

# IFMR Srirangapatna Personal Survey

## Question Sheet

***Note to Surveyor: After asking for any geographical information, please write down the address they have indicated and mark the spot of the map yourself in order to ensure accuracy.***

### ***Basic Demographic Information***

1. What is your name?
  - a. What is your age?
  - b. What is your caste?
  - c. What is the highest level of education that you have received?
  - d. Where do you live?

### ***Employment***

2. What industry or business do you work in?
  - a. What is your occupation?
3. Where do you work?
4. What, on average, is your annual income?
  - a. What does your annual income flow look like?

### ***Transportation***

5. What mode of transport do you use to get to work?
  - a. How long does this trip take in minutes?
  - b. Are there any bottlenecks or congested spots on your route?
  - c. Are there any other bottlenecks or congested spots in Srirangapatna?
6. Where are the primary areas that you shop?

7. What vehicles do you own?

### ***Water, Drinking***

8. What is your main source of drinking water?

9. Do you believe the drinking water you consume is safe to drink?

10. Do you treat your water?

11. What do you pay for drinking water on a monthly basis?

12. If you use public taps, which tap do you use?

a. If you use public taps, how well maintained is the facility?

13. What are the most important problems to fix in the public water system?

14. What time do you get water in the morning?

a. Is the water reliably available during this time?

15. What time do you get water in the evening?

a. Is the water reliably available during this time?

### ***Water, waste***

16. Do you have access to a toilet in your home?

a. If yes, what type of latrine is it?

b. If no, where do you perform this function?

i. If out in the open, why do you not use a public toilet?

ii. If use a public latrine, how do you pay for this service?

iii. If use a public latrine, what do you pay for this service?

iv. If use a public latrine, how well maintained is the facility?

v. If use a public latrine, what needs to be done to improve maintenance?

### ***Solid waste disposal***

17. Do you have garbage collection from your home?

- a. If yes, what do you pay for this service on a monthly basis?
- b. If no, where do you dispose of your garbage?

18. Do you treat your organic waste at your own home?

### ***Electricity***

19. Do you have electricity in your home?

- a. If yes, how many hours a day do you have electricity?

20. What do you pay for electricity on a monthly basis?

### ***Housing***

21. Do you rent or own your house?

- a. If rent, what approximately is your monthly rental cost?
- b. If own, what approximately is your monthly mortgage cost?
- c. If own, have you made a major renovation to your home in the past 5 years?

22. How many rooms are in your home?

23. What is the approximate size of your home?

24. How many people are living in your home?

25. What is the primary fuel you use for cooking?

26. What is the primary material of your house's wall?

27. What is the primary material of your house's roof?

28. How many months have you lived at your current residence?

- a. Where did you live before this?

### ***Finance***

29. Do you have access to credit/debt?

30. How do you store your savings?

31. What types of insurance do you have?

***Other***

32. Do you own a computer/laptop?

33. Do you have access to the internet?

34. How many phones are owned by people living in this home?

- a. If greater than zero, how many of these phones are land line phones and how many are mobile phones?