

# **SURVEY OF LIVING CONDITIONS**

## **UTTAR PRADESH AND BIHAR**

### **HOUSEHOLD QUESTIONNAIRE**

**DECEMBER 1997- MARCH 1998**

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VILLAGE SERIAL NUMBER

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HOUSEHOLD

HEAD OF HOUSEHOLD \_\_\_\_\_ LOCATION \_\_\_\_\_

VILLAGE \_\_\_\_\_ DISTRICT \_\_\_\_\_

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SURVEY INFORMATION

**INTERVIEW**

DATE OF INTERVIEW:

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INTERVIEWER \_\_\_\_\_ CODE

MAIN RESPONDENT \_\_\_\_\_ ID CODE

**REPLACEMENT**

SUPERVISOR, PLEASE FILL OUT:

IS THIS A REPLACEMENT HOUSEHOLD?

YES..... 1

NO ..... 2 (→HOUSEHOLD INFORMATION)

THIS HOUSEHOLD REPLACES  
HOUSEHOLD NUMBER:

REASON FOR REPLACEMENT OF ORIGINAL HOUSEHOLD:

DWELLING NOT FOUND .....1

OCCUPANT NOT AT HOME .....2

REFUSAL .....3

**HOUSEHOLD INFORMATION**

RELIGION OF HEAD:

HINDU ..... 1

MUSLIM ..... 2

BUDDHIST ..... 3

SIKH ..... 4

CHRISTIAN ..... 5

OTHER ..... 6

LANGUAGE USED:

HINDI ..... 1

URDU ..... 2

PUNJABI ..... 3

NEPALI ..... 4

OTHER ..... 5

CASTE : USE CASTE CODES PROVIDED IN THE BACK  
OF THE QUESTIONNAIRE

TOLA : COPY TOLA NUMBER FROM COMMUNITY QUESTIONNAIRE

INTERPRETER:

YES ..... 1

NO ..... 2

REMARKS:

\_\_\_\_\_

\_\_\_\_\_

## SECTION 1. HOUSEHOLD INFORMATION PART A

## HOUSEHOLD ROSTER

	2. Sex	3. Relationship to head of household	4. Age	5. Educational attainment	6. Marital Status	7. ID CODE OF SPOUSE	8. ID CODE OF FATHER	9. ID CODE OF MOTHER	10. Number of months resident in house during past 12 months	11. ACCORDING TO CRITERIA, IS ..[NAME].. A MEMBER OF THE HOUSEHOLD?
I D  C O D E	MALE... 1 FEMALE2	HEAD .....1	IF LESS THAN ONE YEAR, WRITE ZERO	ILLITERATE..... 1	CURRENTLY MARRIED..... 1 NEVER MARRIED..... 2 (→8) WIDOWED .... 3 (→8) DIVORCED / SEPARATED 4 (→8)	WRITE "99" IF NOT PRESENT IN THE HOUSEHOLD	WRITE "99" IF NOT PRESENT IN THE HOUSEHOLD	WRITE "99" IF NOT PRESENT IN THE HOUSEHOLD	WRITE "12" IF ALWAYS PRESENT, OR IF AWAY LESS THAN A MONTH	YES ..... 1 NO ..... 2
		SPOUSE OF HEAD .....2		LITERATE BUT						
		SON / DAUGHTER.....3		WITHOUT						
		SPOUSE OF SON / DAUGHTER .4		FORMAL						
		GRANDCHILD .....5		SCHOOLING..... 2						
		FATHER / MOTHER .....6		LESS THAN						
		BROTHER / SISTER.....7		PRIMARY..... 3						
		FATHER / MOTHER-IN-LAW .....8		PRIMARY..... 4						
		BROTHER / SISTER-IN-LAW .....9		MIDDLE..... 5						
		SERVANT / EMPLOYEE / OTHER .....10		MATRICULATE.... 6						
				INTERMEDIATE... 7						
				B.A./B.Sc. .... 8						
				M.A./M.Sc..... 9						
				PROFESSIONAL						
				DEGREE..... 10						
				DIPLOMA..... 11						

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SECTION 1. HOUSEHOLD INFORMATION PART B

SOURCES OF LIVELIHOOD (PAST 12 MONTHS)

1. Which are the sources of livelihood for your household (both in cash and in kind)?

CHECK ALL THE RELEVANT BOXES AT LEFT. THEN ASK FOR THE THREE MOST IMPORTANT SOURCES AND WRITE CODES IN BOXES AT RIGHT.

<input type="checkbox"/> OWN FARM ACTIVITIES .....	1	
<input type="checkbox"/> CASUAL LABOUR		
(FARM AND NON-FARM) .....	2	FIRST
<input type="checkbox"/> LONG TERM AGRI. EMPLOYEE .....	3	
<input type="checkbox"/> SALARIED EMPLOYMENT .....	4	
<input type="checkbox"/> PERSONAL (JAJMANI) SERVICES .....	5	SECOND
<input type="checkbox"/> PETTY BUSINESS/TRADE/		
MANUFACTURING .....	6	
<input type="checkbox"/> MAJOR BUSINESS/TRADE/		
MANUFACTURING .....	7	THIRD
<input type="checkbox"/> COLLECTION/FORAGING .....	8	
<input type="checkbox"/> CHARITY/ALMS .....	9	
<input type="checkbox"/> INTEREST INCOME, PROPERTY,		
LAND RENTALS, ETC. ....	10	
<input type="checkbox"/> PUBLIC TRANSFERS/PENSIONS .....	11	
<input type="checkbox"/> PRIVATE TRANFERS/REMITTANCES .....	12	
<input type="checkbox"/> OTHER .....	13	

2. Does the most important livelihood source listed above account for more than 50 percent of your household's livelihood?

