

Appendices

Sl. No.

Scheduled Questionnaire **Consumption Expenditure Pattern among the Bodos** **A Study of Baksa District, Assam**

Part – I **(Introduction of the Household)**

1. Name of the respondent:
2. Name of Village: Distance from Block: km
3. Name of Block:
4. Name of subdivision: Distance from sub-division: km.
5. Name of District:
6. Religion: 1) Hindu 2) Christian
7. Caste : ST
8. Economic Category :
1) APL 2) BPL
9. Nature of family: 1) Joint family 2) Nuclear family

Part- II **(Particulars of Households' Members)**

Sl. No	Name (First mention the name of the Head)	Age	Sex (M/ F)	Marital Status	Education	Occupation	Monthly Income	Yearly Income
1								
2								

Code: Marital Status: 1=Married, 2=Unmarried, 3=Others

Education: 1=Illiterate, 2=Literate, 3=LP, 4=UP, 5=HS, 6=B.A/B.Sc, 7=M.A/M.Sc, 8=Professional (MPhil/PhD, Engineer, Doctor), 9 = others

Occupation: 1= Agriculturist/Farmer, 2=Industrial Labour, 3=Industrialist, 4=Businessman, 5=Govt. Employee, 6=Pvt. Employee, 7=Self Employed, 8=Unpaid Family Worker, 9=Unemployed, 10=Student, 11=Not in labour force.

Part – III **(Details of Housing Facilities)**

Which of the following amenities you possess? Please give a tick mark (√)

1. Ownership of House: 1) Owned, 2) Rented, 3) Parental

2. Type of house: 1) Kutcha, 2) Pucca, 3) Semi-Pucca.
3. Source of house Construction: 1. Own source, 2. Provided by Govt.
4. Type of roof: 1) Thatched, 2) Tin, 3) Concrete
5. Nature of floor: 1) Mud, 2) Cement, 3) Marble/ Tiles
6. Source of energy for lighting: 1) Kerosene, 2) Solar, 3) Electricity
7. Toilets facility: 1) Open air, 2) covered pit, 3) Flush
8. Source of toilet construction: 1. Own source, 2 Provided by Govt.
9. Furnishing of house: 1) Minimal, 2) Moderate, 3) Lavish
10. Fuel used for cooking: 1) Fire wood, 2) Kerosene, 3) Cooking gas
11. Source of drinking water: 1) Own well, 2) Neighboring well, 3)PHE Water supply connection, 4) River water

Part – IV

(Consumer Durables and Other Assets of the Households)

Does your household possess following durable goods and assets?

(Write the quantity and approximate value)

Sl. No.	Item	Amount/Quantity	Value in Rs.
1	Land (in bigha)		
2	Cycle		
3	Motor Cycle(Two wheeler)		
4	Car		
5	Television		
6	Fridge or Refrigerator		
7	Oven and cooking Range		
8	Computer		
9	Telephone/Mobile		
10	Washing Machine		
11	Air Conditioner		
12	Electric Fan		
13	Almirah/ Dressing Table		
14	Jewellery		
15	Sewing Machine		
16	Pump set		
17	Tractor		
18	Other (pls. specify)		

Part – V

(Consumption Expenditure Pattern on Food Items in last 7 days in Rs.):

How much money your family spent on following food items?

(Write the approximate value under each source)

Sl. No	Items	Source			Total Value(Rs.)
		Own	PDS	Purchased	
1	<u>Cereals & Substitutes</u> (Rice, wheat, maida, suji, noodles etc.)				
2	<u>Milk and Milk Products</u> (Milk, milk powder, butter, ghee, ice cream etc.)				
3	<u>Pulse and Pulse Products</u> (Gram,beans, peas etc.)				
4	<u>Edible Oil</u> (Mastered oil, refined oil,sunflower oil, groundnut oil etc.)				
5	<u>Vegetables</u> (Cabbage, cauliflower, brinjal, carrot, tomato, potato, lady's finger, onion, pumpkin, radish, leafy vegetables etc.)				
6	<u>Egg, Fish & Meat</u> (Mutton, Pork, poultry, eggs, fish etc.)				
7	<u>Salt and Spices</u> (Salt iodised,others salt, chilly, black pepper, turmeric, garlic, ginger etc.)				
8	<u>Sugar and Sugar Products</u> (Sugar crystal, gur, honey etc.)				
9	<u>Fruits and Nuts</u> (Apple, banna, grapes, orange, guava, mango, water melon, ground nut, cashew nut, pea nut, kismish etc.)				

