PART A: SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE

Name of the Respondent:

Address:

1. Sex: [ ] 1. Male [ ] 2. Female

2. Age (in completed years): 

3. Religion: 

4. Cast: 

5. Do you have a Phone: [ ] 1. Yes. [ ] 2. No

If yes, Number: 

6. Do you have a Mobile: [ ] 1. Yes. [ ] 2. No

If yes, Number: 

7. Does your Mobile Phone have a Radio? [ ] 1. Yes. [ ] 2. No

8. Do you have transport?


[ ] 4. Bullock Cart [ ] 5. None

9. Education of the respondent: Instruction: **TICK ONLY ONE**

[ ] 1. Illiterate
[ ] 2. Literate but no formal education
[ ] 3. School up to 5 years (Class 1-5)
[ ] 4. School up to 6-9 years (Class 6-9)
[ ] 5. SSC/HSC

10. Occupation of the respondent: Instruction: **TICK ONLY ONE**

[ ] 1. Farmer
[ ] 2. Wage labourer
[ ] 3. Skilled worker
[ ] 4. Petty Trader (shop keeper)
[ ] 5. Self employed
6. Under Graduate
7. Graduate /Post Graduate (General)
8. Professional (Doctor, Engg, LLB,MBA)
9. Technical (Diploma/IT)
10. Others (Specify) _______________

11. Does the respondent’s house have electricity? **Instruction: OBSERVE AND WRITE**
   - 1. Yes.
   - 2. No

12. Type of House **Instruction: OBSERVE AND TICK ONE**
   - 1. Hut
   - 2. Semi Pucca
   - 3. Pucca
   - 4. Apartment
   - 5. Independent house/Bungalow

13. Where do you get your Drinking Water? **Instruction: TICK ONLY ONE**
   - 1. Tap in the House
   - 2. Common Tap
   - 3. Hand pump / Bore well
   - 4. Well
   - 5. Tank/ Pond
   - 6. Others: (specify): ______________

14. What type of cooking fuel do you use **Instruction: TICK AS MANY AS APPLICABLE**
   - 1. LPG/Gas
   - 2. Kerosene
   - 3. Firewood
   - 4. Gobar gas/bio fuels
   - 5. Others: Specify: ______________

15. What toilet arrangements do you have? **Instruction: TICK ONLY ONE**
   - 1. Private (in your own house)
   - 2. Common (shared by others)
   - 3. Open fields
   - 4. Others: Specify: ______________

16. Are there any persons with disabilities in the house? **Instruction: TICK ONLY ONE**
   - 1. Yes.
   - 2. No

17. If yes, state nature of disability:
   - 1. Visual
   - 2. Speech

18. Currently are you member of a Self Help Group? **Instruction: TICK ONLY ONE**
   - 1. Yes.
   - 2. No

   If yes indicate name:
   Activity:
   Is the group holding regular meeting:
   - 1. Yes.
   - 2. No

   Does the group have a Bank Account:
   - 1. Yes.
   - 2. No

19. Currently are you a member of any social group, association etc? **Instruction: TICK ONLY ONE**
   - 1. Yes.
   - 2. No

   If yes indicate name:
20. Indicate your economic status
   Instruction: TICK ONLY ONE
   □ 1. BPL
   □ 2. APL
   □ 3. Red Card

21. Assets owned by the Household
   Instruction: TICK AS APPLICABLE
   □ 1. Tape Recorder
   □ 2. CD Player
   □ 3. Two wheeler
   □ 4. Electric Mixer/Grinder/Food Processor
   □ 5. Air cooler
   □ 6. Washing Machine
   □ 7. Car/jeep
   □ 8. Computer
   □ 9. Air conditioner
   □ 10. Refrigerator
   □ 11. Geyser

22. Name five most pressing problems faced by your community?
   (Indicate area and issue: e.g. Health, Epidemic, Environment, Pollution, Education, Drainage, Roads, Electricity, drinking water, sanitation, service delivery of Government Programmes etc)

<table>
<thead>
<tr>
<th>Area</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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PART – I

Village Profile:

Area Population:

District:

State:
23. Which of the following are there in the survey area: Provide a brief description, indicating number, type etc.