YES.....1  
NO.....2

3. Who is the main breadwinner in the household?

WRITE ID CODE  
(WRITE 99 IF OUTSIDE HOUSEHOLD)

4. What industry is he/she employed in?

USE INDUSTRY CODES PROVIDED IN THE MANUAL

## SECTION 2. ACTIVITIES PART A

## ACTIVITIES (FOR ALL HOUSEHOLD MEMBERS 10 YEARS AND OLDER)

A C T I V I T Y  I D	I D	1.		2.												3.	4.	5.		6.			
		Over the past 12 months, what work did you do?		During which months did you do this activity?												How many hours per day did you typically do this activity?	Did you do this work in this village?	Where did you do this work?		WRITE A "1" IN THE APPROPRIATE COLUMN FOR ALL WAGE ACTIVITIES, SALARIED JOBS, PETTY BUSINESS\TRADE, AND OTHER BUSINESS:			
				How many days in each of these months did you do this activity?														Was it an urban or rural area?					
		OWN FARM ACTIVITIES ..... 1																					
		CASUAL LABOUR																					
		(FARM AND NON-FARM) ..... 2																					
		LONG-TERM AGRI. EMPLOYEE ..... 3																					
		SALARIED EMPLOYMENT ..... 4																					
		PERSONAL (JAJMANI) SERVICES ..... 5																					
		PETTY BUSINESS/TRADE/MANUFACTURING... 6																					
		MAJOR BUSINESS/TRADE/MANUFACTURING... 7																					
		COLLECTION / FORAGING ..... 8																					
		CHARITY/ALMS ..... 9																					
		UNEMPLOYED ..... 10 (→NEXT)																					
		STUDENT ..... 11 (→NEXT)																					
		DOMESTIC DUTIES ONLY ..... 12 (→NEXT)																					
		RETIRED/TOO OLD ..... 13 (→NEXT)																					
		DISABLED/HANDICAPPED ..... 14 (→NEXT)																					
		SICK ..... 15 (→NEXT)																					
		NOT WORKING ..... 16 (→NEXT)																					
		DESCRIPTION OF ACTIVITY	CODE	J	F	M	A	M	J	J	A	S	O	N	D	HOURS		LOCATION	U/R	1	2	3	4
A																							
B																							
C																							
D																							
E																							
F																							
G																							
H																							
I																							
J																							
K																							
L																							
M																							
N																							
O																							
P																							
Q																							



## ACTIVITIES (FOR ALL HOUSEHOLD MEMBERS 10 YEARS AND OLDER)



(SECOND PAGE)

COPY FROM PART A			1.	2.	3.			4.			5.	6.	7.
A C T I V I T Y  I D	I D  C O D E		How were you paid?	How much were you paid in cash per day for this work?	What did you get in kind per day?			Were you provided with ... by your employer while doing this work?			Was this skilled work?	Was this work done as part of the JRY/EAS/Indrawas?	FILL OUT INDUSTRY CODE
		DESCRIPTION OF ACTIVITY	PIECE RATE 1 DAILY WAGE 2	IF PIECE RATE, ESTIMATE CASH WAGE PER DAY	PAYMENT CODE:  PADDY ..... 1 WHEAT ..... 2 BARLEY ..... 3 MAIZE ..... 4 GRAM ..... 5 OTHER ..... 6  LEAVE BLANK IF NO IN-KIND PAYMENT RECEIVED				A. MEALS B. SNACKS C. OTHER PERQUISITE S  YES ..... 1 NO ..... 2		SKILLED .. 1 UNSKILLED 2	NO ..... 1 YES, JRY .... 2 YES, EAS .... 3 YES INDRAWAS / OTHER ..... 4	INDUSTRY CODE
				RUPEES	CODE	QUANTITY	UNIT	A	B	C			
							KG						
							KG						
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## SECTION 2. ACTIVITIES PART C

## LONG-TERM EMPLOYMENT IN AGRICULTURE

[illegible]

## SECTION 2. ACTIVITIES PART D

SALARIED EMPLOYMENT	
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[illegible]

COPY FROM PART A		1.					2.	3.	4.	5.	6.
E N T R P R I S E  C O D E	DESCRIPTION OF BUSINESS	Which members in the household work in this enterprise / activity?					Do others (i.e. non-household members) also work on this enterprise?	Where do you normally operate this enterprise?	In a good month, how much in total do you earn from this enterprise (i.e. earnings net of expenses)?	Who typically purchases the products / services you sell?	FILL OUT INDUSTRY CODE
		WRITE ID CODE FROM THE ROSTER					NO ..... 1 1-2 OTHERS .... 2 3-9 OTHERS .... 3 10+ OTHERS .... 4	HOME..... 1 OTHER FIXED LOCATION ..... 2 OTHER VARIABLE LOCATION ..... 3		HOUSEHOLDS IN THE AREA ... 1 HOUSEHOLDS OUTSIDE AREA 2 LOCAL FIRMS... 3 FIRMS OUTSIDE THE AREA ... 4	
		A	B	C	D	E			RUPEES		INDUSTRY CODE
1											
2											
3											
4											
5											

