

**Government of India  
MINISTRY OF INFORMATION & BROADCASTING  
(CRS CELL)**

**Community Radio Survey Questionnaire**

<b>Respondent Number</b>			
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**PART A: SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE**

Name of the Respondent:

Address:

**1. Sex:**  1. Male       2. Female

**2. Age** (in completed years)

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**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?**

1. Car       2. Jeep       3. Tractor

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) \_\_\_\_\_

- 6. Service – Government
- 7. Service Private
- 8. Homemaker
- 9. Student
- 10. Retired
- 11. Unemployed
- 12. Others

**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

**19. Currently are you a member of any social group, association etc?**

**Instruction: TICK ONLY ONE**

- 1. Yes.
- 2.No

**If yes indicate name:**

**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

**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. Geysers

**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)**

Area	Issue
1.	
2.	
3.	
4.	
5.	

**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***

Media Ownership	Yes	No
1. Do you receive a newspaper at home	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.
2. Do you receive magazines at home	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.
3. Do you own a TV?	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.
4. If yes, is it colour or black & white?	<input type="checkbox"/> 1. Colour	<input type="checkbox"/> 2. B/W
5. If yes, do you have a cable or DTH connection?	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.
6. Do you own a Radio	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.
7. If yes, does it have FM/MW/SW Band?	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.
8. Do you have Internet Connection?	<input type="checkbox"/> 1.	<input type="checkbox"/> 2.

**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**

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Daily                      | <input type="checkbox"/> 4. Once or twice a week  |
| <input type="checkbox"/> 2. Five to six times a week   | <input type="checkbox"/> 5. Less than once a week |
| <input type="checkbox"/> 3. Three to four times a week | <input type="checkbox"/> 6. Do not listen         |

**26. When do you usually listen to Radio?**

**Instruction: (TICK AS MANY AS APPLICABLE)**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 1. 6-8 AM  | <input type="checkbox"/> 5. 3-5 PM      |
| <input type="checkbox"/> 2. 8-10 AM | <input type="checkbox"/> 6. 5-8 PM      |
| <input type="checkbox"/> 3. 10-1 PM | <input type="checkbox"/> 7. 8-10 PM     |
| <input type="checkbox"/> 4. 1-3 PM  | <input type="checkbox"/> 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)**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Home       | <input type="checkbox"/> 3. Traveling /Commuting |
| <input type="checkbox"/> 2. Work Place | <input type="checkbox"/> 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**

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

**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?**

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Radio Programme       | <input type="checkbox"/> 4. Singing       |
| <input type="checkbox"/> 2. TV Programme          | <input type="checkbox"/> 5. Kavi Sammelan |
| <input type="checkbox"/> 3. Theatre/local Ramlila | <input type="checkbox"/> 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?**

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Music                         | <input type="checkbox"/> 5. Health            |
| <input type="checkbox"/> 2. Theatre                       | <input type="checkbox"/> 6. Environment       |
| <input type="checkbox"/> 3. Education                     | <input type="checkbox"/> 7. Radio Jockey (RJ) |
| <input type="checkbox"/> 4. Agriculture/Rural Development | <input type="checkbox"/> 8. Other (specify)   |

**Name of the investigator:**

**Date:**

**Name of the supervisor:**

**Date:**