

Household ID

Acts like a foreign key in this form and google spreadsheet.

1. Household ID (Group-Strata-HHNo.)

2. Household Size

3. Any person suffering from chronic disease?

Mark only one oval.

☐ Yes

☐ No

4. What is the main source of drinking water for members of your household?

Mark only one oval.

- ☐ PIPED INTO DWELLING
- ☐ PIPED TO YARD/PLOT
- ☐ PUBLIC TAP/STANDPIPE
- ☐ TUBE WELL OR BOREHOLE
- ☐ PROTECTED WELL
- ☐ UNPROTECTED WELL
- ☐ PROTECTED SPRING
- ☐ UNPROTECTED SPRING
- ☐ RAINWATER
- ☐ TANKER TRUCK
- ☐ CART WITH SMALL TANK
- ☐ SURFACE WATER (RIVER/DAM/LAKE/POND/STREAM/CANAL/IRRIGATION CHANNEL)
- ☐ BOTTLED WATER
- ☐ COMMUNITY RO PLANT

5. What does this household usually do to make the water safer to drink?

Mark only one oval.

- ☐ BOIL
- ☐ USE ALUM
- ☐ ADD BLEACH/CHLORINE TABLETS
- ☐ STRAIN THROUGH A CLOTH
- ☐ USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.)
- ☐ USE ELECTRONIC PURIFIER
- ☐ LET IT STAND AND SETTLE
- ☐ OTHER

6. What kind of toilet facility do members of your household usually use?
(observation if needed) *

Mark only one oval.

- ☐ FLUSH TO PIPED SEWER SYSTEM
- ☐ FLUSH TO SEPTIC TANK
- ☐ FLUSH TO PIT LATRINE
- ☐ FLUSH TO SOMEWHERE ELSE
- ☐ FLUSH, DON'T KNOW WHERE
- ☐ VENTILATED IMPROVED PIT (VIP)/BIOGAS LATRINE
- ☐ PIT LATRINE WITH SLAB
- ☐ PIT LATRINE WITHOUT SLAB/OPEN PIT
- ☐ TWIN PIT/COMPOSTING TOILET
- ☐ DRY TOILET
- ☐ NO FACILITY/USES OPEN SPACE

7. Do you share this facility with other households? (observation)

Mark only one oval.

- ☐ 1
- ☐ 2

8. How many households use this toilet facility?

Mark only one oval.

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ more

9. Electricity? (1-Yes, 2-No)

Mark only one oval.

☐ 1

☐ 2

10. Mattress?

Mark only one oval.

☐ 1

☐ 2

11. Pressure Cooker?

Mark only one oval.

☐ 1

☐ 2

12. Electric Fan?

Mark only one oval.

☐ 1

☐ 2

13. Television?

Mark only one oval.

☐ 1

☐ 2

14. Sewing Machine?

Mark only one oval.

☐ 1

☐ 2

15. Mobile Telephone?

Mark only one oval.

☐ 1

☐ 2

16. Internet?

Mark only one oval.

☐ 1

☐ 2

17. Computer?

Mark only one oval.

☐ 1

☐ 2

18. Refrigerator?

Mark only one oval.

☐ 1

☐ 2

19. Cooler?

Mark only one oval.

☐ 1

☐ 2

20. Washing Machine?

Mark only one oval.

☐ 1

☐ 2

21. Bicycle?

Mark only one oval.

☐ 1

☐ 2

22. Motorcycle or scooter?

Mark only one oval.

☐ 1

☐ 2

23. Animal drawn cart?

Mark only one oval.

☐ 1

☐ 2

24. Car?

Mark only one oval.

☐ 1

☐ 2

25. Water Pump?

Mark only one oval.

☐ 1

☐ 2

26. Thresher?

Mark only one oval.

☐ 1

☐ 2

27. Tractor?

Mark only one oval.

☐ 1

☐ 2

28. What type of fuel does your household mainly use for cooking?

Mark only one oval.

