

GRAM OORJA HOUSEHOLD ENERGY SURVEY QUESTIONNAIRE, 2019

Purpose and Benefit of the Study

The aim of this study is to accurately assess the household energy needs of your community. We are interested in establishing optimized energy allocation that would improve comfort levels in rural households. This could bring benefits such as clean energy at affordable rate to consumers, smooth operation at grid level and broadly, better understanding of consumer's energy using behaviours.

In order to assess the requirements of your community we are surveying local stakeholders to learn about their needs.

Consent

This survey will ask questions about your personal situation, including your family and finances. Information collected from you will be anonymous and identifying personal data will not be shared with anyone.

Participation in this study is entirely voluntary. Declining participation in this interview will not affect your access to any future Gram Oorja services. At any time if you do not wish to answer a question, or wish to terminate the interview, please tell your interviewer.

Please answer the questions as accurately and honestly as possible as this will allow Gram Oorja to potentially provide the best service to you in the future.

The duration of this interview is approximately thirty minutes. If you consent to this study, please sign your name below.

Name:

District/Village:

Household ID (from list):

Interview Date:

Interviewer ID:

Participant Name:

Participant Signature:

Interviewer Signature:

This survey was conducted in Hindi / English / Other:_____

1. FAMILY AND FINANCIAL BACKGROUND

Who lives in your household? Please tell me their age, sex, primary occupation, level of education. List number of occupants and.

Table 1. Interpret the response to fit as closely as possible to the categories below. If no category is suitable, use "6" (Other) and specify the response below.

	Occupation Code	Education Code
1	Farmer	High School
2	Labour	Secondary school
3	Shop Owner	Apprentice
4	Housewife	Higher Secondary school
5	Student	Bachelors
6	Other	Other

1.1 Participant's information

Age: [] years

Gender: Male [] Female []

Occupation: [] #Use code from table 1

Other: _____

Education: [] #use code from table 1

Other: _____

1.2 Participant's income

What is your family income per annum? Tick X if no response

[] 20000-27000 INR (Below Poverty Line)

[] 27000-50000 INR

[] 50000-100000 INR

[] 100000 and above

Is this your own house?

Yes []

No. Rented []

No, Other, specify: _____

2. Energy Services

2.1 How much is your average monthly Energy bill? Tick X if unanswered []

Range: [-] INR [-] Month/year (Optional)

2.2 How many of the following energy services does your household currently own in total? Tick X if unanswered []

LIGHTING	COOLING	ENTERTAINMENT	OTHER
Fixed Lamp:[] number	Ceiling fan:[] number	Television: [] number	Specify
Solar Lamp:[] number	Air cooler: [] number	Mobilephone:[] number	
Tubelight:[] number	Table fan: [] number	Radio:[] number	
Chargeable Torch: [] number	Refrigerator:[] number		

2.3 Fill the table by drawing line to timeline based on the appliance used from start time to end time and write the name of appliance in the box below. (The purpose of this question is to quantify the number of similar type of appliance in function at the same time)

Date	-
DD/MM/YEAR	

Day 1

4am	5am	6am	7am	8am	9am	10am	11am	12am	1pm	2pm	3pm
4pm	5pm	6pm	7pm	8pm	9pm	10pm	11pm	12pm	1am	2am	3am

3. ACTIVITIES (Last 24 hours)

3.1 Activities code

0	Sleeping
1	Farming /paid work
2	Studying
3	Cooking
4	Religious / festive activity
5	Entertainment
6	Other, specify

Day 1

Time	What were you doing?	Where this happened?	What device was used? (n.a. if none)
4:00-4:15			
4:15-4:30			
4:30-4:45			
4:45-5:00			
5:00-5:15			
5:15-5:30			
5:30-5:45			
5:45-6:00			
6:00-6:15			
6:15-6:30			
6:30-6:45			
6:45-7:00			
7:00-7:15			
7:15-7:30			
7:30-7:45			
7:45-8:00			
8:00-8:15			
8:15-8:30			
8:30-8:45			
8:45-9:00			
9:00-9:15			
9:15-9:30			
9:30-9:45			
9:45-10:00			
10:00-10:15			
10:15-10:30			
10:30-10:45			
10:45-11:00			
11:00-11:15			
11:15-11:30			
11:30-11:45			

11:45-12:00			
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Day 1

Time	What were you doing?	Where this happened?	What device was used? (n.a. if none)
12:00-12:15			
12:15-12:30			
12:30-12:45			
12:45-1:00			
1:00-1:15			
1:15-1:30			
1:30-1:45			
1:45-2:00			
2:00-2:15			
2:15-2:30			
2:30-2:45			
2:45-3:00			
3:00-3:15			
3:15-3:30			
3:30-3:45			
3:45-4:00			
4:00-4:15			
4:15-4:30			
4:30-4:45			
4:45-5:00			
5:00-5:15			
5:15-5:30			
5:30-5:45			
5:45-6:00			
6:00-6:15			
6:15-6:30			
6:30-6:45			
6:45-7:00			
7:00-7:15			
7:15-7:30			
7:30-7:45			
7:45-8:00			

Day 1

Time	What were you doing?	Where this happened?	What device was used? (n.a if none)
8:00-8:15			
8:15-8:30			
8:30-8:45			
8:45-9:00			
9:00-9:15			
9:15-9:30			
9:30-9:45			
9:45-10:00			
10:00-10:15			
10:15-10:30			
10:30-10:45			
10:45-11:00			
11:00-11:15			
11:15-11:30			
11:30-11:45			
11:45-12:00			
12:00-12:15			
12:15-12:30			
12:30-12:45			
12:45-1:00			
1:00-1:15			
1:15-1:30			
1:30-1:45			
1:45-2:00			
2:00-2:15			
2:15-2:30			
2:30-2:45			
2:45-3:00			
3:00-3:15			
3:15-3:30			
3:30-3:45			
3:45-4:00			