QUESTIONNAIRE

A)	Fa	mily Backgroun	d			
	1.	Name of the fem	nale worker	***************************************		
	2.	Age	Terrelande (Table)			
	3.	Married / Unmar	ried	***************************************		
	4.	Native Place	***************************************			
	5.	Education	***************************************			
	6.	Religion and Ca	ste			
	7.	Type of Family (Joint / Divided)			
	8.	Do you belong to	o backward cla	ss? Yes/N	lo.	
		If yes, which typ	e		······················	
		Family Informa	tion			
Sr. No	- 1	Name	Religion to household	Age	Sex	Education
1.						
2.						
3.						
4.	1					
5.	1					
6.						
7.	7			***************************************		
B)	0	ccupational Info	rmation			
1.	Si	nce when you are	e working as a v	worker in t	tobacco in	dustry?
		here are you wor	•		E what is the contract of the	
3.	Na	ame of the owner	/ Merchant / Co	ompany		

4.	(Na	•						? If ye			e per	
5.	Ho	w did	you le	arn this	s work	?			November 11.	_		
6.	W	ny are	you w	orking	in the	tobacc	o indu	ıstry?		_		
	i)	-	earn i	_								
	ii)	Or	der of	senior	memb	ers in	the fai	mily.				
	iii)	Fa	mily b	usines	S							
	iv)	No	alterr	native j	ob							
	v)	Lo	w leve	of ed	ucatio	n.						
	vi)	Ea	asy job									
	vii)) Ot	her rea	asons	(Speci	fy)						
7.	Но	w did	you re	cruit ir	this jo	b?						
	i)	the	ought r	routine	applic	ation p	roced	ure				
	ii)	thi	rough i	relative	es							
	iii)	thi	rough 1	friends								
	iv)	thi	rough 1	trade u	nion.							
	v)	Ot	her (S	pecify)								
C)	Ov	ertim/	e Wor	k								
1)	Do	you g	jet ove	ertime v	work?							
	Ye				No							
	lf y	/es,										
	20	01-02										
Ja	ın.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug	Sep	Oct.	Nov	Dec
		****	<u> </u>	†	† ·	 	 		1			†

2002-03

J	an.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug	Sep	Oct.	Nov	Dec
									•		•	

2003-04

Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug	Sep	Oct.	Nov	Dec
							•	•		•	•

- 2) Why are you doing overtime work?
 - i) Order of the employer.

Yes

No

- ii) For additional income
- iii) Order of the senior members in the family.
- iv) To fulfil the needs.
- v) My close friends are working in tobacco industry.
- vi) No alternative job.
- vii) Others (Specify)
- 3) Do you like overtime work? Yes / No : why?
 - i) Order of the employer.
 - ii) No alternative work.
 - iii) To earn income
 - iv) No alternative skill.
- 4) What is the average monthly income earned by you during last 3 years?

Year	Rs.
2001-02	
2002-03	
2003-04	
	l .

D) Working Hours

- 1. How many hours do you work daily in tobacco industry?
- 2. Type of your work?

Type of Work	Nature of Appointment
Permanent	
Daily Wages	
Seasonal	

- 3. How many hours do you generally work?
- 4. Which are the facilities provided by employer during working hours?
 - i) Rest room
 - ii) Drinking water
 - iii) Toilet / laterine
 - iv) Tea
 - v) Meals
 - vi) Medical facilities
 - vii) Others
- 5. Working condition is satisfactory?

Yes

No

If No, why?

- i) No facility of tea, water etc.
- ii) Lack of cleanliness
- iii) No Restroom
- iv) No exhaust fans.
- v) Others (Specify)
- 6. Monthly pay? Rs.

Month

2001-02

2002-03

2003-04

7.	Do	es nature of work ren	nain constant or any	changes weekly? if
	cha	nges, why?		
			***************************************	· - 141-484-700-481-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
8.	Wh	at is the maximum d	uration of your work?	•
		Hours		
		0 to 8 ho	urs	
		8 to 11 h	ours	
		11 to 18	hours	
9.	Wł	ich fringe benefits yo	ou get from your own	er?
	i)	Medical facilities.		
	ii)	Free Housing		
	iii)	Advances		
	iv)	Others (Specify)		
E)	Inf	ormation about Bon	ius	
1)	Do	you get bonus? Yes	/No	
	lf y	es, how much?		
	20	01-02 20	002-03	2003-04
2)	Но	w is it determined?		
				. 12-10-16-16-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
F)	Inc	ebtedness		
1)	Are	you indebted? Yes/	No.	
	lf y	es;		
	20	01-02		
	A	mount Rs.	Rate of Interest	
	\vdash	***************************************		