## 1. Dwelling tenure:

OWNED ..... 1  
 RENTED ..... 2 (→3)  
 OTHER ..... 3 (→3)  
 NO DWELLING UNIT ..... 4

## 2. Do you have secure rights on your homestead land?

YES, OWNED ..... 1  
 YES, PATTA ..... 2  
 NO ..... 3

→ 5

## 3. Is the dwelling owned by your employer?

YES ..... 1 (→5)  
 NO ..... 2

## 4. Who owns the dwelling?

RELATIVE (KIN OR IN-LAWS) ..... 1  
 PERSON IN VILLAGE OF  
 SIMILAR CASTE ..... 2  
 PERSON IN VILLAGE OF  
 HIGHER CASTE ..... 3  
 OTHER ..... 4

## 5. Type of structure:

KATCHA/THATCH ..... 1  
 KATCHA/TILE ..... 2  
 SEMI-PUCCA ..... 3  
 PUCCA, THROUGH WEAKER  
 SECTOR HOUSING SCHEMES ..... 4  
 PUCCA ..... 5

## 6. Floor type:

MUD ..... 1  
 BRICK ..... 2  
 CEMENT, STONE, TILE ..... 3  
 OTHER ..... 4

## 7. Number of separate rooms:

DWELLING means the building, or group of buildings, in which the household lives. The dwelling may be a hut, a group of huts, a single house, a group of houses, a villa, an apartment, several one-room apartments on a courtyard, or any other type of residential unit. If the household occupies a portion of a house, refer to that portion when answering the questions.

## SECTION 3. HOUSING AND ACCESS TO FACILITIES PART B

## UTILITIES

1. Where does your drinking water generally come from?

- TAP..... 1  
 WELL..... 2  
 TUBEWELL / HANDPUMP ..... 3  
 TANK / POND / RESERVOIR  
 (RESERVED FOR DRINKING) ..... 4 (→4)  
 RIVER / CANAL / LAKE / POND ..... 5 (→4)  
 OTHER ..... 6 (→4)

2. Do you share this source with other households?

- YES..... 1  
 NO..... 2 (→4)

3. How many households share this source?

No. of households:

4. How far is this source from your dwelling?

- WITHIN PREMISES..... 1  
 LESS THAN 0.5 KM ..... 2  
 0.5 TO 1 KM..... 3  
 1 KM OR MORE..... 4

5. Is water from this source ever scarce?

- YES..... 1  
 NO..... 2 (→7)

6. Where do you get water then?

How far away is this source from your dwelling?

SOURCE CODE

USE WATER SOURCE AND DISTANCE CODES

PROVIDED ABOVE IN Q. 1 AND Q. 4.

DISTANCE CODE

7. How much did you pay as fee for drinking water over the last 12 months?  
(EXCLUDE WATER USED FOR IRRIGATION)

Rs.:

8. How much did you pay for maintenance/repairs?

Rs.:

9. What type of latrine do you use?

- NO LATRINE..... 1 (→12)  
 FLUSH SYSTEM ..... 2  
 SEPTIC TANK ..... 3  
 SERVICE LATRINE ..... 4  
 OTHER LATRINE ..... 5

10. Do you share this latrine with other households?

- YES..... 1  
 NO ..... 2 (→12)

11. How many households share this latrine?

No. of households:

12. What is the main source of lighting for your dwelling?

- NO LIGHTING ..... 1  
 ELECTRICITY ..... 2  
 GOBAR GAS, OIL, KEROSENE..... 3  
 OTHER ..... 4

13. What kind of fuel is most often used by your household for cooking?

- LPG OR PIPED GAS..... 1  
 LOCALLY PRODUCED GAS ..... 2  
 ELECTRICITY ..... 3  
 KEROSENE..... 4  
 COAL ..... 5  
 FIREWOOD..... 6  
 COW DUNG CAKES ..... 7  
 LEAVES/STRAW/THATCH..... 8  
 OTHER ..... 9

MAIN FUEL

SECONDARY FUEL

1.  Facilities:	2.  Is there a ..[FACILITY]... in this village?  YES..... 1 NO..... 2 (→4) DON'T KNOW ..... 3 (→4)	3.  Is this ..[FACILITY].. in your bustee (tola)?  YES ..... 1 NO ..... 2	4.  How far is the nearest ..[FACILITY].. from your house (one way)?  LESS THAN 0.5 KM ..... 1 0.5 TO 3 KM ..... 2 3 TO 10 KM ..... 3 MORE THAN 10 KM ..... 4	5.  What mode of transport do you use to get there?  FOOT ..... 1 HORSE / BULLOCK CART .... 2 CYLCE / RICKSHAW ..... 3 MOTORIZED TRANSPORT ... 4 TRAIN..... 5 MIXED (FOOT+VEHICLE) .... 6 OTHER..... 7	6.  How long does it take you to go to ..[FACILITY].. (one way?	
					Hours	Minutes
CODE						

Primary school	101						
Middle school	102						
Secondary school	103						
Anganwadi center	104						
Primary Health Center	105						
CHC or District Hospital	106						
Private doctor	107						
PDS Shop	108						



