

# **QUESTIONNAIRE**

**ACHARYA NAGARJUNA UNIVERSITY**

**DEPARTMENT OF ECONOMICS & APPLIED ECONOMICS**

**Ph.D. Questionnaire on  
"SOCIO-ECONOMIC CONDITIONS OF AGED PEOPLE,  
A CASE STUDY OF GUNTUR DISTRICT, A.P."**

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Please tick the appropriate.

Sl. No.		
1	Name	
2	Name and address of the old age home	
3	Age (01)	_____ years
4	Sex (02)	(1) Male ( ) (2) Female ( )
5	Religion (03)	(1) Hindu ( ) (2) Muslim ( ) (3) Christian ( ) (4) Others ( )
6	Caste category (04)	(1) OC ( ) (2) BC ( ) (3) SC ( ) (4) ST ( )
7	Sub Caste (05)	
8	Place of birth (06)	(1) Same district ( ) (2) Different District ( )
9	Place of birth (07)	(1) Rural ( ) (2) Urban ( )
10	Age at joining old age home	_____ (08) years
11	Reasons for joining old age homes (09)	
12	Marital status (10)	1. Unmarried ( ) 2. Married ( ) 3. Widowed ( ) 4. Divorced ( ) 5. Separated ( )
13	In case you are a widowed from how long	_____ (11) years
14	Reasons for death of your spouse	1. (12) 2. (13)
15	Your age at the time of marriage	_____ (14) years
16	In case you are a divorced person, when did you take the divorce	_____ (15) years
17	Reasons for divorce	Specify (16) _____
18	Number of children you had	1. Male (17) _____ 2. Female (18) _____
19	Literacy (19)	1. Literate ( ) 2. Illiterate ( )
20	Educational Qualification (20)	1. Primary ( ) 2. Secondary ( ) 3. High ( ) 4. Inter ( ) 5. PG ( ) 6. Graduation ( ) 7. Above Graduation ( )
21	Living conditions (21)	1. Living with children ( ) 2. Living with Wife ( ) 3. Living with relatives ( ) 4. Living with friends ( ) 5. Living with others ( ) 6. Living alone ( )

22	Main occupation(22)	1. Agricultural Labour ( ) 2. Petty trade Services ( ) 3. Peon and Domestic servant ( ) 4. Teaching ( ) 5. Administration job ( ) 6. Begging ( )
23	Does any one of your children is in government job(23)	1 Yes ( ) 2. No ( )
24	Does any one of your children is in Private job(24)	1 Yes ( ) 2. No ( )
25	Annual income of your sons	Rs. (25) _____
26	Did you receive any governmental assistance under anti poverty programmes in the past(26)	1 Yes ( ) 2. No ( )
27	Annual income earned by you before joining here	Rs. (27) _____
28	Landed Property: Number of Acres	1. Wet (28) _____ 2. Dry(29) _____
29	Value of the land	1. Wet (30) _____ 2. Dry(31) _____
30	Annual income from landed property	Rs. (32) _____
31	Did you possess any house(33)	1 Yes ( ) 2. No ( )
32	House Property(34)	1. Ancestral ( ) 2. Self acquired ( )
33	Type of construction(35)	1. RCC ( ) 2. Mud house ( ) 3. Sheet roof ( ) 4. Tached house ( )
34	Annual income from house property	Rs(36) _____
35	Annual income from other sources	Rs(37) _____
36	Do you have any saving(38)	1 Yes ( ) 2. No ( )
37	Do you have debt(39)	1 Yes ( ) 2. No ( )
38	Reasons for debt(40)	1. Agriculture ( ) 2. marriage ( ) 3. Ceremony ( ) 4. Education ( ) 5. Domestic ( )
39	How much amount do you pay?	Rs. (41) _____
40	How do you know about this place	Specify(42) _____
41	Do your relatives residing in this home	Specify(43) _____
42	Are you staying(44)	1. Single ( ) 2. Double ( ) 3. with many others ( )
43	Source of annual income(45)	1. Pension ( ) 2. Coolie ( ) 3. Rent on building ( ) 4. Rent on Agriculture land ( ) 5. Old age pension ( ) 6. Children ( ) 7. Others ( )
44	Annual Income of the Respondents(46)	1. Less than 5,000/- ( ) 2. 5,000/- to 10,000/- ( ) 3. 10,000/- to 25,000/- ( ) 4. 25,000/- and above ( )
45	Monthly expenditures	1. Spending on food (47) _____ 2. Spending on Cloths (48) _____ 3. Spending on health (49) _____

