APPENDIX A-IV

CHILDREN

1. What is your Name

2. How old are you

3. Are you Boy or Girl?

4. To which of the following category do you fail?
   - General
   - Scheduled Castes
   - Scheduled Tribes
   - Other Backward Classes

5. What is your father’s occupation?
   - Service
   - Professional
   - Business
   - Self employed
   - Labour or construction work
   - Daily wager
   - Any other (Please specify)

6. What is your monthly income of your father?
   - Below Rs. 500
   - Rs. 500-1000
   - Rs. 1000-2000
   - Rs. 2000-5000
   - Rs. 5000-10000
   - Rs. 10000 and above

7. What is your mother’s occupation?
   - Service
   - Professional
   - Business
   - Self employed
   - Labour or construction work
   - Household work
   - Housewife
   - Any other (Please specify)

8. What is the monthly income of your mother?
   - Below Rs. 500
   - Rs. 500-1000
   - Rs. 1000-2000
   - Rs. 2000-5000
   - Rs. 5000-10000
   - Rs. 10000 and above

9. Are you
   - School/College Going
   - Employed
   - Non Working (Street)

(SCHOOL/COLLEGE GOING CHILDREN)

10. In which class do you study?

11. In which School do you study?

12. Your school is
   - Government
   - Convent
   - Private
   - Any other (Please specify)

13. Do you want to continue with your studies

   Yes______No______
14. What do you do after school hours?

- Play________
- Study________
- Go to work_______
- Nothing ________
- Any Other (Please Write) ______________________________________

What do you want to be in your life: __________________________

(STREET CHILDREN)

15. Have you ever been to school.

- Yes_______
- No_______

If yes when did you stop going to school?

- Before 5th
- 6th to 8th class
- 9th to 12th Class
- Even before/after that (Please specify) __________________________

16. Why did you stop going to school?

- Disliked studying Yes_______ No________
- Parents did not send you Yes_______ No________
- Parents did not have sufficient means Yes_______ No________
- You or your parents wanted you to work Yes_______ No________

What do you want to be in your life: __________________________

(GENERAL)

17. Did your parents beat you?

- Yes_______ No_______
- Often_______ Sometimes____

If yes, specify the reason for such cruel behaviour:

- Influence of Liquor_______
- Lack of Money_______
- Lack of Education_______
- Property Dispute_______
- Any Other (Please specify) __________________________

19. How many times do you eat food in a day ___________ times.

Whether your diet includes all the contents of a 'Balanced diet' i.e.

<table>
<thead>
<tr>
<th>No. of Meals</th>
<th>Milk &amp; Milk Product</th>
<th>Dal Pulses</th>
<th>Vegetables</th>
<th>Cereals</th>
<th>Any other items you eat</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Meal</td>
<td></td>
<td></td>
<td>Green Seasonal</td>
<td>Chapati Rice</td>
<td>Fruits Non Veg</td>
</tr>
<tr>
<td>2nd Meal</td>
<td></td>
<td>Dal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd Meal</td>
<td></td>
<td>Rice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th Meal</td>
<td></td>
<td>Fruits</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
20. Have you ever suffered from the following diseases?
   Jaundice __________ Anaemia ___________ Skin Diseases _______
   Eye Diseases _________ Any other _______ (Please write) _______

21. Have you been vaccinated?
   Yes __________ No __________

22. If you are sick from where do you get medical aid?
   Government Hospital / Dispensary Yes ______ No __________
   Private Hospital/ Clinic Yes ______ No __________
   Charitable Dispensary Yes ______ No __________

23. Are you married?
   Yes ______ No __________

24. If yes what was your age at the time of marriage _______ years?
    What was the age of your spouse at the time of marriage _______ years.

25. Are you aware of minimum age for marriage?
    Yes ______ No __________

(EMPLOYED CHILDREN)

26. Where are you employed?
   Shop/Showroom ___ Factory/Industry ___ Household ___
   Any other (Please specify) __________________________

27. You earn because
   You wanted to earn Yes ______ No ______
   Your circumstances forced you to earn Yes ______ No ______
   Your parents/relatives wanted you to work Yes ______ No ______
   They compelled you to earn Yes ______ No ______
   You/your parents poverty Yes ______ No ______

28. Does the employer provide you with some essential facilities at workplace such as
   Clean Drinking Water __________ Airy Rooms __________
   Hygienic & safe conditions of work ______ Other safety precautions ___

29. Whether you employer has kind attitude towards you? Yes ___ No ___

30. When you are unable to work due to some problem does your employer deduct wages for that from your salary? Yes ___ No ___ Sometimes ___

31. What is your monthly salary?
   Below Rs. 500 _______ Rs. 500-1000 _______ Rs. 1000-2000 _______ Rs. 2000-5000 _______ Rs. 5000 and above.

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32. For how many hours do you work?
   - Less than 4 hours
   - 4 to 8 hours
   - 8 hours or more

33. Do you get intervals for tea/lunch during your working hours?
   - Yes
   - No

34. Do you get your wages every month?
   - Yes
   - No
   If yes, do you get them in time?
     - Sometimes
     - Often
     - Yes
     - No

35. Are you happy with the wages you get for the work you do?
   - Yes
   - No

36. Do you think that the work you are doing is too hard for you to do?
   - Yes
   - No

37. Do you like your job?
   - Yes
   - No
   If no, what would you like to do? (Please write)

38. Do you sometimes feel dangers like burning/hurting/falling etc. while working?
   - Yes
   - No

39. Did your employer ever beat you?
   - Yes
   - No
   If yes, specify the reasons when he used force against you

40. Did you go to seek help from?
   - Police
   - Parents
   - Trade Union
   - Any others (Please write)

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