## SECTION 4. EDUCATION PART A

## CHILD DEVELOPMENT / EARLY CHILDHOOD EDUCATION (ALL CHILDREN 0 - 6 YEARS)

I D C O D E	1.	2.	3.	4.	5.			
	Has ..[NAME].. attended an Anganwadi / balwadi / other public / NGO or other early childhood education program during the past 3 months?  YES..... 1 NO..... 2 ➔NEXT CHILD	Which program did ..[NAME].. attend?  ANGANWADI / ICDS PROGRAM ..... 1 OTHER GOVT. PRE-PRIMARY PROGRAM... 2 NGO / OTHER NONPROFIT EDUCATION PROGRAM 3 OTHER EARLY CHILDHOOD PROGRAM . 4	At what age did .[NAME]. first visit the program?  AGE IN YEARS	During the past month, how many days did ..[NAME].. actually attend the early childhood education program?  IF NONE, WRITE ZERO AND ➔NEXT CHILD NUMBER OF DAYS	What services does ..[NAME].. actually receive on the days ..[NAME].. attended?  ASK ABOUT EACH OF THE SERVICES LISTED BELOW AND FILL OUT EACH COLUMN USING THE FOLLOWING CODES  YES / MOST OF THE DAYS 1 SOME DAYS ONLY..... 2 NEVER ..... 3  LEAVE BLANK IF NOT APPLICABLE			
					FOOD SUPPLEMENTS	PRE-SCHOOL EDUCATION	GROWTH MONITORING	HEALTH CHECKUP ETC
01								
02								
03								
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05								
06								
07								
08								
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10								
11								
12								
13								
14								
15								

I D C O D E	1.	2.	3.	4.	5.	6.	7.
	Has ..[NAME].. ever attended an early childhood education program?	Is ..[NAME].. currently enrolled in school?	What kind of school does ..[NAME].. study in?	Is ..[NAME].. also enrolled in another school?	Where is the school that ..[NAME].. studies in located?	What class is ..[NAME].. currently enrolled in?	In the last week, how many days did ..[NAME].. actually attend school?
	NO.....1 YES, PRE-SCHOOL 2 YES, ANGANWADI/ICDS PROGRAM-GOVT .. 3 YES, NGO/NON- PROFIT EDUCATION PROGRAM ..... 4 YES, OTHER EARLY CHILDHOOD EDUCATION PROGRAM ..... 5	YES .....1 NO .....2 (→NEXT)	GOVERNMENT ....1 GOVT. AIDED ...2 RECOGNIZED PRIVATE .....3 UNRECOGNIZED PRIVATE .....4 RELIGIOUS NON- FORMAL .....5	YES, OTHER PUBLIC..... 1 YES, OTHER PRIVATE..... 2 NO..... 3	INSIDE HAMLET .1 OUTSIDE HAMLET BUT INSIDE VILLAGE .....2 OTHER NEIGHBOURING VILLAGE .....3 OTHER LOCATION 4	USE EDUCATION CODES  IF GREATER THAN 10 →8	IF SCHOOL CLOSED FOR HOLIDAY, REFER TO LAST WEEK SCHOOL WAS OPEN   DAYS
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## SECTION 4. EDUCATION PART B

## FORMAL SCHOOLING (ALL PERSONS 6 - 19 YEARS)

I D C O D E	8. How much do you expect to pay this school year for the following:						9. Is .[NAME]. eligible for a scholarship?  YES ..... 1 NO ..... 2 (→12) DON'T KNOW 3 (→12)	10. How much was .[NAME]. entitled to receive over the past 6 months?  RUPEES	11. How much did .[NAME]. actually receive during this period?  RUPEES	12. Over the past month, did ..[NAME].. get a midday meal / grain ration?  YES ..... 1 NO ..... 2
	A	B	C	D	E	F				
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I D C O D E	1.  Over the past 12 months, was ...[NAME]... sick in bed and/or found it difficult to perform their normal activities for a week or more because of a disability or illness?  YES..... 1 NO..... 2 (→NEXT PERSON)	2.  What was the illness / disability?  INJURY ..... 1 MENTAL ILLNESS ..... 2 RESPIRATORY PROBLEM ... 3 TUBERCULOSIS ..... 4 HEART PROBLEM ..... 5 BLOOD PRESSURE ..... 6 FEVER ..... 7 INTESTINAL PROBLEMS / DIARRHOEA ..... 8 CATARACT/OTHER PROBLEMS AFFECTING SIGHT ..... 9 PERMANENT DISABILITY. 10 OTHER ..... 11	3.  For how long has ..[NAME].. had this illness / disability?  LESS THAN 1 MONTH... 1 1 MONTH - 1 YEAR... 2 MORE THAN 1 YEAR... 3 SINCE BIRTH 4	4.  During the past 12 months, how many weeks did ..[NAME].. have difficulties in performing his / her normal activities due to illness / disability?  WEEKS	5.  Which of the following were consulted for this illness / disability?  WRITE CODE OF PERSONS CONSULTED IN THE ORDER THEY WERE CONSULTED  INDIGENOUS PRACTITIONER 1 FAITH HEALER/ RELIGIOUS PERSON ..... 2 QUACK ..... 3 CHEMIST ..... 4 VILLAGE HEALTH WORKER / NURSE-PRACTITIONER ..... 5 GOVERNMENT DOCTOR, PHC, CHC, SUB-CENTRE ..... 6 GOV. DOCTOR, HOSPITAL .. 7 GOVT DOCTOR, ELSEWHERE . 8 PRIVATE DOCTOR ..... 9 CHARITABLE / NGO DOCTOR 10 OTHER ..... 11	6.  During the past 12 months, how much was spent on treating this person?  IF ZERO → 8  RUPEES	7.  How did you finance the treatment?  WRITE CODES OF FINANCING METHODS IN ORDER OF IMPORTANCE  SAVINGS ..... 1 SALE OF ASSETS .... 2 UNSECURED LOANS ... 3 MORTGAGE OF ASSETS 4 MORTGAGE OF LAND .. 5 ASSISTANCE ..... 6  IF MONEY BORROWED< COVER IN SECTION 8	8.  Has ..[NAME].. recovered his / her health yet?  YES... 1 NO.... 2
					1 2 3 4	1 2 3 4		