☐ ELECTRICITY

☐ LPG/NATURAL GAS

☐ BIOGAS

☐ KEROSENE

☐ COAL/LIGNITE

☐ CHARCOAL

☐ WOOD

☐ STRAW/SHRUBS/GRASS

☐ AGRICULTURAL CROP WASTE

☐ DUNG CAKES

☐ NO FOOD COOKED IN HOUSEHOLD

☐ OTHER

29. In this household, is food cooked on a stove, a chullah or an open fire?

Mark only one oval.

☐ STOVE

☐ CHULLAH

☐ OPEN FIRE

☐ OTHER

30. Do you have a separate room which is used as a kitchen?

Mark only one oval.

☐ 1

☐ 2

31. Main Material of floor?

Mark only one oval.

☐ MUD/CLAY/EARTH

☐ SAND

☐ DUNG

☐ RAW WOOD PLANKS

☐ PALM/BAMBOO

☐ BRICK

☐ STONE

☐ PARQUET OR POLISHED WOOD

☐ VINYL OR ASPHALT

☐ CERAMIC TILES

☐ CEMENT

☐ CARPET

☐ POLISHED STONE/MARBLE/GRANITE

32. Main Material of the roof?

Mark only one oval.

- ☐ NO ROOF
- ☐ RECORD OBSERVATION THATCH/PALM LEAF/REED/GRASS
- ☐ MUD
- ☐ SOD/MUD AND GRASS MIXTURE
- ☐ PLASTIC/POLYTHENE SHEETING
- ☐ RUSTIC MAT
- ☐ PALM/BAMBOO
- ☐ RAW WOOD PLANKS/TIMBER
- ☐ UNBURNT BRICK
- ☐ LOOSELY PACKED STONE
- ☐ METAL/GI
- ☐ WOOD
- ☐ CALAMINE/CEMENT FIBER
- ☐ ASBESTOS SHEETS
- ☐ RCC/RBC/CEMENT/CONCRETE
- ☐ ROOFING SHINGLES
- ☐ TILES
- ☐ SLATE
- ☐ BURNT BRICK
- ☐ OTHER

33. Main Material of exterior walls?

Mark only one oval.

- ☐ NO WALLS
- ☐ CANE/PALM/TRUNKS/BAMBOO
- ☐ MUD
- ☐ GRASS/REEDS/THATCH
- ☐ BAMBOO WITH MUD
- ☐ STONE WITH MUD
- ☐ PLYWOOD
- ☐ CARDBOARD
- ☐ UNBURNT BRICK
- ☐ RAW WOOD/REUSED WOOD
- ☐ CEMENT/CONCRETE
- ☐ STONE WITH LIME/CEMENT
- ☐ BURNT BRICKS
- ☐ CEMENT BLOCKS
- ☐ WOOD PLANKS/SHINGLES
- ☐ GI/METAL/ASBESTOS SHEETS
- ☐ OTHER

34. How many rooms in this household are used for sleeping?

Mark only one oval.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ other

35. Does any member of this household own this house or any other house?

Mark only one oval.

- ☐ 1
- ☐ 2

36. Who owns the house? (If Yes in above question)

Mark only one oval.

- ☐ Male
- ☐ Female

37. How much agricultural land do members of this household possess?

38. How much commercial land do members of this household possess?

39. How much livestock does the household own?

Check all that apply.

- ☐ COWS/BULLS/BUFFALOES
- ☐ CAMELS
- ☐ HORSES/DONKEYS/MULES
- ☐ GOATS
- ☐ SHEEP
- ☐ CHICKENS/DUCKS

40. Does any usual member of this household have a bank account or post office account?

Mark only one oval.

- ☐ 1
- ☐ 2

41. Is any usual member of this household covered by a health scheme or health insurance?

Mark only one oval.

- ☐ 1
- ☐ 2

42. What type of health scheme or health insurance? Any other type?

Mark only one oval.

