

baseline_survey

Baseline Household Survey

Date of the Interview:

2023-10-31

2023-10-31

Name of the interviewer: *

Select the zone of study. *

- ST Colony
- DWC Area
- Government Housing

Upload any necessary images or visuals

[Click here to upload file. \(< 10MB\)](#)

Mark the poin tof location here. *

latitude (x.y °)

longitude (x.y °)

altitude (m)

accuracy (m)



Respondent details

Name of Respondent

Respondent ID

Age

Gender

- Male
- Female
- Transgender
- Prefer not to say

Marital Status

- Unmarried
- Married
- Widow/Widower
- Divorced
- Separated
- N/A

Category of Caste

- SC
- ST
- OBC
- General
- Prefer not to say

Which community do you belong to?

Religion

- Hindu Muslim Christian
 Sikh Prefer Not to Say

Since how long have you been living in this house? (years)

Is this house rented / owned?

- Rent
 Own
 Temporarily staying as Guests in Relatives/Friends place
 Squatting
 N/A

Which of these ID cards do you have?

- Aadhar Card
 Voter ID
 Ration Card
 Caste Certificate
 Pan Card

Respondent Education and Occupation

Highest Education Qualification

- Illiterate/Never attended school Pre-Primary Primary (class 1 - 5)
 Secondary (class 6 - 10) Higher Secondary / Intermediate (class 11 - 12) Graduation
 Post-Graduation PhD N/A

What type of educational institution have/had you been enrolled in?

- Government
 Private
 NGO Based
 Madrassa
 Other

If Other, specify.

Did you dropout?

Yes

No

If yes, why did you dropout?

- No money for fee
- Death in the family
- Not interested in education - self
- No school/college nearby - school shut down
- Lack of School Infrastructure /Facilities
- Didn't pass
- Lack of digital tools for learning/affordability
- No space for studying
- Long term health Issues
- Others

If Others, Specify.

Primary Occupation

- Engineers
- Store Managers
- Teachers
- GHMC Workers
- Construction workers/Maestri
- Painter
- Security Guards
- Carpenter
- Electrician
- Shop Keeper
- Housekeeping (working in malls, corporate offices)
- Maids/Cooks
- Auto/Cab/Truck/Car Drivers
- Street Vendors
- Bouncers
- Housewife
- Pensioner
- Garbage Segregation
- Garlic peeling
- Student
- Not engaged in anything
- Others

If Other, specify.

Secondary Occupation

- Engineers
- Store Managers
- Teachers
- GHMC Workers
- Construction workers/Maestri
- Painter
- Security Guards
- Carpenter
- Electrician
- Shop Keeper
- Housekeeping (working in malls, corporate offices)
- Maids/Cooks
- Auto/Cab/Truck/Car Drivers
- Street Vendors
- Bouncers
- Housewife
- Pensioner
- Garbage Segregation
- Student
- Ginger/garlic peeling
- Not engaged in anything
- Others
- N/A

If Other, specify.

.....

Are you eligible for paid leave at your work place?

- Yes No

If yes, how many paid leaves do you get in a month?

.....

Are you allowed to take breaks during work?

- Yes No

How far is your place of work from your place of residence?

- Less than 3km 3-6km More than 6km
 N/A

Primary mode of transport to work

- Walk Motobike Cycle
 Bus Auto Van
 Metro Others

If Others, Specify.

Are you currently earning?

- Yes
 No

If yes, do you receive wages on a daily, monthly, or weekly basis?

- Daily
 Weekly
 Monthly
 Others
 Not Applicable

If others, specify.

If not earning/ NA, why are you not currently earning?

- Old Age Disability Health Concern
 Lost job Homemaker Others
 Not Applicable

If others, specify.

Are you looking for work?

- Yes, but could not find work. No Not now, but sometime later.
 Not Applicable

What is the monthly income of your household on an average?

Any Physical Disability

Sensory Disability
(Vision/Hearing/Speech/ etc)

Physical Handicap

Other

None

If Other, specify.

