Appendix-1

Questionnaire

A. General Observation of the Wards
1. Ward no.
2. Name of the mohalla/colony

B. Personal Profile
1. Name
2. Age
3. Religion
   (a) Hindu  (b) Muslim  (c) Christian  (d) Sikhism  (e) Others
4. Caste
   i. General
      (a) Brahmin  (b) Rajput  (c) Pathan  (d) Khan  (e) Sheikh
   ii. OBC
      (a) Kumhar  (b) Dheever  (c) Nai  (d) Dhobi  (e) Gaddi  (f) Taili  (g) Sakka  (h) Khateq  (i) Fakir
      (j) Gadaria  (k) Ansari  (l) Saifi  (m) Others
   iii. Schedule
      (a) Jatav  (b) Harijan  (c) Others
5. Educational Status
   (a) Educated  (b) Uneducated
      If educated  (a) Up to 4th class  (b) Primary  (c) Middle  (d) High School  (e) Intermediate  (f) Graduate  (g) Post graduate
6. Do you have any vocational skill?
7. Marital status
   Unmarried / married / widowed / divorced / separated
      If married
      i. Age at marriage
      i. Particulars about husband
         (a) Age  (b) Education  (c) Profession  (d) Income  (e) Others
ii. Particulars about Children

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<th>No.</th>
<th>Age</th>
<th>Sex</th>
<th>Education</th>
<th>Marital status</th>
<th>Employment status</th>
<th>Income</th>
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If unmarried

iii. Particulars about father

(a) Age  (b) Education  (c) Profession  (d) Income  (e) Others

iv. Particulars about siblings

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8. Type of Family

(a) Joint  (b) Nuclear

9. Size of family

(a) <4  (b) 4-8  (c) 8-12(d) >12

C. Mobility

1. Did you migrate?

   If yes-(a) Place of migration  (b) Type of Migration  (c) Place of Migration  (d)Cause of Migration.

D. Living Conditions

1. Status of House

   Own/rented/others

2. Type of structure

   Kutchta /pucca

3. Number of rooms

   <2/ 2-4/> >4

4. Is there separate kitchen?

   Yes/No

5. Availability of bathroom Facility in house

   Yes/No

6. Availability of Toilet Facility in house

   Yes/No

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7. Water supply
   i. Location of Source
      Inside the premises/ outside the premises
   ii. Source
      Municipal tap water connection/ Private tap water connection/ Municipal hand pump/
      Private hand pump/ Tank water/ Own boring

   Yes/No

9. Place of disposal of household waste.
   Along roadside/ around the house or neighboring plots/ in the drains / at the official
   collection points.

10. Availability of Electricity Facility in house.
    Yes/No

E. Work Profile

1. Type of work
2. Where do you work?
   At factories/ at home/ at workshop
3. What is your mode of transportation to and from your place of work?
4. How much time it take to reach your work place?
5. Do you have to face any difficulties concerning your travel?
6. How are your relationships at work place with?

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<th>Persons</th>
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<th>Satisfactory</th>
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</table>

7. Are there any expectations from you on the part of men at your work-place?
   Yes/ no

8. Are you expected to work over time?
   Yes/ no
9. Do you get compensation for the over time?
   Yes/ no.

10. Do you get wages equal to your counterpart?
    Yes/ no.

11. Do you normally get a day off a week?
    Yes/ no.

12. Problems you are facing as working women
    Unsatisfactory working conditions/ cannot look after children/ Suspicion by people/ too much responsibility/ Conflict with in-laws/ Conflict with husband/ any other

13. Working Hours
    <4/ 5-8/ 9-12/ >12

14. Service Period
    <5/ 6-10/ 11-15/ >15

15. Factors compelling them to work

16. What are the physical facilities provided to women workers at the work place
    Separate toilets/ separate rest room/ crèche/ drinking water/ any other

17. Conditions at work place
    Proper ventilation/ proper arrangement of light/ congestion

18. Your common grievances/ demands to employers
    Low wages/ irregular payment/ long hours of work/ money in advance/ day off

19. Do you get any extra help?

20. Do you get pay with medical or other leave?

22. Do you sexually harassed at work place?

F. Family attitude

1. How do you spend your personal income?
   Contribution to family income/ savings/ spending on self/ giving to husband/ giving to in-laws

2. What domestic chores do you normally do?
   Cooking/ washing utensils/ washing clothes/ fetching water/ fetching fuel/ cleaning house/ caring of children/ caring of elders

3. Do the other member of your family help you?
4. Do you get any preferential treatment in your family due to your working status?
5. Do you have to face domestic violence in home?
6. Some common habits of your husband/ father/ children
   Smoking/ Gambling/ Drinking

G. Income Profile
1. Respondent’s monthly income
2. Structure of payment
3. Number of earning members in the family
4. Husband/father’s monthly income
5. Children’s monthly income
6. Other member’s monthly income
7. Total family monthly income
8. Are you in debt?
   If yes-
   | Amount | Source | Purpose |
9. What are your main expenditures?
10. Savings

H. Decision making
1. Are you involved in any decision making processes
   If yes-
   (a) Money matters
      Ration/ clothes/ spend money yourself
   (b) Children’s matters
      Education/ marriage/ work
   (c) Community affairs
   (d) Other household matters
2. Should girls be educated?
3. Do you approve of (a) early marriages (b) dowry system?
   Yes/no
4. Do you know any legal provisions covering women?
5. Do you know some social security and welfare measures under labour laws?
6. Do you get following social security benefits?
   a) During illness yes/no
   b) During Maternity yes/no
   c) For marriage yes/no
   d) After death yes/no
   e) For old age yes/no
   f) For accidents yes/no
   g) Any other security yes/no

7. Are you member of any trade union?
8. Do you know any trade unions protecting your interests operating in your area?
   Yes/no

I. Health Profile

   15. Diabetes 16. Eye infections

2. Health Facilities availed
   Government doctor/ private doctor/ hakim/vaidi/quack/ medical college/others

3. Health problems due to your work

4. Does your employer take some precautions to reduce the risks to your health from smokes, dust and other such harmful effluents?

5. Women specific illness

6. When was the last delivery conducted?
   a) Last 6 months b) Within 1 year c) Last 2 years d) Others

7. Delivery conducted by?
   a) Private Doctor b) Medical College c) Midwife d) Others

8. Was it a-
a) Normal Delivery   b) Caesarean Delivery

9. Any check up during delivery?

10. Delivery complications?

11. Abortion:
   (a) Yes   (b) No

12. Type
   (a) Spontaneous   (b) Induced

13. Any problem after abortion
   (a) Yes   (b) No

14. Abortion complications?
   4. DUB