### Part A

1. **Name of the Head of the Household**

2. **Caste**
   - SC/BC/Gen. Category

3. **Family**
   - Joint/Nuclear

4. **Family Member**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name</th>
<th>Age</th>
<th>M/F</th>
<th>Education</th>
<th>Worker/Non-work</th>
<th>Income Per Month</th>
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5. **Land Owned**
   - ________ Acre

6. **Source of Irrigation**
   - Tubewell/Canal/Rainfed/other.

<table>
<thead>
<tr>
<th>Area</th>
<th>Crop</th>
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PART – B
CURRENTLY MARRIED WOMEN, AGED 15-44 YRS.

1. Name_____________ Age __________ Education ________
2. Age at the time of marriage ______________
3. Number of given births ___________________
4. Any death among children __________________
5. Did you ever have abortion. (Yes/ No) If yes how many
   Spontaneous Induced ______________
7. Incase of illness where do you go for treatment ______
   Place ________ Distance ______________
8. Involvement in decision making. __________
   Size of the Family __________ Schooling of Children ________
   Investment at home __________
9. Number of Children you wanted _________ Male/Female ________
   If given birth to a child ____________ Male/ Female
10. Do you spent at par on boys and girls on
   Food/ diet __________ Education __________ illness ________
11. Have you heard about ultrasound machine/ seen / used/ what do
   you came to know from this.

<table>
<thead>
<tr>
<th>Birth Order</th>
<th>Name</th>
<th>M/F</th>
<th>Date of Birth</th>
<th>Age of mother</th>
<th>If any of than died</th>
<th>Birth place/ Hospital/ home/ other</th>
<th>Place of Delivery Birth by Trained midwife or Dr./ other</th>
</tr>
</thead>
</table>
8. Number of Live Stocks:
   Buffalo/ Cow/ Ox/ others.

9. Source of Drinking Water:
   Supply/ Handpump/ Well/ Tubewell/ Other

10. Toilet facility at own house:
    Yes/ No

11. Main Source of Light:
    Electricity/ Kerosene oil/ Gas/ other

12. Name of fuel use for Cooking:
    Wood/ Cow-dung/ Gas/ Kerosene/ other

13. Amenities at your Home:

   1. Telephone ________ 2. T.V. ________
   3. Freeze ________ 4. Washing Machine ________
   5. Bicycle ________ 6. Scooter/Mobike ________
   7. Inverter ________ 8. Tractor ________
   9. Car/Jeep ________ 10. Truck/Four-wheeler ________