Any Chronic Illness

Tuberculosis

Arthritis/Back Pain

Diabetes

Paralysis

High BP

Heart Disease and stroke

Cancer

Alzhiemer's Disease

Kidney Diseases

Liver Cirrhosis

Peptic Ulcer(stomach)

Alcohol related health issues

Smoking related health issues

Asthma

Others

None

If Other, specify.

Information on Assets and Debt

Asset and Debt

Which of these household assets do you possess?

- Fans / Pedestal Fans
- Exhaust fans
- Air Conditioners
- Air Coolers
- Refrigerators
- Inverters
- Television
- Radio
- Smartphone
- Feature phone
- Mixers/ Grinder
- Washing Machine
- Motorbike
- Cycle
- Car
- Auto
- Laptop
- Sewing machine
- Gold
- Gas stove
- Others

If others, specify.

Have any of them been purchased on loan?

- Yes, some of them.
- Yes, all of them.
- No

If yes, which ones?

From whom did you take the loan?

- Friends and relatives
- SHG
- Money-lenders
- NGO
- Fin-apps(paytm etc)
- Employer
- Local Leader
- Bank
- Others

If others, specify.

Have any of them been purchased on EMI?

- Yes, some of them.
- Yes, all of them.
- No

If yes, which ones?

Are any of them insured?

- Yes, some of them.
- Yes, all of them.
- No

If yes, which ones?

Have you taken any other insurance?

- Yes
- No
- I'm not sure

If yes, what are they?

- Health Insurance
- Life Insurance
- Others

If others, specify.

If no, why?

- Lack of money
- Lack of awareness
- Age of the household members
- Others

If Other, please specify:

Are your household members insured?

- Yes, all of them.
- Yes, some of them.
- None of them

If no, why?

- Lack of money
- Lack of awareness
- Age of the household members
- Others

If others, specify.

If some are insured, why are the other HH members not insured?

- Lack of money
- Lack of awareness
- Age of the household members
- Others

If others, specify.

Do you have a bank account?

- Yes
- No

If yes, do you handle the bank account all by yourself?

- Yes
- No

If no, who else handles your bank account?

Answer wrt the relation

Do they use your account with your consent?

- Yes, with my consent
- No, not with my consent
- Sometimes with my consent and sometimes not

Loans and credit

Have you taken any loans in the past 1-2 years?

- Yes No

If yes, what are the reasons of taking loans?

- Education
- Marriage
- Health
- Build a house
- Buy a property
- Buy automobile
- Subsistence
- Other

If Other, please specify:

How many loans have you taken as of now?

What is the total amount of your loan?

What is the percentage of interest for your loan? (%)

Where did you take the loans from?

- | | | |
|--|--|--|
| <input type="checkbox"/> Friends and relatives | <input type="checkbox"/> SHG | <input type="checkbox"/> Money-lenders |
| <input type="checkbox"/> NGO | <input type="checkbox"/> Fin-apps(paytm etc) | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Local Leader | <input type="checkbox"/> Bank | <input type="checkbox"/> Others |

If others, specify.

Remarks, if any.

Governmental and Non-governmental Aids

Government and Non Government Aids

Are you registered under any government schemes?

Yes No

If yes, which schemes?

- | | | |
|---|---|---|
| <input type="checkbox"/> Dalit Bandhu | <input type="checkbox"/> Rythu Bandhu (Farmers Group Life Insurance Scheme) | <input type="checkbox"/> Housing for Poor (2 bedroom flats) |
| <input type="checkbox"/> Kalyana Lakshmi/Shaadi Mubarak | <input type="checkbox"/> Aasara Pensions | <input type="checkbox"/> Rice Distribution (PDS/Ration Shops) |
| <input type="checkbox"/> Aarogya Lakshmi KCR Kits Other | <input type="checkbox"/> KCR Kits | <input type="checkbox"/> Other |

If Other, please specify:

Do you get any aid from NGOs?

Yes No Sometimes

If yes, what aid do you get?

- | | | |
|---------------------------------|--|--|
| <input type="checkbox"/> Food | <input type="checkbox"/> Monetary Relief | <input type="checkbox"/> Other Materials (Blankets, Clothes, Books, etc) |
| <input type="checkbox"/> Others | | |

If Other, please specify:

Water as an Infrastructure

What is the main source of drinking water supply?

