

# Low-Carbon Development Project in Rural India Survey

*Assessing co-benefits for food and nutritional security, respiratory health, and income*

## Section I. Survey Information

Socio-Economic Survey Number

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I.i Date of Interview

m	m	d	d	y	y
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I.iv Member Code

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I.ii Interviewer

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I.iii Household Head

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I.v Notes

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## Section II. Household Information

II.i Taluk

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II.ii GP\_name

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II.iii Village

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II.vi Language

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II.vii Religion

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II.viii Household Size

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### Household Member Information

	a) Name	b) Relationship to HH Head	c) Age
II.xi			
II.xii			
II.xiii			
II.xiv			
II.xv			
II.xvi			

II.xvii Husband Occupation

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II.xviii Do you currently use a biogas fueled cooking stove?

a If so, when was the unit established?

	Yes	No
Month	Day	Year

II.xix Do you have a Television?

Yes

No

II.xx Notes

**Section III. Dietary Diversity**

III. How many times per day, week, or month does your household eat the following foods?

Food Source and Type	a) Yesterday	b) Times	c) per [ ]	d) Notes
<b>STAPLES (Grains, Tubers, Legumes)</b>				
III.i Rice				
III.ii Ragi				
III.iii Wheat				
III.iv Sorghum (Jowar)				
III.v Maize				
III.vi Chickpeas				
III.vii Lentils (Daal)				
III.viii Groundnuts				
III.ix Other Cereal/Pulse				
List:				
<b>VEGETABLES</b>				
III.x Beans				
III.xi Carrots				
III.xii Tomatoes				
III.xiii Brinja				
III.xiv Onion				
III.xv Spinach				
III.xvi Potatoes				
III.xvii Okra (Lady Finger)				
III.xviii Cauliflower				
III.xx Chillies				
<b>FRUIT</b>				

III.xxi	Banana				
III.xxii	Guava				
III.xxiii	Grapes				
III.xxiv	Orange				
III.xxv	Apple				
III.xxvi	Coconut				
III.xxvii	Pineapple				
III.xxviii	Chiku				
III.xxix	Papaya				
<b>MEAT / FISH / EGGS</b>					
III.xxx	Eggs (number)				
III.xxxi	Chicken				
III.xxxii	Fish				
III.xxxiii	Beef (cow)				
III.xxxiv	Pork (pig)				
III.xxxv	Mutton (sheep)				
<b>DAIRY</b>					
III.xxxvi	Milk				
III.xxxvii	Yogurt				
III.xxxviii	Paneer (Cheese)				
III.xxxix	Other Milk Product				
List:					
<b>OTHER (SUGAR, OIL, SNACKS, BEVERAGES)</b>					
III.xxxx	Tea, Coffee, Chai				
III.xxxxi	Soda (Dosa) / Cola				
III.xxxxii	Ice cream				
III.xxxxiii	Biscuits				

III.xxxxiv Note: List below any additional foods or unusual circumstances (no salt, sugar, or spices)


III.xxxxv How many meals did your household consume yesterday?

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III.xxxxvi Does your family cook new (types of) foods with the bio-gas cookstove?

Yes	No
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a If yes, what kinds of foods?

III.xxxxvii In these months, was there a day in which your household did not have enough food?

Jan	Feb	Mar	April	May	Jun	July	Aug	Sept	Oct	Nov	Dec

*Note: Record MIHFS*

III.xxxxviii Notes

## Section IV. Female Allocations of Time

RESPONDANT

How many hours did [respondant] spend engaging in the following activities?

Did they receive any payment (monetary, gift, otherwise) for this activity?

	Activity	a) Time	b) Hr/day	c) Compensation?	d) Notes
IV.i	Cooking				
IV.ii	Housework (clean)				
IV.iii	Labor work				
	List:				
IV.iv	Relaxing (TV etc.)				
IV.v	Socializing				
IV.vi	Other				
	List:				

WOMAN # 2

How many hours did [Woman #2] spend engaging in the following activities?

Did they receive any payment (monetary, gift, otherwise) for this activity?

	Activity	a) Time	b) Hr/day	c) Compensation?	d) Notes
IV.vii	Cooking				
IV.viii	Housework (clean)				
IV.ix	Labor work				

List:				
IV.x	Relaxing (TV etc.)			
IV.xi	Socializing			
IV.xii	Other			
List:				

**WOMAN # 3**

How many hours did [Woman #3] spend engaging in the following activities?

Did they receive any payment (monetary, gift, otherwise) for this activity?

	Activity	a) Time	b) Hr/day	c) Compensation?	d) Notes
IV.xiii	Cooking				
IV.xiv	Housework (clean)				
IV.xv	Labor work				
List:					
IV.xvi	Relaxing (TV etc.)				
IV.xvii	Socializing				
IV.xviii	Other				
List:					

IV.xix Notes

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**Section V. Children Allocations of Time**

V.i Name of Child #1:

V.ii What is the highest level of schooling [CHILD 1] attended?

How many hours did [Child #1] spend engaging in the following activities?

Did they receive any payment (monetary, gift, otherwise) for this activity?

