

## Socio-Economic Status

### Section 1: Household Information

#### 1. Head of the Family

- a. Who is the head of the family in your household? \_\_\_\_\_
- b. Is the head of the family male or female?
- ☐ Male
- ☐ Female
- c. Age: \_\_\_\_\_
- d. Income: \_\_\_\_\_
- e. Marital Status: \_\_\_\_\_
- f. Occupation: \_\_\_\_\_

#### 2. Family Members

- a. List the names of all family members living in the household.

Sl. No	Name	Relations hip to the HoH	Age	Sex	Maritia l Status	Educatio n	Occupati on	Income	Other source of income	Remark s
1.										
2.										
3.										
4.										
5.										
6.										
7.										

### Section 2: Assets and Liabilities

#### 7. Movable Assets

- a. What movable assets does your household own?
- ☐ Vehicles (Please specify) \_\_\_\_\_
- ☐ Livestock (Please specify) \_\_\_\_\_
- ☐ Electronics (Please specify) \_\_\_\_\_
- ☐ Other (please specify): \_\_\_\_\_

#### 8. Loans

- a. Does your household have any outstanding loans?
- ☐ Yes
- ☐ No
- b. If yes, what is the approximate amount of the loan? \_\_\_\_\_

### Section 3: Land Ownership

## 9. Land Status

- a. Does your household currently own any land?
- ☐ Yes
- ☐ No
- b. If yes, how much land do you own? \_\_\_\_\_
- c. Have you sold any land in the past 10 years?
- ☐ Yes
- ☐ No

## Section 4: Government Schemes and Facilities

### 10. APL/BPL Status

- a. Is your household classified as Above Poverty Line (APL) or Below Poverty Line (BPL)? (Nominal Scale: Categorical)
- ☐ APL
- ☐ BPL

## Section 5: Cultural Practices

### 12. Burial Ground

- a. Does your community have a designated burial ground?
- ☐ Yes
- ☐ No
- b. If yes, where is the burial ground located? \_\_\_\_\_
- c. If no, where are burials typically conducted?
- ☐ On private land
- ☐ In a shared space with other communities
- ☐ Other (please specify) \_\_\_\_\_

### 13. Rituals

- a. What are the major rituals or ceremonies practiced by your family? \_\_\_\_\_
- b. Are there any rituals or ceremonies unique to your village?
- ☐ Yes (Please specify) \_\_\_\_\_
- ☐ No

### 14. Marriage Practices

- a. Is marriage within the clan (endogamy) or outside the clan (exogamy) preferred in your community?
- ☐ Endogamy
- ☐ Exogamy

## Section 6: Housing & Infrastructure

### 15. Type of House

- a. What type of house do you live in? \_\_\_\_\_

### 16. Basic Amenities

- b. What is your main source of drinking water?
- ☐ River/Spring
- ☐ Piped water
- ☐ Others (please specify) \_\_\_\_\_

**b.** What type of toilet facility does your household have?

- ☐ Open defecation
- ☐ Community toilet
- ☐ Household toilet

## **Section 7: Health & Nutrition**

### **17. Healthcare Access**

**a.** Do you have access to a primary health center (PHC)?

- ☐ Yes
- ☐ No

**b.** If no, how far is the nearest health facility? **(Ratio Scale, in km)** \_\_\_\_\_

**c.** Do you rely on traditional medicine for treatment?

- ☐ Yes
- ☐ No

### **18. Common Health Issues**

**a.** What are the most common health problems in your community?

- ☐ Malnutrition
- ☐ Tuberculosis
- ☐ Malaria/Dengue
- ☐ Maternal health issues
- ☐ Other (please specify) \_\_\_\_\_

## **Section 8: Digital Access**

### **20. Technology and Internet Usage**

**a.** Does your household have access to the internet?

- ☐ Yes
- ☐ No

**b.** Is there a mobile network tower in your area?

- ☐ Yes
- ☐ No

**e.** How would you rate the network connectivity in your area?

- ☐ Very Poor
- ☐ Poor
- ☐ Average
- ☐ Good
- ☐ Excellent

## Health Profile

### Section 1: Basic Information

Mother's Name: \_\_\_\_\_

1.Age of Mother: \_\_\_\_\_ years

2.Total Number of Births: \_\_\_\_\_

3.Year of Birth of Each Child:

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_ Child 3: \_\_\_\_\_ Child 4-10: \_\_\_\_\_

### Section 2: Birth Details

1.Place of Delivery:

☐ Home ☐ Government Hospital ☐ Private Hospital/Clinic ☐ Others: \_\_\_\_\_

2.Who assisted during delivery?