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I D C O D E	1.	2.	3.	4.	5.	6.
	<p>Has ..[NAME].. ever been immunized?</p> <p>YES.....1 NO.....2 (→3)</p>	<p>Where was ..[NAME].. provided the most recent immunization?</p> <p>AT HOME .....1 PHC / CHC / SUB-CENTRE...2 SCHOOL/ANGANWADI .....3 PRIVATE PRACTITIONER .4 HOSPITAL .....5 OTHER .....6</p>	<p>Has ..[NAME].. suffered from diarrhea over the past 30 days?</p> <p>YES .....1 NO .....2 (→NEXT CHILD)</p>	<p>Did you give ..[NAME].. anything to treat the diarrhea?</p> <p>YES ....1 NO .....2 (→6)</p>	<p>What did you give ..[NAME]..?</p> <p>ORS .....1 HOME FLUIDS 2 ALLOPATHIC MEDICINE .3 TRADITIONAL MEDICINE .4 OTHER .....5</p>	<p>Did you consult any health practitioner for treatment?</p> <p>YES.....1 NO.....2</p>

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S  
A

MATERNITY HISTORY (ALL EVER MARRIED WOMEN AGED 15-45 YEARS)	
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15	16
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75	76
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79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

2

INTERVIEWER: WRITE DOWN THE NAMES OF ALL SURVIVING CHILDREN FIRST, AND FILL IN THE INFORMATION ON THEM. NEXT, PROBE TO FIND OUT IF THE WOMAN GAVE BIRTH TO ANY OTHER CHILDREN THAT ARE NO LONGER ALIVE, AND FILL IN THE INFORMATION ON THEM AS NECESSARY.

M O T H E R  I D  C O D E	O R D E R  O F  C H I L D	1.	2.	3.	4.	5.		
		What is the child's name ?  WRITE NAME IF GIVEN. OTHERWISE WRITE DOWN THE BIRTH ORDER OF CHILD (i.e. GIRL 1, GIRL 2, ETC.)	When was .[NAME]. born?   IF NOT KNOWN, ESTIMATE USING SUPPLEMENTARY CALENDAR   YEAR	What is the sex of ..[NAME].. ?   MALE ....1 FEMALE .. 2	INTERVIEWER : IS ..[NAME].. STILL ALIVE?   YES .....1 (➔NEXT) NO .....2			

[illegible]

SECTION 6. MARRIAGE AND MATERNITY HISTORY  
B

PART

PRE- AND POST-NATAL CARE (ALL EVER MARRIED WOMEN AGED 15 YEARS AND OLDER)

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
I D E N T I F I C A T I O N  C O D E	WRITE THE ID CODE OF THE RESPONDEN T FROM THE HOUSEHOLD ROSTER.	At what age did you first marry?	Have you given birth to a child during the past 3 years?  YES ..... 1 NO ..... 2 (→NEXT WOMAN)	While you were pregnant with your last child, did you receive pre-natal care?  YES ..... 1 NO ..... 2 (→7)	Who provided this care?  ANM/BHW ... 1 GOVT. DOCTOR ... 2 PRIVATE DOCTOR ... 3 NGO DOCTOR ... 4 OTHER ..... 5	At what month of pregnancy did you go for your first visit?	During this pregnancy, were you given a tetanus toxoid (TT) injection?  YES ..... 1 (→9) NO ..... 2	Were you given this injection during a previous pregnancy ?  YES ..... 1 NO ..... 2	Where was the child delivered?  AT HOME.. 1 PHC/CHC/ SUBCENTRE2 GOVT HOSPITAL 3 PRIVATE CLINIC.. 4 PRIVATE HOSPITAL 5 OTHER.... 6	Did you go for a post-natal check-up?  YES.....1 NO..... 2	At what age did you first give the child semi-solid foods?  WRITE "99" IF CHILD STILL ON LIQUID DIET ONLY
	ID CODE	YEARS				MONTH					

01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											



1. ID CODE OF RESPONDENT

2. Has any woman in your bustee/tola been beaten or otherwise harmed by a family member during the past two years?

YES..... 1  
NO..... 2

3. Has any woman in your bustee/tole been harmed or attacked while inside the village by someone else than a family member during the past two years?

YES..... 1  
NO..... 2

4. ... and outside the village?