- | | | |
|---|--|--------------------------------|
| <input type="radio"/> Piped Water Connection inside the house | <input type="radio"/> Piped Water Connection outside the house | <input type="radio"/> Handpump |
| <input type="radio"/> Borewell | <input type="radio"/> Tanker | <input type="radio"/> Others |

If others, specify.

What is the main source of water used for other housing activities?

- Piped Water Connection inside the house
- Piped Water Connection outside the house
- Handpump
- Borewell
- Tanker
- Others

If others, specify.

How often do you get water?

- Direct continuous supply
- Once a day or more
- Once in two days
- Several times a week
- Once a week
- Other

If others, specify.

Who in your family is responsible for collecting water?

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Yourself | <input type="checkbox"/> Husband | <input type="checkbox"/> Wife |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Mother-in-law |
| <input type="checkbox"/> Father-in-law | <input type="checkbox"/> Daughter | <input type="checkbox"/> Son |
| <input type="checkbox"/> Daughter-in-law | <input type="checkbox"/> Neighbours | <input type="checkbox"/> Others |

If others, specify.

How many trips do you make in a day to collect water?

- | | | |
|-----------------------------|------------------------------|------------------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 1 - 2 | <input type="radio"/> 3 - 5 |
| <input type="radio"/> 6 - 8 | <input type="radio"/> 9 - 11 | <input type="radio"/> More than 11 |

What is the average time spent per day collecting water (including the waiting time in queues)?

Enter the duration in minutes.

Excluding summer, do you get adequate quantity of water for your/ the household's daily use.

- Yes
 No

If no, how often do you run out of water?

- Daily
 Every 2 days
 Every 3 days
 Once a week
 A few times a month
 Rarely

In summer, do you get adequate quantity of water for your/your household's daily use?

- Yes
 No

If no, how often do you run out of water in summer?

- Daily
 Every 2 days
 Every 3 days
 Once a week
 A few times a month
 Rarely

Do you need to spend extra money to cover your water needs?

- Yes
 No

If yes, how much do you have to spend on it?

Excluding summer, do you get adequate quantity of drinking water?

- Yes
 No

If no, how many times a week do you run out of drinking water?

- Daily
- Every 2 days
- Every 3 days
- Once a week
- A few times a month
- Rarely

In summer, do you get adequate quantity of drinking water for your/your household's daily use?

- Yes
- No

If no, how many times a week do you run out of drinking water?

- Daily
- Every 2 days
- Every 3 days
- Once a week
- A few times a month
- Rarely

When you run out of drinking water, do you need to purchase extra to meet your needs?

- Yes
- No

If yes, how much do you have to spend on drinking water?

.....

Do you pay any monthly fee to get supply of drinking water?

- Yes
- No

If yes, how much?(DW)

.....

Do you pay any monthly fee to get supply of water for other household activities?

- Yes
- No

If yes, How much?(HH)

.....

What is your total monthly expenditures on water (supply+purchasing) in summer?

What is your total monthly expenditures on water (supply+purchasing) during the rest of the year?

Over the course of a year, how much money do you need to spend on the maintenance of your water connection?

How do you finance this expenditure?

- Household savings
- Loan without mortgage/collateral
- Loan with mortgage/collateral
- Others

If Others, specify

Remarks.

Where do you store water for household activities?

- Inside the house
- Outside the house

How do you store water for household activities (volume)?

- Overhead tank (500 litres)
- Blue Drums (210 litres)
- Bucket (15 Litres)
- Big stainless steel pots (18 Litres)
- Small stainless steel pots (8 Litres)
- Others

If others, specify.

How do you store drinking water in the house?

- | | | |
|--|--|--|
| <input type="checkbox"/> Small water bottles (1 Litre) | <input type="checkbox"/> Big water bottles (2 Litres) | <input type="checkbox"/> Water Cans (20 litres) |
| <input type="checkbox"/> Big stainless steel pots (18 Litres) | <input type="checkbox"/> Small stainless steel pots (8 Litres) | <input type="checkbox"/> Small plastic pots (8 Litres) |
| <input type="checkbox"/> Earthen pots (10 litres) | <input type="checkbox"/> Blue Drums (210 litres) | <input type="checkbox"/> Others |

If others, specify.

