APPENDIX - I

HOUSEHOLD QUESTIONNAIRE
REGIONAL TREND AND PATTERN OF EDUCATIONAL STATUS
AND HEALTH OF WESTERN UTTAR PRADESH

Sl. no. of household questionnaire……… Sl. no. of household questionnaire in this village………

INTERVIEW DATE Date [ ] [ ] Month [ ] [ ] Year [ ] [ ] [ ]

GENERAL INFORMATION (To be filled before Interview)

Location of village in the district- Periphery ( ) Middle ( ) or Centre ( )

Name of Tehsil-…………….. Name of the Block…………………………

Name of Village…………….. Total Area of Village-

Total No. of Households………

Total No. of Population………… Total Male Population-………………

Total Female Population-………… Sex Ratio of Village-………………

Total No. of Population in SC/ST-………. OBC-……………………

Type of Economy (Absolute No. or Percentage)

Agriculture…………….. Non Agriculture……………………

Infrastructure

Total No. of Households Having Electricity connection-

No. of Households in respective mode of Water Supply:

Well……………Pond……………Canal……………Hand pump……………Street tap………… Municipal tap……………Others…………

Houses type and condition of the village:

Old……………..New……………..Government……………………

Private……………..

Planned……………..Unplanned……………..Katchha……………..

Pucca……………..

Semi- Pucca……………..Huts (Jhuggi)……………..

General Environmental Condition of the village:

Clean……………..Unhygienic……………..Overcrowded……………..Spacious……………..

Road Facilities:

Metalled……………..Brick-paned…………….. Unmetalled……………..Kuchha……………..

Drainage Facilities:

Metalled……………..Unmetalled……………..Open……………..

Garbage Dumping:

Dustbin……………..Open…………….
Education
Total No. of Schools:…………………………
Government ( ) and Private ( )
JBS……………….. SBS……………….. HSS………………..SSS……………..
Educational Facilities Available out of the village at distance of
5 Kms……………..5-10 Kms……………..10+ Kms……………..
No. of children going out of the village for education in
JBS…….SBS……..HSS……..SSS……..College……..University……………..

Health
No. of Health Care Centers:………………….
Private Medical Practitioners…………..Primary Health Care Centers & Sub
Centers………………
Maternity & Child Welfare Centers……………..
Total No of Doctors or Nurses ……………..Private Medical
Practitioners………………
Primary Health Care Centers & Sub Centers……..Maternity & Child Welfare
Centers………………
Health Care Facilities Available out of the village at distance of
5 Kms……………..5-10 Kms……………..10+ Kms……………..
No. of Villagers going out of the village for Treatment in:
Private Medical Practitioners…………..Primary Health Care Centers & Sub
Centers………………
Maternity & Child Welfare Centers……………..
No. of Deaths during the Year:
No. of live Births in the village:
No. of Infant Deaths within one year after birth:
No. of Maternal Deaths at the time of delivery or within one month after the delivery:
No. of villagers suffering from any acute or chronic illness:

A. RESPONDENT PROFILE

1.1 Name of the Respondent……………………………………………………………………

1.2 Sex: 1.Male 2.Female

1.3 Marital Status: 1.Married 2.Unmarried

1.4 Age: 1.15-25 2.26-35 3.36-45 4.Above 45

1.5 Relation of the respondent with the family-
1.6 Religion…………………………………………………..
1.7 Name of Caste /Biradari……………………………………..
1.8 Which category do you belong?
1.9 Education: 1.Literate 2.Illiterate
1.10 If literate then, Education Level…………………………………….
1.11 Employed: 1.Yes 2.No
1.12 If yes then, Employment Sector: 1.Private Sector 2.Public Sector
1.13 Occupational Category:
   1. Farmers engaged in Agriculture
   2. Agricultural wage labours
   3. Non-agricultural wage labors
   4. Both 2&3
   5. Business persons /self employed
   6. Service holders
   7. Unemployed/ pensioners
1.14 Income level: 1. High (Monthly Income above ` 10,000)
   2. Medium (Monthly Income ` 5,000-10,000)
   3. Low (Monthly Income below ` 5,000)

B. HOUSEHOLD INFORMATION
1.1 Nature of Family: 1.Nuclear (Single) 2.Joint
1.2 Type of habitation/ Type of house
1.3 Total Member of Family……………………………………
1.4 Total Number of Children…………………………………
1.5 Number of aged person……………………………………
1.6 Do you have any Ration Card?
   1. Yes 2.No
1.7 Do you have a BPL Ration Card?
   1. Yes 2.No
1.8 Total Family Income in a Year (Rs.)……………………………
1.9 Do you have another business?
   1. Not have 2. Have
1.10 What business do you have?
   5. Sell VCD/CD/DVD 6. Other……………………………………

EDUCATIONAL STATUS
1.1 Educational level of head of the family……………………
1.2 Number of School going Children…………………………
1.3 Educational level of the family members: Primary ☐ Upper Primary ☐ High School ☐ Intermediate ☐ Graduate & Above ☐

1.4 Drop Out and cause of Drop Out

EDUCATIONAL INSTITUTIONS OF VILLAGE

1.5 Enrollment of Students in Schools available within the village
JBS......... SBS .......... HSS......... SSS..........  
1.6 Enrollment of Girls in Schools available within the village
JBS......... SBS......... HSS......... SSS.........  
1.7 Enrollment of SC/ST Children in Schools available within the village
JBS......... SBS......... HSS......... SSS.........  
1.8 No. of Teachers in Schools available within the village
JBS......... SBS......... HSS......... SSS.........  
1.9 Drop Out in Schools and Reason
JBS- Boys (  ) ....................Girls (  ) ....................  
SBS- Boys (  ) ....................Girls (  ) ....................  
HSS- Boys (  ) ....................Girls (  ) ....................  
SSS- Boys (  ) ....................Girls (  ) ....................  

C. HEALTH STATUS

1.1 Any member of the household is suffering from any serious disease
1.2 Where did they first seek treatment for this health problem?
1.3 Is there any disable person in your family?
1. Yes 2. No  
1.4 Type of Disability

1.5 Mortality Status (Crude Death Rate)

<table>
<thead>
<tr>
<th>Death within 1 year</th>
<th>1. Male</th>
<th>2. Female</th>
<th>Cause</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. No</td>
<td></td>
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<td></td>
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<tr>
<td>1.0-5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2.6-15</td>
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<tr>
<td>3.16-25</td>
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<tr>
<td>4.26-35</td>
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<tr>
<td>5.35-45</td>
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<tr>
<td>6. Above 45</td>
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</tbody>
</table>

1.6 Maternal Mortality Rate
(a) Do any women of your family die at the time of delivery? Yes / No  
(b) If yes, what is the reason- anaemia/any other nutritional deficiency/lack of healthcare facility/disease (specify) .......................... / other reasons.

1.7 Infant Mortality Rate
(a) Did any child (less than one year) of your family die within one year after birth?
1. Yes 2. No

(b) Reasons of death
1. Disease 2. Accident 3. Other reasons

1.8 BMI table of the Respondent

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Weight</td>
</tr>
<tr>
<td></td>
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</table>

1.9 Do you have an access of safe drinking water? Yes / No
1.10 If yes, what is the source of drinking water? Well/ Tube well/ Pond/ Lake/ River/ Canal/ Hand pump/ Street tap/ Municipal tap/Others.

1.11 What kind of toilet facility do members of your household usually use?
5. No facility/ uses open space or field 6. Others……

1.12 How healthy is the respondent? (Personal Observation)
1. Excellent health 2. Good health 3. Poor health

Interviewer Comments

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