YES..... 1  
NO..... 2

5. Would you be able and willing to visit a doctor without male permission?

YES..... 1  
NO..... 2

6. Would you be able to go to the doctor without male escort?

YES..... 1  
NO..... 2

7. In the case of a difficult delivery, how far would a woman have to travel to receive medical attention?

KMS



1.  Have you consumed ..[FOOD].. during the past 12 months?			
PUT A CHECK (✓) IN THE APPROPRIATE BOX FOR EACH FOOD ITEM. IF THE ANSWER TO Q. 1 IS YES, ASK Q. 2-7.			
	NO	YES	CODE

Rice			01
Wheat			02
Bajra / Jowar			03
Maize			04
Barley			05
Other cereals			06
Pulses			07
Gram (Chana)			08
Gur			09
Sugar			10
Milk			11
Milk products			12
Vanaspati			13
Other edible oils			14
Meat and fish			15
Eggs			16
Tea leaf, coffee			17
Salt and spices			18
Potatoes			19
Other vegetables			20
Fruit			21
Cigarettes / tobacco / pan, etc			22
Alcohol and other intoxicants			23
Prepared meals outside home			24
Other foods			25

FOOD PURCHASES			
2.  How many months in the past 12 months did you purchase ..[FOOD]..? IF NONE WRITE ZERO AND →5 MONTHS	3.  In a typical month during which you purchased ..[FOOD].. on average how much did your household consume?		4.  How much would you normally have to spend in total to buy this quantity?  RUPEES
	QUANTITY	UNIT	

		KG	
		KG	
		KG	
		KG	
		KG	
		KG	
		KG	
		KG	
		KG	
		KG	
		LTR	
		KG	
		KG	
		LTR	
		KG	
		NOS	
		KG	
		KG	
		KG	

HOME PRODUCTION AND IN-KIND RECEIPTS			
5.  How many months in the past 12 months did you consume ..[FOOD].. that you grew or produced yourself, or received as in-kind wages? IF NONE WRITE ZERO AND →NEXT MONTHS	6.  In a typical month during which you ate ..[FOOD].., how much did your household consume of ..[FOOD].. (i.e. food from home-production and / or in-kind receipts)?		7.  How much would your household have to spend in the market to buy this quantity of ..[FOOD].. (ie amount consumed in a typical month reported in Q. 6))?  RUPEES
	QUANTITY	UNIT	

		KG	
		KG	
		KG	
		KG	
		KG	
		KG	
		KG	
		KG	
		KG	
		LTR	
		KG	
		LTR	
		KG	
		NOS	
		KG	
		KG	
		KG	

## SECTION 7. EXPENDITURES AND DURABLE GOODS PART C

## NON-FOOD EXPENDITURES

1.  What is the money value of the amount purchased or received in-kind by your household during the past 30 days:		2.  AMOUNT IN RUPEES SPENT IN THE PAST 30 DAYS
ITEM	CODE	
Wood (bundlewood, logwood, sawdust)	210	
Cow dung cakes	211	
Kerosene oil	212	
Coal, charcoal	213	
Cylinder gas	214	
Electricity	215	
Matches, candles, lighters, lanterns, etc.	216	
Toilet soap, toothpaste, shampoo, other personal care items	217	
Newspapers, books, & recreation and entertainment expenditures	218	
Transport	219	
Wages paid to servants, mali, chowkidar	220	
Dry cleaning and washing expenses	221	
Household cleaning articles (soap, bleach, washing powder)	222	
Other	223	

3.  What is the money value of the amount purchased or received in-kind by your household during the past 12 months:		4.  AMOUNT IN RUPEES SPENT IN THE PAST 12 MONTHS
ITEM	CODE	
Clothing for men	230	
Clothing for women	231	
Clothing for children	232	
Footwear (shoes, slippers, etc.)	233	
Medical consultation fees, medicines and supplies	234	
Remittances sent to other households / individuals	235	
Toys, sports goods, etc.	236	
Litigation	237	
Taxes, other charges	238	
Religious expenses (incense, etc.)	239	
Social expenses (weddings, deaths,rites)	240	
Other	241	

## SECTION 7. EXPENDITURES AND DURABLE GOODS PART D

INVENTORY OF DURABLE GOODS	
1. Automobiles	100
2. Trucks	50
3. Buses	20
4. Boats	10
5. Airplanes	5
6. Other	10
Total	205

1.				2.	
Does your household own any of the following items?				How many ..[ITEM].. does your household own?	
PUT A CHECK (✓) IN THE APPROPRIATE BOX FOR ALL ITEMS. IF THE ANSWER IS YES, ASK Q. 2.					
ITEM	NO	YES	CODE	No:	
Radio / cassette player			501		
Camera/camcorder			502		
Bicycle			503		
Motorcycle / scooter			504		
Motor car etc.			505		
Refrigerator or freezer			506		
Washing machine			507		
Fans			508		
Heaters			509		
B/W Television			510		
Color Television			511		
Pressure lamps / petromax			512		
Telephone sets / cordless			513		
Sewing machine			514		
Pressure cooker			515		
Watches			516		

## SECTION 8. VULNERABILITY PART A

## FOOD AVAILABILITY

1. Do all members of your household get two square meals (enough food) a day round the year?

YES .. 1 (→3)

NO ... 2

2. If not, in which calendar months did you and your family not have two square meals a day?

(WRITE "1" FOR THE MONTHS MENTIONED)

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

3. Over the last 30 days, did you buy any items at a PDS shop?

YES .. 1

NO ... 2 (→8)

LIST OF ITEMS	4. How much are you entitled to buy per month? WRITE 99 FOR DON'T KNOW		5. How much did you buy over the last 30 days?		6. What price did you pay per unit?	7. What was the quality of it?
	Unit	Quantity	Unit	Quantity	Rs.	BETTER THAN MARKET . 1 SAME AS MARKET ..... 2 WORSE THAN MARKET .. 3
Rice	KG		KG			
Wheat	KG		KG			
Sugar	KG		KG			
Kerosene	LTR		LTR			
Edible oil	LTR		LTR			

8. During the past 6 months, did you buy any items at a PDS shop?

YES .. 1

NO ... 2 (→10)

YES... 1

NO.... 2

9. During the past 6 months, how many times did you purchase of the following:

A. RICE

B. WHEAT

C. SUGAR

D. KEROSENE

E. EDIBLE OIL

  
  
  
  


12. Did you get food on credit over the past 30 days?

YES... 1

NO.... 2 (→PART B)

13. From whom?

SHOPKEEPER....1

EMPLOYER.....2

OTHER.....3

10. Is your name included in the new list of BPL households that are entitled to receive subsidized food grains through the PDS?