Do you process or treat the water in anyway before using it?

- Yes
 No
 Sometimes

If yes/sometimes, how?

What type of electricity connection do you have at your house?

- Metered Non-metered None

How much do you pay for your electricity monthly in summer?

How much do you pay for your electricity the rest of the year?

Do you face any powercuts?

- Yes, daily. Yes, once in a week Yes, rarely
 No

Over the course of a year, how much money do you need to spend on the maintenance of your electrical connection?

How do you finance this expenditure?

- Household savings
 Loan without mortgage/collateral
 Loan with mortgage/collateral
 Others

If others, specify.

Waste and Sewage

Is there a waste collection system in the area?

- Yes No

If yes, who is responsible for collecting waste in your area?

- GHMC NGO Private Entity
 Community Volunteer Someone from the neighbourhood Others

If others, specify.

How regularly is it executed?

- Everyday Alternate day Once a week
 Twice a week Thrice a week

Where is the waste collected from?

- From your doorstep From your building From the nearest dump
 From any other location

If from a different location, specify?

If no, where do you dump your waste?

- In the space adjacent to the building In the nearest dumpyard In any other location

If in a different location, specify?

Do you need to pay any specific amount on a monthly basis to get access to waste collection services?

- Yes
 No

If yes, How much?

Do you have toilets in your house?

- Yes
 No

Is your house connected to the sewer system?

- Yes
 No

Communication and Early Warning Messages

What methods of communication do you use to obtain information related to news, knowledge, and entertainment?

- | | | |
|--|--|---|
| <input type="checkbox"/> Smartphones | <input type="checkbox"/> Feature Phones | <input type="checkbox"/> TV |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Desktop Computer / Laptop / Tablets | <input type="checkbox"/> Community Radio/Announcement |
| <input type="checkbox"/> Word of Mouth | | |

For which of these events do you receive early warning messages?

- | | | |
|--|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Extreme heat | <input type="checkbox"/> Floods | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Diseases (dengue, malaria etc.) | <input type="checkbox"/> Other events | |

What are other such events during which you had recieved early warning messages?

How do you receive the early warning message?

- | | | |
|--|--|---|
| <input type="checkbox"/> Smartphones | <input type="checkbox"/> Feature phones | <input type="checkbox"/> TV |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Desktop Computer / Laptop / Tablets | <input type="checkbox"/> Community Radio/Announcement |
| <input type="checkbox"/> Word of Mouth | | |

Do you use social media?

- Yes
- No
- Not Applicabile

Which among these social medias apps do you mostly use?

- | | | |
|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Youtube | <input type="checkbox"/> Google | <input type="checkbox"/> Moj |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Facebook | <input type="checkbox"/> Others |

If others, specify

Cooling Appliances

What kinds of cooling appliances and/or cooling techniques do you currently have in your house?

- Fan
- Air cooler
- Air conditioner
- Fridge
- Cooling paint
- False ceiling
- Green cover
- Additional ventilation
- Others

If others, specify

What kinds of cooling appliances would you like to have?

- Fan
- Air cooler
- Air conditioner
- Fridge
- Cooling paint
- False ceiling
- Green cover
- Additional ventilation
- Others

If others, specify

Why don't you have them yet?

- Lack of money
- Lack of space
- Incompatible structure
- Unstable electricity
- Others

If others, specify

How often do you have to repair a cooling appliance in a year?

- Never
- Once a year
- Twice a year
- Thrice a year
- More than thrice a year

What are the reasons for the damage/malfunction to these appliances?

- Low quality appliance
- Second-hand appliance
- Unstable electricity
- No stabilisers
- Others

If others, specify

Over the course of a year, how much money do you need to spend on the maintenance of your cooling appliances?

How do you finance this expenditure?

- Household savings
- Loan without mortgage/collateral
- Loan with mortgage/collateral
- Others

If others, specify

Would you be open to investing in improving your home/cooling appliances?

- Yes
- No

Add remarks

How many members are there in your household?