	Amount R	Rs.	Rate of Interest
	2003-04		
	Amount R	Rs.	Rate of Interest
2)	What was t	he purpose	e of borrowing?
	Medicine		
	Education		
	Marriage		
	Others (Spe	ecify)	
3)	From what	agency dic	d you borrow?
4)	Have you re	epaid the lo	oan?
	Yes	No	
	Fully	Partial	lly
5)	Have you a	co-operat	ive credit society?
	if yes, of wh	nich type?	
3)	What the fa	cilities are	given by the co-operative society?
G)	Income str	ucture	
1)	Do your fan	nily owns a	agricultural land?
	Yes	No	
	If yes,		
	Irrigated (H	ectors)	Unirrigated (Hectors)

2)	What is the annual income of your agriculture?	
3)	Is any other member of your family employed?	
	Yes No	
	What is his monthly income?	
4)	What is the composition of your last year income?	

H) Earning (Rs.)

Sr.	Item	2001-02	2002-03	2003-04
i)	Salary			
ii)	Bonus			
iii)	Business			
iv)	Profession			
v)	Interest			
vi)	Dividend			
vii)	Rent	-		
viii)	Pensions			
ix)	Agricultural income			
x)	Agricultural wages			
xi)	Income form animal			
	husbandry			
	Total			

I) Saving Behaviour

i) What are the reasons for which you normally save?

a) Long term needs

Provisions	Yes	No
Provision for old age		
Provision for children education		
Provision for children marriage		
Provision for acquiring farm assets		
Provision for acquiring consumer		
durable goods		
Provision for acquiring house		
Provision for repayment of debts		
Earning additional income		

b) Short term needs

Provisions	Yes	No
Provision for emergencies		· · · · · · · · · · · · · · · · · · ·
(Sickness accident etc.)		
Provision for meeting expenditure on		
festivals		
Provision for pilgrimage		

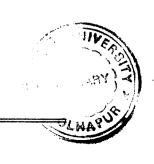
c) Others	(Specify)
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i)

ii)

iii)

3) How much money is saved by you? Rs.



J) Household Expenditure :

I) How much expenditure did you incur on the following items during the last month?

Sr.	Item	Amount in Rs.	
A)	Foodgrains (per month)		
i)	Food		
ii)	Milk and milk products		
iii)	Vegetables		
iv)	Meat, Fish & eggs.		
v)	Fruits		
B)	Non food items		
vi)	Rent		
vii)	Clothing and Education		
viii)	Medical Bill		
ix)	Cooking Fuel		
x)	Transport Travelling		
xi)	Electricity		
xii)	Newspaper / periodicals		
xiii)	Toilet Items		
xiv)	Cinema / Theatre		

K) Information about health

1)	Are you suffering from health problem		
	Yes	No	
	If yes (Specify)		
2)	Which health problem you are facing due to the work in tobacco		
	industry?		

3) Have you undergone family planning surgery?

Yes

No

If yes,

4) What type of operation

Vascertomy	Tubectomy	

5) When it was done? - Year

After how many sons?

After how many daughters?

After how many children?

- 6) If not why?
- i) Other measures of family planning are used.
- ii) All daughters.
- iii) All sons.
- iv) More sons wanted.
- v) No desire.
- 7) Why are you unwilling to undergo family planing operation?
- i) Religious considerations.
- ii) Medical risk.
- iii) Lack of faith

L) Other Problems:

1) Are there any unfavourable violence behaviour from employer?

Yes

No

If yes, which type.

- i) Rape
- ii) By giving low level of wages
- iii) By instability in work.
- iv) Takes overtime work without any additional income.

- 2) Is there good future for the female worker in tobacco industry?
- i) Regular holidays.
- ii) Payment of holiday
- iii) Leave facilities.
- iv) Subscription in Provident Fund.
- v) Provision for medical aid and Hygienic facilities.
- 3.) How do you settles your unexpected economic needs?
- i) By selling ornaments.
- ii) By loans from financial institutions.
- iii) By help from others.
- iv) By help from relatives
- v) By advance from employer.
- vi) By money lenders.
- 4.) Is there health facilities available for the female workers in tobacco industry?
- i) Primary Health Centers.
- ii) Private Dispensary.
- iii) Civil Hospitals
- iv) Others.