YES ..... 1

NO ..... 2 (→12)

DON'T KNOW ... 3 (→12)

11. Have you received a card that certifies that you are eligible for this subsidy?

## SECTION 8. VULNERABILITY PART B

## LOANS

1. Have you obtained an IRDP loan in the past 5 years:

YES..... 1  
NO..... 2

(→7)

2. How many years ago did you obtain this loan?

WRITE ZERO IF RECEIVED DURING PAST 12 MONTHS YEARS

3. How much in total did you borrow?

WRITE AMOUNT ACTUALLY RECEIVED,  
NET OF ALL PAYMENTS

RUPEES

4. Did you have to pay anyone in order to get the loan  
(e.g) a portion of the loan amount:YES..... 1  
NO..... 2

(→6)

5. How much in total did you have to pay?

RUPEES

6. Have you begun to repay this loan as yet?

YES..... 1  
NO..... 2

7. In the past 12 months, did you borrow (cash or

in-kind) from anyone?

YES.....1  
NO.....2

(→9)

8. Who did you borrow from?

EMPLOYER / LANDLORD ..... 1 FIRST  
TRADER / MONEY LENDER ..... 2  
RELATIVE (KIN OR IN-LAWS) ..... 3  
OTHER SIMILAR CASTE ..... 4 SECOND  
OTHER HIGHER CASTE PERSON ..... 5  
OTHER LOWER CASTE PERSON ..... 6  
CREDIT GROUPS ..... 7 THIRD  
INSTITUTIONAL SOURCES  
(BANKS, COOPERATIVES, ETC) ..... 8  
OTHER ..... 9

LIST UPTO THREE SOURCES IN ORDER OF IMPORTANCE

9. How much in total does your household currently owe  
to others (include all types of loans currently  
outstanding)?

WRITE ZERO IF NOTHING OWED BY HOUSEHOLD RUPEES

10. How much in total is owed by others to your  
household?

WRITE ZERO IF NOTHING OWED TO HOUSEHOLD RUPEES

		1. Are you or other members of your household eligible for ..[TRANSFER]..?  YES ... 1 NO .... 2 (➔NEXT) DON'T KNOW 3 (➔NEXT)	2. Has this .[TRANSFER]. been sanctioned for any member of your household?  YES ....1 NO .....2 (➔NEXT) DON'T KNOW .3 (➔NEXT)	3. Did you receive any.[TRANSFER] . over the past 12 months?  YES .....1 NO .....2 (➔NEXT)	4. How much did you receive?  Rs.	5. How much did you spend to get this ..[TRANSFER]..?  Rs.
	CODE					
Old age pension	01					
Disability pension	02					
Widow pension	03					
Accidental death benefits	04					
Other pensions	05					
Pregnancy benefit	06					



## SECTION 9. FARMING AND LIVESTOCK PART A

## LANDHOLDING

	UNIT	QUANTITY
1. Total agricultural land owned:	ACRES	
2. Total agricultural land rented / sharecropped in	ACRES	
3. Total agricultural land mortgaged in	ACRES	
4. Total agricultural land received as wage payment	ACRES	
5. Total agricultural land rented / sharecropped out	ACRES	
6. Total agricultural land mortgaged out	ACRES	
7. Total agricultural land given out as wage payment	ACRES	

## QUESTIONS 8-17 REFER TO LAND OWNED BY HOUSEHOLD

8. What percentage of the land you own is irrigated (as opposed to rainfed)?

Percentage

9. Of the land which is irrigated, which percentage can be irrigated year-round?

Percentage

10. What is the main mode of irrigation on your land?

TUBEWELL ..... 1  
 CANAL ..... 2  
 POND/TANK ..... 3  
 OTHER NATURAL SOURCE ..... 4  
 MIXED ..... 5

11. Do you own a pump for irrigation?

YES ..... 1  
 NO ..... 2

(→15)

12. How was the boring financed?

GOVT PROGRAM (AG. DEPT,  
 MINOR IRRIGATION DEPT,  
 MILLION WELLS SCHEME) ..... 1  
 OWN RESOURCES ..... 2  
 LOAN ..... 3  
 OTHER ..... 4

13. How was the pump set financed?

GOVT PROGRAM ..... 1  
 OWN RESOURCES ..... 2  
 LOAN ..... 3  
 OTHER ..... 4

14. Do you sell water?

YES ..... 1  
 NO ..... 2

15. Do you buy water?

YES ..... 1  
 NO ..... 2

16. What is the quality of your land, relative to other land in the village?

BETTER THAN AVERAGE ..... 1  
 AVERAGE ..... 2  
 POORER THAN AVERAGE ..... 3  
 MUCH POORER THAN AVERAGE ..... 4

17. If you wanted to buy land exactly like yours, how much would it cost you?

RUPEES PER ACRE:

## SECTION 9. FARMING AND LIVESTOCK PART B

## CROP PRODUCTION AND FERTILIZER USE

1. MAKE A LIST OF THE CROPS THAT THE HOUSEHOLD CULTIVATED DURING THE PAST 12 MONTHS, AND FILL IN THE CROP CODE.  FOR EACH CROP, ASK Q. 2 - 4		2. How much land did you cultivate under this crop?		3. Did you sell any of the produce?  YES..... 1 NO ..... 2 (➔NEXT)	4. What was the value of sales?  Rs.
NAME OF CROP	CODE	QUANTITY	UNIT		
			ACRES		
			ACRES		
			ACRES		
			ACRES		
			ACRES		
			ACRES		
			ACRES		
			ACRES		

5. Did you use any fertilizer over the past 12 months?

YES..... 1

NO ..... 2 (➔PART C)

	CODE	6. Did you use any ..[FERTILIZER]..?  YES..... 1 NO..... 2 (➔NEXT)	7. How much ..[FERTILIZER].. did you purchase from a fair price shop?		8. How much did you pay for it?  Rs.	9. How much ..[FERTILIZER].. did you purchase from the market?		10. How much did you pay for it?  Rs.
			QUANTITY	UNIT		QUANTITY	UNIT	
Urea	01			KG			KG	
DAP	02			KG			KG	
Phosphates	03			KG			KG	
Complex	04			KG			KG	

## SECTION 9. FARMING AND LIVESTOCK PART C

## OWNERSHIP OF LIVESTOCK

1. Does your household own any livestock?

YES ..... 1

NO..... 2 (→PART D)

2.  Do you own any ..[ANIMAL].. ?  PUT A CHECK (✓) IN THE APPROPRIATE BOX FOR EACH TYPE OF ANIMAL. IF THE ANSWER TO Q. 2 IS YES, ASK Q. 3-4.				3.  How many do you own?   NUMBER	4.  For how much could you buy them all today?   Rs.
	NO	YES	CODE		

Cows			1		
Buffaloes			2		
Goats			3		
Sheep			4		
Horses, Donkeys, mules			5		
Camels			6		
Other livestock			7		

## SECTION 9. FARMING AND LIVESTOCK PART D

## OWNERSHIP OF FARMING ASSETS

1. Does your household own any farming assets?

YES ..... 1

NO..... 2 (➔NEXT SECTION)

2.  Do you own any ..[ASSETS].. ?  PUT A CHECK (✓) IN THE APPROPRIATE BOX FOR EACH TYPE OF ASSET. IF THE ANSWER TO Q. 2 IS YES, ASK Q. 3-4.				3.  How many do you own?   NUMBER	4.  For how much could you buy them all today?   Rs.
	NO	YES	CODE		

Tractor			01		
Ploughing implements			02		
Cart			03		
Thresher			04		
Trolley			05		
Fodder cutting machine			06		
Generator			07		
Other machinery			08		

## SECTION 10

## REMITTANCES AND TRANSFERS RECEIVED

1. During the past 12 months, have you received any money or payments in kind, or gifts from any person who is not a member of your household?

YES ..... 1

NO ..... 2 (→NEXT SECTION)

L I N E  N U M B E R	ID CODE OF RESPON- DENT	2.  What are the names of all the people who sent this household money or goods during the past 12 months?  LIST ALL NAMES BEFORE GOING TO Q. 3-6.  IF THE RESPONDENT DOES NOT WISH TO GIVE NAMES, LEAVE BLANK	3.  What is the relationship of the ..[DONOR].. to the head of household?  USE RELATIONSHIP CODES FROM SECTION 1A	4.  What is the sex of the ..[DONOR]..?  MALE .....1 FEMALE .....2	5.  Where does the ..[DONOR].. currently live?  is it an urban or rural area?  URBAN .....1 RURAL .....2	6.  How much in total did you receive from. ..[DONOR].. over the past 12 months?  RUPEES	
	ID CODE				LOCATION	U/R	CASH

01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

## LIST OF CODES

[illegible]

M  
A  
R  
I  
T  
A  
L  
  
S  
T  
A  
T  
U  
S  
  
A  
G  
E

A	B

1.	
MAKE A COMPLETE LIST OF ALL CONCERNED BEFORE GOING TO Q.2 - 11	I D E N T I F I C A T I O N  C O D E

	01
	02
	03
	04
	05
	06
	07
	08
	09
	10
	11
	12
	13
	14
	15

**Definition of household:** A group of people who normally live and eat their meals together. For the purposes of this survey, “normally” is taken to mean that the person concerned has lived in the household for at least three of the past twelve months.

People who live in the same dwelling, but do not share food expenses or eat meals together, are not members of the same household. For example, if two brothers, each having his own family, live in the same house but maintain separate food budgets and cooking facilities, they would constitute two separate households. Likewise, people who eat together but do not sleep in the same dwelling are not members of the same household.

1. Ordinarily, people who have lived away from the household for more than nine months of the past twelve months are not considered members of the household for our purposes. This is true even if such people are considered members of the household by the household itself.
2. The only exceptions to be made to this rule should be for (i) persons who are the main provider for the household; (ii) infants who are less than 6 months old, and (iii) newly weds who have been living together for less than 6 months.
3. Servants, lodgers, farm-workers, and other such individuals who live and take meals with the household are to be counted as household members, even though they may have no blood relation to the household head.

It is very important that you define the household membership strictly according to the criteria outlined above. These guidelines may not be the same as others that you may be familiar with from other surveys, and at times they may not conform with the household’s own notion of who should be considered to be a household member. Please discuss any questions that arise in the field with your supervisor.