46	Do respondents have financial worries(50)	1 Yes ( ) 2. No ( )
47	If yes, issues of worries(51)	1. Children marriage ( ) 2. Spouse and family members illness ( ) 3. failing health due to ageing ( ) 4.Children employment ( ) 5.Lack of sources of earning,( ) 6. Problems of social isolation, and family loneliness ( ) 7. In different behavior of Sons and daughter in laws ( ) 8. Worried about future ( . )
48	Respondents physical conditions (disability) A) Changed(52)	1. Vision ( ) 2. Hearing ( ) 3. Sleep ( ) 4. Pain of jointly ( ) 5. Memory & Bowel habits ( )
49	Respondents physical conditions (disability) B) Unchanged(53)	1. Vision ( ) 2. Hearing ( ) 3. Sleep ( ) 4. Pain of jointly ( ) 5. Memory & Bowel habits ( )
50	Respondents health problems (chronic) ()	1: Back pain ( ) 2. Knee pain ( ) 3. Paralysis ( ) 4. Blood pressure ( ) 5. Chest pain ( ) 6. Piles ( ) 7. Asthma( ) 8. Sugar ( ) 9. Heart trouble ( ) 10. Digestion ( ) 11. Cough ( ) 12. Skin disease ( ) 13. Leg swelling ( ) 14. Lunges problem ( ) 15. Kidney trouble ( ) 16. Urinary problem ( ) 17. Cancer ( ) 18. No Ailments ( )
51	Where you are getting treatment for those problems(54)	1. Government hospitals ( ) 2. Private hospitals ( ) 3. Medical shop ( ) 4. Magic man ( ) 5. No response ( )
52	If not going to hospitals for treatment, what is the reason(55).	1. Not having money ( ) 2. No body is helping me to take to hospital ( ) 3. Not willing to go ( ) 4. Other ( )
53	Distance between Hospital and House(56)	1. 1-3 km ( ) 2. 4-6 km ( ) 3. 7-9 km ( ) 4. 10 km and above ( )
54	How much time did you spend in the hospital(57)	1. Days ( ) 2. Months ( ) 3. Years ( )
55	Who assisted in the hospital(58)	1 Son ( ) 2. Daughter ( ) 3. Others ( )
<b>How often do you consume the following items</b>		
56	Milk(59)	1. Daily ( ) 2. Weekly ( ) 3. Monthly ( ) 4. Occasionally ( )
57	Pulses / Beans(60)	1. Daily ( ) 2. Weekly ( ) 3. Monthly ( ) 4. Occasionally ( )
58	Green leafy vegetables(61)	1. Daily ( ) 2. Weekly ( ) 3. Monthly ( ) 4. Occasionally ( )
59	Fruits and Eggs(62)	1. Daily ( ) 2. Weekly ( ) 3. Monthly ( ) 4. Occasionally ( )