Household Member Details

Name of Member

Age

Gender

- Female Male Transgender
 Prefer not to say

How is this member related to you?

Marital Status

- Unmarried Married Widow/Widower
 Divorced Seperated N/A

Highest Education Qualification

- Illiterate/Never attended school Pre-Primary Primary (class 1 - 5)
 Secondary (class 6 - 10) Higher Secondary / Intermediate (class 11 - 12) Graduation
 Post-Graduation PhD N/A
 I'm not sure

What type of educational institution has this members been enrolled in?

- Government Private Institute NGO Based
 Madarassa Others I'm not sure

If Other, Specify:

Did this member dropout?

- Yes No

If yes, reason for dropout.

- | | | |
|---|--|---|
| <input type="checkbox"/> No money for fee | <input type="checkbox"/> Death in the family | <input type="checkbox"/> Not interested in education - self |
| <input type="checkbox"/> No school/college nearby - school shut down | <input type="checkbox"/> Lack of School Infrastructure /Facilities | <input type="checkbox"/> Didn't pass |
| <input type="checkbox"/> Lack of digital tools for learning/affordability | <input type="checkbox"/> No space for studying | <input type="checkbox"/> Long term health Issues |
| <input type="checkbox"/> Others | <input type="checkbox"/> I'm not sure | |

If Other, Specify:

Primary Occupation

- Engineers
- Store Managers
- Teachers
- GHMC Workers
- Construction workers/Maestri
- Painter
- Security Guards
- Carpenter
- Electrician
- Shop Keeper
- Housekeeping (working in malls, corporate offices)
- Maids/Cooks
- Auto/Cab/Truck/Car Drivers
- Street Vendors
- Bouncers
- Housewife
- Pensioner
- Garbage Segregation
- Garlic peeling
- Student
- Not engaged in anything
- Others
- I'm not sure

If Other, specify.

Subsidiary Occupations of Household Members

- Engineers
- Store Managers
- Teachers
- GHMC Workers
- Construction workers/Maestri
- Painter
- Security Guards
- Carpenter
- Electrician
- Shop Keeper
- Housekeeping (working in malls, corporate offices)
- Maids/Cooks
- Auto/Cab/Truck/Car Drivers
- Street Vendors
- Bouncers
- Housewife
- Pensioner
- Garbage Segregation
- Student
- Ginger/garlic peeling
- Not engaged in anything
- Others
- N/A
- I'm not sure

If Other, specify.

Is the member currently earning?

- Yes
- No
- I'm not sure

If yes, does this member earn on a daily, monthly, or weekly basis?

- Monthly
- Weekly
- Daily
- Others
- N/A
- I'm not sure

If others, specify.

If not earning/ NA, why is this member not currently earning?

- | | | |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Old Age/Infant | <input type="checkbox"/> Student | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Health Concern | <input type="checkbox"/> Lost job | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Others | <input type="checkbox"/> I'm not sure | |

If others, specify.

Is this member looking for work?

- | | | |
|---|------------------------------|--|
| <input type="radio"/> Yes, but could not find work. | <input type="radio"/> No | <input type="radio"/> Not now, but sometime later. |
| <input type="radio"/> Not Applicable | <input type="radio"/> Others | <input type="radio"/> I'm not sure |

If others, specify.

Any Physical Disability

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Sensory Disability
(Vision/Hearing/Speech/ etc) | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Other |
| <input type="checkbox"/> None | <input type="checkbox"/> I'm not sure | |

If Other, specify.

Any Chronic Illness

- | | | |
|--|--|--|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Arthritis/Back Pain | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Paralysis | <input type="checkbox"/> High BP | <input type="checkbox"/> Heart Disease and stroke |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Alzhiemer's Disease | <input type="checkbox"/> Kidney Diseases |
| <input type="checkbox"/> Liver Cirrhosis | <input type="checkbox"/> Peptic Ulcer(stomach) | <input type="checkbox"/> Alcohol related health issues |
| <input type="checkbox"/> Smoking related health issues | <input type="checkbox"/> Asthma | <input type="checkbox"/> Others |
| <input type="checkbox"/> None | <input type="checkbox"/> I'm not sure | |

If Other, specify.