	Activity	a) Time	b) Hr/day	c) Compensation?	d) Notes
V.iii	School				

V.iv	Homework				
V.v	Helping with house				
V.vi	Labor Work				
List:					
V.vii	Playing				
V.viii	Other				
List:					

V.ix Name of Child #2:

V.x What is the highest level of schooling [CHILD 2] attended?

How many hours did [Child #2] spend engaging in the following activities?

Did they receive any payment (monetary, gift, otherwise) for this activity?

	Activity	a) Time	b) Hr/day	c) Compensation?	d) Notes
V.xi	School				
V.xii	Homework				
V.xiii	Helping with house				
V.xiv	Labor Work				
List:					
V.xv	Playing				
V.xvi	Other				
List:					

V.xvii Name of Child #3:

V.xiii What is the highest level of schooling [CHILD 3] attended?

How many hours did [Child #3] spend engaging in the following activities?

Did they receive any payment (monetary, gift, otherwise) for this activity?

	Activity	a) Time	b) Hr/day	c) Compensation?	d) Notes
V.xiv	School				
V.xv	Homework				

V.xvi	Helping with house				
V.xvii	Labor Work				
	List:				
V.xviii	Playing				
V.xix	Other				
	List:				

V.xx Name of Child #4:

V.xxi What is the highest level of schooling [CHILD 4] attended?

How many hours did [Child #4] spend engaging in the following activities?

Did they receive any payment (monetary, gift, otherwise) for this activity?

	Activity	a) Time	b) Hr/day	c) Compensation?	d) Notes
V.xxii	School				
V.xxiii	Homework				
V.xxiv	Helping with house				
V.xxv	Labor Work				
	List:				
V.xxvi	Playing				
V.xxvii	Other				
	List:				

V.xxviii Notes



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## Section VI. Respiratory Health

[Respondant] Respiratory Health

VI.ii Suffered last month? (Dec 2012)

VI.iii Does it keep her from working?

a) Headache	b) Asthma/Cough	c) Lung Disease	d) TB

- VI.iv Does it require a doctors visit?
- VI.v Does she take medication for this?
- VI.vi Estimated Cost of the Problem?
- VI.vii Unit of cost (per visit, week, month)


[OTHER WOMEN (plural)] Respiratory Health

- VI.ix Suffered last month? (Dec 2012)
- VI.x Does it keep her from working?
- VI.xi Does it require a doctors visit?
- VI.xii Does she take medication for this?
- VI.xiii Estimated Cost of the Problem?
- VI.xiv Unit of cost (per visit, week, month)

a) Headache	b Asthma/Cough	c) Lung Disease	d) TB

[ALL CHILDREN] Respiratory Health

- VI.xv Suffered last month? (Dec 2012)
- VI.xvi Does it keep her from working?
- VI.xvii Does it require a doctors visit?
- VI.xviii Does she take medication for this?
- VI.xix Estimated Cost of the Problem?
- VI.xx Unit of cost (per visit, week, month)

a) Headache	b Asthma/Cough	c) Lung Disease	d) TB

V.xxii Notes  
(e.g. of diff health status  
for specific children,  
women)

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## Low Carbon Development Project in Rural India Survey

### Section VII. ASSET INFORMATION

Survey Number

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Village:

Household Head:

Taluk:

Date:


VII.i Do you own or have the following features in your home?

Clock or Watch	Bicycle	Drinking Water From Pump/Well	Flush Toilet	Number of Rooms in Dwelling
Radio	Motorcycle or Scooter	Drinking Water From Open Source	Pit Toilet/Latrine	Kitchen a Separate Room
Television	Car	Drinking Water From Other Source	None/Other Toilet	Dwelling all Low-Quality Materials
Sewing Machine	Refrigerator	Main Source of Light Electric	Own > 3.6 Acres Land	Dwelling all High-Quality Materials

### Section VII. ASSET INFORMATION

Survey Number

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Village:

Household Head:

Taluk:

Date:


VII.i Do you own or have the following features in your home?

Clock or Watch	Bicycle	Drinking Water From Pump/Well	Flush Toilet	Number of Rooms in Dwelling
Radio	Motorcycle or Scooter	Drinking Water From Open Source	Pit Toilet/Latrine	Kitchen a Separate Room
Television	Car	Drinking Water From Other Source	None/Other Toilet	Dwelling all Low-Quality Materials
Sewing Machine	Refrigerator	Main Source of Light Electric	Own > 3.6 Acres Land	Dwelling all High-Quality Materials

### Section VII. ASSET INFORMATION

Survey Number

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Village:

Household Head:

Taluk:

Date:


VII.i Do you own or have the following features in your home?

Clock or Watch	Bicycle	Drinking Water From Pump/Well	Flush Toilet	Number of Rooms in Dwelling
Radio	Motorcycle or Scooter	Drinking Water From Open Source	Pit Toilet/Latrine	Kitchen a Separate Room
Television	Car	Drinking Water From Other Source	None/Other Toilet	Dwelling all Low-Quality Materials
Sewing Machine	Refrigerator	Main Source of Light Electric	Own > 3.6 Acres Land	Dwelling all High-Quality Materials