60	Chicken or fish(63)	1. Daily ( ) 2. Weekly ( ) 3. Monthly ( ) 4. Occasionally ( )
61	Do you watch TV(64)	1 Yes ( ) 2. No ( )
62	Do you read News paper(65)	1 Yes ( ) 2. No ( )
63	Do you have any sickness(66)	1 Yes ( ) 2. No ( )
64	If Yes, from how long	(67) Years
	<b>Do you have</b>	
65	1. B.P(68)	1 Yes ( ) 2. No ( )
66	2. Diabetics(69)	1 Yes ( ) 2. No ( )
67	3. Orthopedic(70)	1 Yes ( ) 2. No ( )
68	4. Vision impairment(71)	1 Yes ( ) 2. No ( )
69	5. Cardiac problem(72)	1 Yes ( ) 2. No ( )
70	Did you take treatment(73)	1 Yes ( ) 2. No ( )
71	Do you have medical facilities in this place(74)	1 Yes ( ) 2. No ( )
72	Whether the doctor visits(75)	1. Daily ( ) 2. Weekly ( ) 3. Monthly ( ) 4. Occasionally ( )
73	Your food habits 1 Break fast(76)	1 Yes ( ) 2. No ( )
74	2.Lunch(77)	1 Yes ( ) 2. No ( )
75	3.Evening(78)	1 Yes ( ) 2. No ( )
76	4.Dinner(79)	1 Yes ( ) 2. No ( )
77	How do you spend your day	1 Reading _____ (80)hours 2. playing _____ (81)hours 3. Physical work _____ (82)hours 4. Companionship _____ (83)hours 5.Others(84)
78	Do you go out from the home every month for a change(85)	1 Yes ( ) 2. No ( )
79	What are the problems you are facing here	1. (86) 2. (87)
80	What are the problems you have in your life at present :	1. (88) 2. (89)
81	What you expect the society (general) to do for you	1. (90) 2. (91)
82	How do you feel that you are treated by this home(92)	1. Good ( ) 2. Very good ( ) 3. Normal ( ) 4. Poor ( ) 5. Bad ( )
83	What do you expect this management to do for you	1. (93) 2. (94)
84	If any NGO and Government Organization providing health assistance(95)	1 Yes ( ) 2. No ( )
85	If yes, how they are providing? (96)	1. Providing medicines ( ) 2. Giving money ( ) 3. conducting health campus ( )
86	How do you feel as an old man? (97)	1. Satisfied ( ) 2. Un satisfied ( )

		3. Un decided ( )
87	How does your family treat you? (98)	1. Need of the family ( ) 2. Ambivalent ( ) 3. Unwanted ( ) 4. Holy/ respected person ( )
88	Do you have any friends(99)	1 Yes ( ) 2. No ( )
89	If yes how often do you meet them? (100)	1. Often ( ) 2. Sometimes ( ) 3. Rarely ( ) 4. Never ( )
90	Did any visitors come to meet you during the last week(101)	1 Yes ( ) 2. No ( )
91	If yes, who are they(102)	1. Neighbors ( ) 2. Friends ( ) 3. Children ( ) 4. Other relations ( ) 5. Not at house ( )
92	Do villagers come to you to seek advice from you(103)	1 Yes ( ) 2. No ( )
93	If yes, in which of the following aspects do they seek your advice(104)	1. Family disputes ( ) 2. Property disputes ( ) 3. Village development activities ( ) 4. Organizing cultural and religious activities ( ) 5. Others (Specify)(105)
94	Do you participate in any political activities? (106)	1 Yes ( ) 2. No ( )
95	If yes, are you holding position in political party(107)	1. If yes position held ( ) 2. Village president ( ) 3. Ward member ( ) 4. Other (Specify)(108)
96	Did you hold any position earlier(109)	1 Yes ( ) 2. No ( )
97	If yes,	Specify(110)
98	Do you participate in religious activities(111)	1 Yes ( ) 2. No ( )
99	If yes, extent of participation(112)	1. On auspicious days ( ) 2. Daily ( ) 3. Once a week ( ) 4. Once a fortnight ( ) 5. Rarely ( )
100	What activities do you under take during your free time (A) Indoor activities(113)	1. Work in the place ( ) 2. Discuss with visitors ( ) 3. read books, newspapers ( ) 4. Play with grand children ( ) 5. Listen to radio ( ) 6. Watch T.V
101	What activities do you under take during your free time (B) Out door activities(114)	1. Play visits to relatives, friends and neighbors ( ) 2. Visit places of worship ( ) 3. Participate in community programmes ( ) 4. Go for a walk ( ) 5. Spend time at tea shop ( ) 6. Go to community centre ( ) 7. Grazing cattle ( ) 8. Other (Specify)
102	How is your status in Society(115)	1. Difficult to adjust with ( ) 2. Should be kept away from the family ( ) 3. Wanted religious ceremonies ( ) 4. They must be honored ( ) 5. They are burden on the family ( ) 6. Their presence in the family annoys others ( )
103	How does the society treat you(116)	1. Respected persons ( ) 2. Unwanted ( )
104	Do you think that Government is assisting	1 Yes ( ) 2. No ( )