- ☐ INSURANCE SCHEME (ESIS)
- ☐ CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)
- ☐ STATE HEALTH INSURANCE SCHEME
- ☐ RASHTRIYA SWASTHYA BIMA YOJANA RECORD ALL MENTIONED. (RSBY)
- ☐ COMMUNITY HEALTH INSURANCE PROGRAMME
- ☐ OTHER HEALTH INSURANCE THROUGH EMPLOYER
- ☐ MEDICAL REIMBURSEMENT FROM EMPLOYER
- ☐ OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE
- ☐ OTHER

43. What the potential source of loan?

Mark only one oval.

- ☐ Institutional Setup (Bank)
- ☐ Family and Friends
- ☐ Money Lender

44. Does this household have a BPL card?

Mark only one oval.

- ☐ 1
- ☐ 2

45. Is there any member in the household getting benefit under any government welfare scheme?

46. When members of your household get sick, where do they generally go for treatment?

Mark only one oval.

- ☐ GOVT /MUNICIPAL HOSPITAL
- ☐ GOVT DISPENSARY
- ☐ UHC/UHP/UFWC
- ☐ CHC/RURAL HOSPITAL/BLOCK PHC
- ☐ PHC / ADDITIONAL PHC
- ☐ SUB-CENTRE
- ☐ VAIDYA/HAKIM/HOMEOPATH (AYUSH)
- ☐ ANGANWADI/ICDS CENTRE
- ☐ ASHA
- ☐ GOVT MOBILE CLINIC
- ☐ OTHER PUBLIC SECTOR HEALTH FACILITY
- ☐ NGO OR TRUST HOSPITAL/CLINIC
- ☐ PVT HOSPITAL
- ☐ PVT DOCTOR/CLINIC
- ☐ PVT PARAMEDIC
- ☐ VAIDYA/HAKIM/HOMEOPATH (AYUSH)
- ☐ TRADITIONAL HEALER
- ☐ PHARMACY/DRUGSTORE
- ☐ DAI (TBA)
- ☐ OTHER PRIVATE SECTOR HEALTH FACILITY
- ☐ SHOP
- ☐ HOME TREATMENT
- ☐ OTHER

47. Any person with disability ad what kind of disability?

Mark only one oval.

- ☐ In Seeing
- ☐ In Hearing
- ☐ In Speech
- ☐ In Movement
- ☐ Mental Retardation
- ☐ Mental Illness
- ☐ Other Disability
- ☐ Multiple Disability
- ☐ No Member with Disability

48. Nutrition (If any member in the family is not having proper nutrition after observation)

Mark only one oval.

- ☐ 1
- ☐ 2

49. If a child under 18 years of age has died in the family in the five years preceding the survey

Mark only one oval.

- ☐ 1
- ☐ 2

50. If any women in the household has given birth in 5 years preceding the survey has not received antenatal care visits for the most recent childbirth or has not received assistance from skilled medical personal.

Mark only one oval.

☐ 1

☐ 2

51. Does any household member have a salaried job?

Mark only one oval.

☐ 1 (Yes)

☐ 2 (No)

52. If Yes, in which sector?

Mark only one oval.

☐ Government

☐ Public Sector

☐ Private Sector

53. Does any household member pay income tax or professional tax?

Mark only one oval.

☐ 1

☐ 2

54. Does any household own/operate an enterprise which is registered with the Government?

Mark only one oval.

- ☐ 1
☐ 2

55. Monthly income of highest earning household member?

Mark only one oval.

- ☐ less than Rs. 5000
☐ between Rs 5000 ad Rs 10000
☐ Rs 10000 or more

56. Main source of household income from

Mark only one oval.

- ☐ Cultivation
☐ Manual casual labour
☐ Part time or full time domestic service
☐ Foraging, Rag picking
☐ Non agricultural own account enterprise
☐ Begging/Charity or Alms collection
☐ Others

57. What percentage of your income is spent on food and beverage

Mark only one oval.

- ☐ 0-1/3
☐ 1/3-2/3
☐ 2/3-1

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