

# Control Survey

<b>State</b>	[Pre-printed]	<b>District</b>	[Pre-printed]	<b>Block</b>	[Pre-printed]
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Form Number										Interviewer's Name					Date		Gram Panchayat		Village		Hamlet
			/					/													
<b>Block code</b> [Pre-printed]		/	<b>Village code</b>			/	<b>Serial number</b>														

A. Household Details																	
A1	Full Name of respondent										A3	Full Name of head of household					
A2	Mobile Number										A4	Sex of head of household		<input type="radio"/> Male		<input type="radio"/> Female	

<b>B. Children's Details (Irrespective of receipt of SoUL lamp, applicable to all children from 5 to 17 years or up to 12<sup>th</sup> Class )</b>								
	B1	B2	B3	B4	B5	B6	B7	B8
S. No.	Full Name	Age	Sex (M/F)	Does he/she go to school? (Yes/ No)	Class	Why has he/she not received SoUL lamp? (Specify the reason)	Which devices* do you use for studying (Specify all the devices, else specify the reason for not studying in the dark hours)	If, <b>for B7</b> , devices are used for studying, specify <b>time of study (mins/hours)</b> . If, <b>for B7</b> , no devices are used for studying, <b>go to C1</b>
1								
2								
3								
4								
5								
6								

\*If studying in street light or community light (in temple) etc. then specify in B7

<b>C1 Kerosene/ Other oil Purchased</b>					
S. No.		Litre/s per month	Avg. Price per litre	Frequency (Number of trips for purchase per month)	Generally collected by whom? (specify whether Adult woman/Adult man/ Girl child/boy child)
1	Purchased from Govt. Ration shop - PDS				
2	Purchased from Market				

<b>C2 Kerosene Used</b>				
	Lighting	Cooking	Heating water	Other (Please specify)*
Consumption (litre/s per month)				

\*Other use may also include resale, in vehicles, etc.

<b>C3 Usage of other oil for lighting (For example, if used for lighting purpose, any of the cooking oils like groundnut, mustard, sunflower, etc.)</b>			
Name of oil	Consumption (litre/s per month)	Avg. Price per litre	Device/s used

<b>C4 Devices using kerosene/ other oil</b>					
S. No.	Device	Do you use the device? (Yes/ No)	Quantity used*	Number of hours per day	Number of days per month
1	Chimni (Simple wick lamp)				
2	Hurricane lamp				
3	Wick stove				
4	Other (Please specify)				

\*By "Quantity used" we mean number of devices they are actually using for lighting purpose and NOT the number of devices they possess.

<b>C5 Do you have electricity at home? If "No" go to C12</b>	<input type="radio"/> Yes	<input type="radio"/> No
<b>C6 Do you have electric meter/ one point connection/ shared connection?</b>	<input type="radio"/> Yes	<input type="radio"/> No
<b>C7 Do you have inverter at home?</b>	<input type="radio"/> Yes	<input type="radio"/> No
<b>C8 Do you have generator at home?</b>	<input type="radio"/> Yes	<input type="radio"/> No

<b>C9 Interval of electricity bill receipt</b>		
<input type="radio"/> Not applicable	<input type="radio"/> Every month	<input type="radio"/> Every 3 months
<input type="radio"/> Every 6 months	<input type="radio"/> Every year	<input type="radio"/> Other (Please specify)
<b>C10</b>	<b>Electricity bill amount paid as per the above mentioned interval (Rs)</b>	

<b>C11 Features of electric lighting devices (bulbs/ tubes) used at home</b>				
S. No.	Type of device	Number of devices	How much period (days/weeks/ months/ years) does this device last for?	Avg. price of device (Rs per unit)
1	Incandescent bulb			
2	CFL			
3	Tubes			
4	LED			
5	Chargeable torch			
6	Other (Please Specify)*			

\* If using torch in mobile phone specify that also as other electric lighting device.

<b>C12 Features of candle</b>		
Number consumed/ month (Specify candle or pack)	Usage in hours per day	Avg. price of candle or pack (Rs per unit)

<b>C13 Features of battery torch at home (non-rechargeable)</b>				
	Number of cells	Number of times cells replaced per month	Avg. price of torch (Rs per unit)	Maintenance Cost (Rs per unit)**
Torch 1				
Torch 2				
Torch 3				

\*\* If use-and-throw (Chinese) torch, then in 'Maintenance Cost' write **not applicable**

<b>C14 Features of renewable energy devices used at home</b>							
S. No.	Name of device	Number	Capacity	Initial investment (Rs)*	Working (Yes/ No)	Maintenance Cost (Rs per unit)	Year of purchase
1							
2							
3							

\* If no investment has been made (grant/ donation), then in 'Initial investment' write **not applicable**

**D. Willingness to pay for other Solar Products (Please tick in the appropriate circle)**

<b>D1</b>	<b>What are the solar energy related needs of the household?</b>	<b>Energy Needs</b>	<b>As you are aware, actual cost of SoUL lamp is Rs 500 but due to subsidy it is available for students at Rs 120. Keeping this in mind, how much you are willing to invest for the following uses?</b>
		<input type="radio"/> Lighting	
		<input type="radio"/> Cooking	
		<input type="radio"/> Irrigation	
		<input type="radio"/> Others (Please specify)	
<input type="radio"/> None			

**E. Community Details (Please tick in the appropriate circle)**

<b>E1</b>	<b>Type of Card Holder (Please tick in the appropriate circle)</b>		
<input type="radio"/> Below Poverty Line (BPL)	<input type="radio"/> Antyoday	<input type="radio"/> Other (Please specify)	
<input type="radio"/> Above Poverty Line (APL)	<input type="radio"/> No card		

**E2 Primary Source of Income (Please tick only one)**

<input type="radio"/> Agriculture	<input type="radio"/> Labor	<input type="radio"/> Agriculture + Labor
<input type="radio"/> Service	<input type="radio"/> Dairy	<input type="radio"/> Skill-based occupation (carpentry, pottery, etc.)
<input type="radio"/> MGNREGS	<input type="radio"/> Remittance	<input type="radio"/> Other (Please specify)

**E3 Religion (Please tick only one)**

<input type="radio"/> Hindu	<input type="radio"/> Muslim	<input type="radio"/> Christian
<input type="radio"/> Sikh	<input type="radio"/> Buddhist	<input type="radio"/> Jain
<input type="radio"/> Other (Please specify)		

**E4 Social Group (Please tick only one)**

<input type="radio"/> Scheduled Tribe (ST)	<input type="radio"/> Scheduled Caste (SC)
<input type="radio"/> Other Backward Caste (OBC)	<input type="radio"/> Nomadic/ Denotified Nomadic Tribe/ Vimukta Jati Nomadic Tribe (NT/ DNT/ VJNT)
<input type="radio"/> Open (General)	<input type="radio"/> Other (Please specify)

<b>E5</b>	<b>Name of caste/ tribe you belong to</b>	
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Signature of the respondent		Signature of the interviewer	
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**Please note the suggestions and complaints by the respondent below.**

**Interviewer's Notes:**