	in old age(117)	
105	If Yes, how(118)	1. Providing old age pension ( ) 2. Providing medical care ( ) 3. Providing nutrition/food ( ) 4. Providing aged homes ( )
106	Do you get any assistance from any NGO(119)	1 Yes ( ) 2. No ( )
107	If Yes, How(120)	1. Medical care ( ) 2. Financial support ( ) 3. Dress ( ) 4. Others ( ) 5. Specify(121)
108	What are your suggestions for the welfare of aged	Specify(122) _____
109	Age At the time of puberty	(123)Years
110	Age at the time of marriage	(124)Years
111	Do you know the legal age of marriage for girl(125)	1 Yes ( ) 2. No ( )
112	If yes, what is the age	(126)Years
113	What is the idea age of marriage for a girl	(127)Years
114	Did you have abortion at any time in your life(128)	1 Yes ( ) 2. No ( )
115	Are you aware of legalization of abortion law in India(129)	1 Yes ( ) 2. No ( )
116	Your age at the time your first delivery	(130)Years
117	How long you breast-feed your child	(131)Months
118	What is the reasonable gap between child-to-child	(132)Years
119	Did you educate your daughter(133)	1 Yes ( ) 2. No ( )
120	If yes, up to what level	Specify(134) _____
121	Are you currently menstruating(135)	1 Yes ( ) 2. No ( )
122	Age at the time of menopause	(136)Years
123	Is your marriage(137)	1. Arranged ( ) 2. Love ( )
124	Did your parents give dowry to your husband(138)	1 Yes ( ) 2. No ( )
125	Are you willing to give dowry to your daughter(139)	1 Yes ( ) 2. No ( )
126	What age your daughter got married	(140)Years
127	You prefer marriage(141)	1. With in relatives( ) 2. Out side relation ( )
128	Methods of family planning used	Specify(142)
129	Have you undergone tubectomy(143)	1 Yes ( ) 2. No ( )
130	According to you what is ideal family size	1. Male(144) 2. Female(145)
131	Have you ever given birth to a child who was born alive but later died(146)	1 Yes ( ) 2. No ( )
132	Did you experience any still birth?(147)	1 Yes ( ) 2. No ( )
133	If yes, is it a boy or girl Age at the time of death	1. Age (148) _____ 2. Time(149) _____
134	Do you think that at least one male child	1 Yes ( ) 2. No ( )

	is needed for a family(150)	
135	Do you think that at least one female child is needed for a family(151)	1 Yes ( ) 2. No ( )
136	Are you aware that there is a disease called AIDS(152)	1 Yes ( ) 2. No ( )
137	Where did your deliveries took place(153)	1. Hospital ( ) 2. Home ( )
138	Who attended your deliveries(154)	1. Dai ( ) 2. Nurse ( ) 3. Doctor ( ) 4. Relative ( )
139	Did you take Injection to avoid Tetanus at the time of your delivery(155)	1 Yes ( ) 2. No ( )
140	Did you take prenatal care(156)	1 Yes ( ) 2. No ( )
141	Did you take postnatal care(157)	1 Yes ( ) 2. No ( )
142	Did you vaccinate your children for BCG/Polio/DPT Measles(158)	1 Yes ( ) 2. No ( )
143	Did you take Iron. Pholic tablets during pregnane) (159)	1 Yes ( ) 2. No ( )
144	Was your delivery normal(160)	1 Yes ( ) 2. No ( )
145	As a women do you have freedom to move freely in the village(161)	1 Yes ( ) 2. No ( )
146	Did your parents take your willingness before fixing your marriage(162)	1 Yes ( ) 2. No ( )
147	Who decided total number of children you had(163)	1. Myself ( ) 2. husband ( ) 3. Illaws ( ) 4. relatives ( ) 5. parents ( )
148	Do you have the decision making power with regard to purchase of things(164)	1 Yes ( ) 2. No ( )
149	Do you have the decision making power with regard to spending your own(165)	1 Yes ( ) 2. No ( )
150	Did you vote during last election(166)	1 Yes ( ) 2. No ( )
151	Are you member of any political party(167)	1 Yes ( ) 2. No ( )
152	Are you the elected representative of any political position(168)	1 Yes ( ) 2. No ( )
153	If yes, specify the position	Specify(169)
154	Are you member of any women's organization(170)	1 Yes ( ) 2. No ( )
155	Are you aware that women have 1/3rd reservation in the country(171)	1 Yes ( ) 2. No ( )
156	Are you aware that women has property rights(172)	1 Yes ( ) 2. No ( )
157	Your suggestions to improve women status in the society	1. (173) 2. (174)

Other information if any (175)\_\_\_