INTERVIEW SCHEDULE

I. Identification Data:
1. Name:
2. Age: Below 14 / 15-29 / 30-44 / 45-59 / 60 and above
3. Religion: Muslim / Hindu / Any other (specify)
4. Caste:
5. Education:
6. Marital Status: Married / Unmarried / Separated / Divorced / Widow
7. Occupation:
8. Income:
9. Type of Family: Nuclear / Joint / Extended
10. Place of Residence: Rural / Semi Urban / Urban

II. Family Details:

<table>
<thead>
<tr>
<th>Sl. no</th>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Education</th>
<th>Occupation</th>
<th>Relation to Respondent</th>
<th>Contribution to Family Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

III. Basic Amenities:
1. Do you have your own house? Yes/No.
2. If yes, what kind of house is it? Pucca/Semi Pucca/ Kutcha.
3. If no, where do you live? Rented House/Parents' house.
4. Do you have an electricity connection? Yes/No.
5. Do you have sanitary facilities in your house? Yes/No.
6. Do you have a bathroom in your house? Yes/No.
7. Do you have a water tap/well/ any other source of water in your house? Yes/No.
8. If no, where do you go to get clean potable water? (Approximate distance from the house).

IV. Working Conditions:
1. Where do you work? Your own house/centre/any other place (specify).
2. From whom did you learn this craft?
3. In which stitches do you specialise?
6. Details of working hours:

<table>
<thead>
<tr>
<th>No. of working days in a week</th>
<th>No. of working hours in a day</th>
</tr>
</thead>
</table>

7. Do you get rest intervals? Yes/No.
8. If yes, details of rest intervals:

<table>
<thead>
<tr>
<th>No. of rest intervals in a day</th>
<th>Duration of rest interval</th>
</tr>
</thead>
</table>

9. If no, did you ever demand for rest intervals? Yes/No.
10. Details of availability of work throughout the year:

<table>
<thead>
<tr>
<th>Months when there is no work</th>
<th>Months when there is minimum work</th>
<th>Months when there is maximum work</th>
</tr>
</thead>
</table>

11. Do you work overtime? Yes/No.
12. If yes, do you get any extra payment for that? Yes/No.
13. Have you undergone any training for upgradation of your skills? Yes/No.
15. How long have you been doing chikan embroidery work?
16. Do you see any changes during these years regarding working conditions? Yes/No.
17. If yes, what kind of changes have you seen?
18. Are you satisfied with the working conditions? Yes/No
V. Income and Expenditure:
1. Do you have any other source of income other than your embroidery work? Yes/No.
2. If yes, specify- Agricultural land/ Cattle/ Others.
3. Details of expenditure:

<table>
<thead>
<tr>
<th>Major items of expenditure per month</th>
<th>Approximate expenditure on each item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>House</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>Clothes</td>
<td></td>
</tr>
<tr>
<td>Social occasions</td>
<td></td>
</tr>
<tr>
<td>Fuel</td>
<td></td>
</tr>
<tr>
<td>Conveyance</td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td></td>
</tr>
</tbody>
</table>

4. Do you find the income sufficient to meet your expenditures? Yes/No.
5. If no, do you need to borrow money? Yes/No.
6. Details of borrowed money:

<table>
<thead>
<tr>
<th>Whom do you usually borrow money from</th>
<th>At what rate of interest</th>
<th>Reasons for borrowing</th>
<th>Do you still have debts to clear (amount)</th>
</tr>
</thead>
</table>

7. Are you able to save any amount of money? Yes/No.
8. If yes, how much are you able to save in a month?
9. Where do you keep your savings? In a bank account/ In the post office/ At home/ Any other (specify).

VI. Health:
1. What are the items of consumption in the daily diet?
2. How many meals are consumed by the family members in a day?

3. What are the health problems you have suffered from over the last one year?

4. History of Reproductive Health

<table>
<thead>
<tr>
<th>No. of pregnancies</th>
<th>No. of children born</th>
<th>No. of Infant Mortality cases</th>
<th>No. of stillbirths</th>
<th>No. of miscarriages</th>
<th>No. of MTPs</th>
<th>Use of contraceptives (Yes/ No) Specify</th>
<th>Place of delivery</th>
<th>Who performed the delivery</th>
</tr>
</thead>
</table>

5. Where do you usually go for treatment when you or any of your family members fall sick?

   Government Hospital/ Private Hospital(practitioners)/ Traditional Healers.

6. If you go to the government hospital, what is your perception of the service you get there?

<table>
<thead>
<tr>
<th>Distance from your house</th>
<th>Reasons for going to Government Hospital</th>
<th>Doctors' responsiveness toward ailment</th>
<th>Availability of medicines and tests</th>
<th>Long wait for help</th>
<th>Presence of adequate medical staff</th>
</tr>
</thead>
</table>

7. If you go to the private hospital/practitioner, what is your perception of the service you get there?

<table>
<thead>
<tr>
<th>Distance from your house</th>
<th>Reasons for going to Private Hospital</th>
<th>Doctors' responsiveness toward ailment</th>
<th>Expenditure of treatment and tests</th>
<th>Any Other (Specify)</th>
</tr>
</thead>
</table>

8. Issues related to Child Health

<table>
<thead>
<tr>
<th>Immunisation</th>
<th>Feeding practices (breast / alternate feeding)</th>
<th>No. of Child Mortality cases</th>
<th>Illnesses suffered by the child over the last one year</th>
</tr>
</thead>
</table>

VII. Well Being:

1. Who cooks the meals at home?

2. How many times are the meals cooked?
3. Do you get to eat sufficient food in each meal? Yes/No.
4. Do you get any leisure time? Yes/No.
5. If yes, how do you spend it?
6. Are you happy with it? Yes/No.
7. If you would have gained more education, do you think you would have had a better life today? Yes/No.
8. Do you want your children to receive better education? Yes/No.
9. Do you want your children to do chikan embroidery as a means of livelihood? Yes/No.
10. Given below is the picture of a ladder with numbers from 0 to 10. If 0 represents the worst possible circumstances in terms of Income, Physical Health, Working Conditions and Living Conditions, and 10 represents the best possible circumstances.

- Where do you rate your life as it was five years ago in the following respects? Income, Physical Health, Working Conditions, Living Conditions.

- In comparison to your life five years ago, where do you see your life currently in the following respects? Income, Physical Health, Working Conditions, Living Conditions.

- In comparison to your present life, where do you see yourself five years from now in the following respects? Income, Physical Health, Working Conditions, Living Conditions.