QUESTIONNAIRE

(Fertility survey of couples below 50 years of age)

1. Name of the household..................Caste...........village/ward ............

2. Occupation of the household...............Agriculture/

            Labourers/Business/Service/Household activities.

3. Annual income of your family.............

4. Total members of family.............males...........females................

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<th>S. No.</th>
<th>Name</th>
<th>M/F</th>
<th>Age</th>
<th>Relation with household</th>
<th>Education</th>
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5. Total no. of children in family........males........females............... 

6. The age at the time of marriage of the household...........years.

7. The age of wife of the household at the time of marriage...........years.

8. Age of the eldest son in the family...........years.

9. Age of the eldest daughter in the family...........years.

10. Age of the youngest son in the family...........years.

11. Age of the youngest daughter in the family...........years.

12. Difference in the birth of two children...........years.

13. Whether any child took birth in the family within 1.1.00 to 31.1.01.....Yes/No.

14. Education of the household .......................Education of wife............... 

15. Education of eldest son..................Education of eldest daughter...........

16. Education of youngest son..................Education of youngest daughter...........

17. Whether husband & wife have following knowledge of family planning:

   (a) Use of contraceptive...........Yes/No.  (b) VT/TT operations...........Yes/No.

   (c) Whether husband/ wife have undergone VT/TT operation so far....Yes/No

   (d) If above (c) is yes, after how many children it was offered.............

   (e) Place of operation of VT/TT...........Govt. Hosp./Private Hospital...........

18. Whether you have following facilities in your village/ward:

   (a) Government/Private Hospital ...............Yes/No.
(b) Doctor/ Medical Person..................Yes/ No.
(b) Nurse / Midwife.........................Yes/ No.
(b) Anganwari worker.......................Yes/ No.
(b) Vaccination facilities..................Yes/ No.
(b) School.................................Yes/ No.

19. What is the quality of daily food in the family...........very good/ good/ poor.

20. What is the position/ condition of following in your family:

   (a) House ..............................Pakka/ kachcha/hut/ sufficient/ insufficient.
   (b) Annual income...................... (c) Health ............ (d) Social status.........