:4,10001-20000:5, 20001-above:6							
Whether husband supports to your profession/occupation? Yes-1; No-2							
Working Women's contribution to Household Expenditure (Rs)							
Working Women's contribution to Household Income (Rs)							
Working Women's contribution to Household Savings (Rs)							
Do you have loan? Yes-1; No-2							
If yes, Amount of loan (Rs)							
Sources of loan	Institution of loan	Amount of loan (In Rs.)	Interest (%)	Purpose of loan	Year of loan	Whether instalments are regularly paid	If no, give reasons

Q. What are the major problems you face in your principal occupation?

R. Would you like your kids to stay in the present occupation you are in? Give your reasons

S. What are the major problems you face in maintaining a decent standard of living?

T. Comment of the Investigator:

Date: _____

Signature of HoH