10	<u>Beverages, Refreshment & Processed Food</u> (Tea leaf, coffee powder, fruit juice, biscuits and confectionery, pickles, jam or jelly, sauce etc.)				
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Part – VI

a. (Consumption Expenditure Pattern on Non-Food Items in last 30 days in Rs.):

How much money your family spent on following non-food items?

(Write the quantity and approximate value under each source)

Sl.No	Items	Source			Total Value (Rs.)
		Own	PDS	Purchased	
1	Housing (Rent and Maintenance)				
2	Education				
4	Electricity				
5	Telephone/Mobile				
6	Firewood/Cooking Gas				
7	Kerosene				
8	Petrol/Diesel				
9	Medical (Health care)				
10	Hygienic & toilet items				
11	Recreational Expenses				
12	Cosmetic items				
13	Transport charges				
14	News paper and periodical				
15	Social obligations (Donations, Gifts)				
16	Personal habits (Pan, Tobacco, Intoxicants)				
17	Water				
18	Others (Specify)				

(b) Consumption expenditure pattern on durable goods during the 365 days (in Rs.)

(Write the approximate value under each source)

Sl. No.	Item	Source		Total value in Rs.
		Own	Purchased	
1	Clothing			

2	Footwear			
3	Furniture			
4	Utensils			
5	Ornaments			
6	Kitchen equipments			
7	Vehicles			
8	Audio – Video equipment			
9	Other households appliances			

Part – VII
(Savings, Liabilities and Insurance)

(i) Details of Savings:

How much money your family saves? (Write the approximate amount institution-wise)

Sl. No.	Institutions	Mode of Savings	Total Amount(Rs)
1	Banks		
2	Post offices		
3	SHGs		
4	Co-operatives		
5	Govt. financial institutions		
6	Private financial institutions		
7	Securities		
8	Others		

Code:

Mode of savings: 1= Daily, 2= weekly, 3= fortnightly, 4=Monthly, 5=Quarterly,
6=Half yearly, 7=Yearly, 8= As per convenience.

ii) Details of Liabilities:

Does your family have any liabilities? (Yes/no, if yes fill up the following information)

Sl. No.	Source	Amount(Rs)	Purpose	Mode of Repayment	Amount of Repayment

Source: 1=Banks, 3=SHGs 4=Co-operatives, 6= Private financial institutions,
7=Moneylenders, 8= Relatives, 9=Friends, 11=Other (Specify)

Purpose: 1=Building/house Construction, 2=Agriculture, 3=Business, 4=Education,
5=Marriage, 6= Medical expenses, 7=Purchase of land/property, 8=Purchase of consumer durables, 9=Other (Specify)

Mode of Repayment(if borrowed):1= Daily, 2= weekly, 3= fortnightly,
4=Monthly,5=Quarterly, 6=Half yearly, 7=Yearly, 8= As per convenience.

(iii) Details of insurance:

Do your family possess any insurance policies? (Yes/no, if yes fill up the following information)

Sl. No.	Type	Policy Amount	Premium Amount	Frequency of Payment

Code: Type: 1= Life insurance, 2= Medical insurance, 3= Vehicle insurance, 4= others (Specify)

Frequency of Payment: 1= Monthly, 2= Quarterly, 3= Half yearly, 4= Yearly,

5= Other (Specify).

Part – IX

(Please give (√) tick mark or write the number where applicable)

1. Do you drink liquor? (Yes/no)
2. How many members of your family drinks liquor? (Write number)
3. Do you think that drinking habits of elders of the households' influence the other younger members of family? (yes/no)
4. Do you participate in gambling like teer, dice etc.?(yes/no)
5. Does locational distance of the household from the market or town affect household consumption? (yes/no)
6. Do you think that consumptions are influenced by religion? (yes/no)

Thank you for co-operation

Signature of the Investigator