Appendix II

SPECIMEN OF A QUESTIONNAIRE FOR THE STUDY OF FOOD AND DRINKS

1) Page No. . . .
ii) Serial Number of the Informant . . . .
iii) Name . . . .
iv) Address . . . .
v) Age . . . .
vi) Occupation . . . .
vii) Educational Qualification (if any) . . . .

Note: I am to find out a few things about the food and drinks of the people (Rabhas) for a sociological study of the tribe. I am from the University of Gauhati, Assam.

1. Do you take rice?
   i) Yes/No
   ii) No reply
   iii) Do not know

Please put a TICK (✓) against any which you think right.

* The medium of the questionnaire was Assamese.
2. If "Yes" when do you take your first meal?
   i) Morning/Noon
   ii) No reply
   iii) Do not know

   Please put a CROSS (x) against any which you think right.

3. Do you take dal?
   i) Yes/No
   ii) No reply
   iii) Do not know

   Please put a TICK (✓) against any which you think right.

4. Do you take vegetables?
   i) Yes/No
   ii) No reply
   iii) Do not know

   Please put a CROSS (x) against any which you think right.

5. Do you take meat?
   i) Yes/No
   ii) No reply
   iii) Do not know

   Please put a TICK (✓) against any which you
6. DO you take fish?
   i) Yes/No
   ii) No reply
   iii) Do not know

   Please put a CROSS (x) against any which you think right.

7. DO you take egg?
   i) Yes/No
   ii) No reply
   iii) Do not know

   Please put a TICK (✓) against any which you think right.

8. DO you take salt?
   i) Yes/No
   ii) No reply
   iii) Do not know

   Please put a CROSS (x) against any which you think right.

9. DO you take chillies?
   i) Yes/No
   ii) No reply
   iii) Do not know
Please put a TICK (✓) against any which you think right.

10. Do you take onion?

   i) Yes/No
   ii) No reply
   iii) Do not know

Please put a CROSS (x) against any which you think right.

11. Do you take cakes?

   i) Yes/No
   ii) No reply
   iii) Do not know

Please put a TICK (✓) against any which you think right.

12. Do you drink milk?

   i) Yes/No
   ii) No reply
   iii) Do not know

Please put a CROSS (x) against any which you think right.

13. Do you take ghee?

   i) Yes/No
   ii) No reply
14. Do you take honey?
   i) Yes/No
   ii) No reply
   iii) Do not know

   Please put a TICK (✓) against any which you think right.

15. Do you drink tea?
   i) Yes/No
   ii) No reply
   iii) Do not know

   Please put a CRoss (X) against any which you think right.

16. Do you drink Jonga (home-made beer)?
   i) Yes/No
   ii) No reply
   iii) Do not know

   Please put a CRoss (X) against any which you think right.

17. If "Yes" do you drink Jonga every day?
   i) Yes/No
ii) No reply

iii) Do not know

Please put a TICK (✓) against any which you think right.

18. Do you drink _jonga_ occasionally?

i) Yes/No

ii) No reply

iii) Do not know

Please put a CROSS (x) against any which you think right.

Please return this form using the TICK (✓) or CROSS (x) marks.

I shall be very grateful for your co-operation.