☐ Doctor ☐ Nurse ☐ Traditional Birth Attendant ☐ Family Member ☐ Others: \_\_\_\_\_

3.Did you receive antenatal care (check-ups during pregnancy)?

☐ Yes ☐ No

4.If Yes, how many times did you visit for antenatal care?

☐ 1-2 times ☐ 3-5 times ☐ More than 5 times

### Section 3: Child Healthcare & Vaccination

1.Was the child vaccinated?

☐ Yes ☐ No

2.Where did you go for vaccination?

☐ Government Health Center ☐ Private Clinic/Hospital

3.If your child was not vaccinated, what was the reasons?

☐ Lack of awareness ☐ No nearby healthcare center ☐ Cultural beliefs ☐ Financial issues ☐ Other \_\_\_\_\_

### Section 4: Medical Assistance & Healthcare Access

1.Did you or your child need medical assistance during or after birth?

☐ Yes ☐ No

2.If Yes, where did you seek medical assistance?

☐ Government Hospital ☐ Private Hospital ☐ Traditional Healer ☐ Others: \_\_\_\_\_

3.How frequently do you visit a medical facility for maternal or child healthcare?

☐ Regularly (Every few months) ☐ Occasionally (Only when necessary) ☐ Rarely

4.Did you face any difficulties accessing medical care?

☐ Yes ☐ No

5.If Yes, what challenges did you face?

☐ Lack of transportation ☐ High medical costs ☐ Long distance to the hospital

☐ Poor quality of service ☐ Other: \_\_\_\_\_

### Section 5: Maternal Health & Nutrition

1.Did you receive postnatal care (check-ups after delivery)?

☐ Yes ☐ No

2.Did you take iron and folic acid supplements during pregnancy?

☐ Yes ☐ No

3.Were you given nutritional advice during pregnancy?

☐ Yes ☐ No

4.What was your primary source of nutrition information?

☐ Doctor/Nurse ☐ Family ☐ Traditional Healer ☐ Media (TV, Radio, Internet)

## MORTALITY SURVEY

Number of Deaths (e.g., in immediate family): \_\_\_\_\_

Place of Death (if applicable): \_\_\_\_\_

1. Year of Death:

☐ 2020 ☐ 2021 ☐ 2022 ☐ 2023 ☐ 2024 ☐ Other: \_\_\_\_\_

2. Relationship to Deceased:

☐ Father ☐ Mother ☐ Sibling ☐ Grandparent ☐ Child ☐ Spouse ☐ Other: \_\_\_\_\_

3. Cause of Death (Illness/Condition):

☐ Heart Disease ☐ Stroke ☐ Cancer ☐ Respiratory Disease ☐ Kidney Disease

☐ Accident ☐ Suicide ☐ Pregnancy-related ☐ Old Age ☐ Other: \_\_\_\_\_

4. Abortion/Miscarriage (if applicable):

☐ Yes ☐ No

5. Birth Weight (for newborns who passed away):

☐ Less than 1 kg ☐ 1-2 kg ☐ 2-3 kg ☐ 3-4 kg ☐ More than 4 kg

(below 5 years of age): \_\_\_\_\_

## 2. Live Births and Child Deaths (Last Five Years)

Number of Live Births (last five years): \_\_\_\_\_

Number of Child Deaths (below 5 years of age): \_\_\_\_\_

Year of Child Death (if applicable):

☐ 2020 ☐ 2021 ☐ 2022 ☐ 2023 ☐ 2024 ☐ Other: \_\_\_\_\_

Cause of Child Death (if applicable):

\_\_\_\_\_

Age at Death (if applicable):

☐ Less than 1 month ☐ 1-6 months ☐ 6 months – 1 year ☐ 1-2 years ☐ 2-5 years