A) Anganwadi / Play School:

B) Primary Schools:

C) Secondary Schools:

D) Colleges:

E) Health Centre (PHC/CHC):

F) Hospitals:

G) Youth clubs:

H) Sports clubs:

I) Environment clubs:

J) Village Knowledge Centre/Common Multi Media Centre/Common Service Centre:

K) Krishi Vigyan Kendra:

**PART B: MEDIA PROFILE**

*Instruction: TICK THE APPROPRIATE BOX*

<table>
<thead>
<tr>
<th>Media Ownership</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you receive a newspaper at home</td>
<td></td>
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<tr>
<td>2. Do you receive magazines at home</td>
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<tr>
<td>3. Do you own a TV?</td>
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<td>4. If yes, is it colour or black &amp; white?</td>
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<tr>
<td>5. If yes, do you have a cable or DTH connection?</td>
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<td>6. Do you own a Radio</td>
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<td>7. If yes, does it have FM/MW/SW Band?</td>
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<tr>
<td>8. Do you have Internet Connection?</td>
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</tbody>
</table>

24. What TV channels do you watch most? Name 3 most watched channels.

a. News                                                                           1.  2.  3.

b. Entertainment                                                                  1.  2.  3.

c. Area specific information from which channel:                                  1.  2.  3.
25. How often do you listen to the radio?

*Instruction:* TICK ONLY ONE BOX

- [ ] 1. Daily
- [ ] 2. Five to six times a week
- [ ] 3. Three to four times a week
- [ ] 4. Once or twice a week
- [ ] 5. Less than once a week
- [ ] 6. Do not listen

26. When do you usually listen to Radio?

*Instruction:* TICK AS MANY AS APPLICABLE

- [ ] 1. 6-8 AM
- [ ] 2. 8-10 AM
- [ ] 3. 10-1 PM
- [ ] 4. 1-3 PM
- [ ] 5. 3-5 PM
- [ ] 6. 5-8 PM
- [ ] 7. 8-10 PM
- [ ] 8. after 10 PM

27. What channels do you listen to most? Name up to 3 most heard channels.

1. FM Commercial Channel: 1. 2. 3.
2. Community Radio Station: 1. 2. 3.
3. AIR FM/MW/SW News: 1. 2. 3.

28. Where do you usually listen to the Radio?

*Instruction:* TICK AS MANY AS APPLICABLE

- [ ] 1. Home
- [ ] 2. Work Place
- [ ] 3. Traveling /Commuting
- [ ] 4. Others (specify)

29. What do you like most about the Radio Channels you listen to?

*Instruction:* TICK AS MANY AS APPLICABLE. Give ranking of 5 most liked channels/attributes

- [ ] 1. Presenters/RJs/Anchors
- [ ] 2. Good Music
- [ ] 3. Interactive programmes/phone-ins
- [ ] 4. Information updates (traffic, market prices etc)
- [ ] 5. Information about local community problems
- [ ] 6. Information about new things
- [ ] 7. News
- [ ] 8. Sports coverage
- [ ] 9. Others: Specify:

30. Do Radio Channels seek feedback from you about their programmes?

- [ ] 1. Yes.
- [ ] 2. No

31. Have radio programmes impacted your life in terms of education, income, job, health etc?

- [ ] 1. Yes.
- [ ] 2. No

32. If yes, please specify:
33. Have you ever participated in any of the following?

☐ 1. Radio Programme  ☐ 4. Singing
☐ 2. TV Programme  ☐ 5. Kavi Sammelan
☐ 3. Theatre/local Ramlila  ☐ 6. Debate

34. Would you like to participate in Community radio programmes?

☐ 1. Yes.  ☐ 2. No

35. Which type of programmes would you like to participate in?

☐ 1. Music  ☐ 5. Health
☐ 2. Theatre  ☐ 6. Environment
☐ 3. Education  ☐ 7. Radio Jockey (RJ)
☐ 4. Agriculture/Rural Development  ☐ 8. Other (specify)

Name of the investigator:

Date:

Name of the supervisor:

Date: